

AURORA CHILDREN'S CENTRE/CARDINAL CARTER CHILD CARE CENTRE APPLICATION FOR ENROLLMENT

Name of Child

First
 D.O.B Age

Enrolled Withdrawn
 Last
 Gender

Address

Street Town Postal Code
 Phone Number

Parents or Legal Guardians Information (in brackets ie: Mom, Dad)

* if same address as child write SAME

Parent ()
 Address
 Home #
 Occupation
 Business
 Address
 Town
 Work #
 Cell #
 Email

Parent ()
 Address
 Home #
 Occupation
 Business
 Address
 Town
 Work #
 Cell #
 Email

Marital Status Married Single Divorced Other

In case of Emergency if Parents cannot be contacted

Name
 Address
 Town/City
 Phone #
 Relationship

Name
 Address
 Town/City
 Phone #
 Relationship

Pediatrician or Family Doctor

Name
 Address
 Town/City

Phone
 Health Card

Allergies, Special Circumstances

Photo's Yes No

Food
 Medicine
 Behaviour
 Other Languages Spoken

Persons authorized to pick up your child

Name

Name

Address
Town/City

Address
Town/City

Phone #

Phone #

Relationship

Relationship

List of other children/persons living in the home

Parental consent for emergency medical care

While every effort will be made to reach parents in the event of a medical emergency, we require your permission to authorize any Doctor to give necessary treatment in the event of such an emergency.

I hereby grant permission for Aurora Children's Centre / Cardinal Carter Child Care Centre to take whatever steps necessary to obtain emergency medical care...these steps may include but are not limited to the following:

- 1. Attempt to contact a parent/guardian
- 2. Attempt to contact the child's physician
- 3. Attempt to contact emergency contact person

If we cannot contact any of the above, we will

Call an ambulance and if necessary have the child taken to the emergency department of the hospital, in the company of a staff member.

Any expense incurred under circumstances listed above will be paid by the child's family.

THE CHILD CARE CENTRE WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLMENT.

Parents Name (Print)

Parents Signature

Parental Consent for Field Trips: I hereby consent to have my child leave the premises of the Child Care Centre, from time to time, to participate in excursions to places of interest planned as part of the children's program. It is understood that supervision will be provided by members of the staff and that every precaution will be taken for the safety of my child. In the case of Cardinal Carter, excursions to and through the adjoining high school. I understand that I will be informed prior to each field trip or excursion to enable me to decide at that time if I wish my child to participate.

I agree to make alternative child care arrangements should I decline permission. Initial

Parental Consent for Publicity and Photographs: Parents are requested to give their consent to the appearance of their child in any publicity arranged for Aurora Children's Centre/Cardinal Carter Child Care Centres through the various media, newspapers, radio and other publicity or educational purposes. It is felt that it is important for the community to be kept informed of the centre's program and good child development practices. Initial

I give the staff of Aurora Children's Centre/Cardinal Carter Child Care Centre permission to apply sunscreen to my child to help protect her/him from ultraviolet rays of the sun. Initial

I hereby make application to enroll my child in Aurora Children's Centre / Cardinal Carter Child Care Centre and I understand and agree to abide by all policies, procedures and regulations of the Corporation.. My signature below represents, that I understand my responsibilities to the Centre(s) and that I will endeavour to fulfill the requirements of all parents/guardians as contained in the Parent/Guardian Handbook.

Parents Name (Print)

Parents Signature

Supervisor Signature

Date

Health History

Previous Illnesses such as: Please indicate date in the box provided

Chicken Pox Measles German Measles

Whooping Cough Asthma Scarlet Fever

Mumps Eczema _____

Reaction to Bug bites or stings? Please describe

Does your child have any physical disabilities? Please describe

Does your child have any behavioural considerations - diagnosed or suspected (ie ADHD)

Is your child currently taking any medication?

Is your child currently under medical treatment?

Has your child had: Dental Check-up Hearing Checked Eyes Tested
Date Date Date

Please list any information regarding your child's past medical history that may enable us to work more effectively with him/her:

MISSION STATEMENT

"We are committed to serving the local community with Quality Child Care in a home-away-from-home environment"
" A FUN PLACE TO BE"

"EDUCATING THROUGH PLAY"

Welcome to Aurora Children's Centre/Cardinal Carter Centre - please feel free to contact the Executive Director or Supervisor should you require clarification or have any concerns about our policies and procedures. We welcome your feedback at any time.

