



DAYCARE ENROLLMENT APPLICATION

PERSONAL INFORMATION

First Name:	Last Name:	Sex:
Address:	Home Phone:	Birth Date:
City:	Postal Code:	Province:

FAMILY INFORMATION

Father's Name:	Employment:
Position:	Bus. Phone:
Mother's Name:	Employment:
Position:	Bus. Phone:
Marital Status: Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other <input type="checkbox"/>	

RELIGIOUS INFORMATION

Church Attending:	
Address:	
Pastor's Name:	
Father: Christian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother: Christian? Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL MEDICAL INFORMATION

Family Physician:	Phone No:
Physician's Address:	
Does student have any physical defects or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, explain:	
Ontario Health Card No:	Expiry Date:

EMERGENCY TELEPHONE NUMBERS

In case Parents/Guardians cannot be reached, the following people are authorized to pick up the students.

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

HOW DID YOU HEAR ABOUT ALIVE CHRISTIAN DAYCARE? (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Agent <input type="checkbox"/> Our Website <input type="checkbox"/> Website <input type="checkbox"/> Canadian Education Centre <input type="checkbox"/> Education Fair <input type="checkbox"/> Guidebook/Magazine <input type="checkbox"/> Relative/Friend Other:
If from an Agent or Student enrolled in school, please specify the name:

MEDICAL INFORMATION/AUTHORIZATION

Child's name:	
Health Card #:	Expiry Date:
Physician's Name:	
Physician's Address:	
Height of child:	Weight of child:
In the event that I cannot be reached in a time of illness or accident concerning my child, you are authorized to contact the physician listed below. <i>If the named physician cannot be reached, permission is granted to authorize any doctor to give necessary medical emergency care.</i>	
Doctor:	
Address:	
Telephone:	

I further consent to my child being transport by a staff member in case of sudden illness or emergency to a private physician or hospital.

- I understand that if my child appears ill at the day care, my child will be isolated from the other children and given staff supervision until arrangements can be made to pick up my sick child.
- I further understand that after my child has been absent from the day care with a serious disease or illness, a signed paper, stating that my child is well enough to return to the day care, is required before my child will be readmitted to the day care.
- I understand that the day care staff shall administer medication and special medical procedures only with a written, dated and signed request from my physician. Medication shall be in its original container.
- I understand that my child will not be admitted to the day care until a completed medical form is on file. If my child appears to be ill, he/she will not be admitted to the day care. I shall notify the Manager of the day care if the illness is contagious.

Record of past communicable diseases

Allergies or other important information:

Has your child had any of the following: whooping cough _____ chicken pox _____ measles _____ mumps _____

Permission to administer Tempera or Tylenol in the event of a temperature:

Above: _____ Dosage: _____

Please attach a copy Immunization Card to the registration package

I _____ hereby agree to the rate quoted at the time of the interview and to the preceding Medical Authorization. I have read, do understand and agree to the policies and procedures as outlined I the Alive Christian Daycare Parent Handbook.

Signature of Parent/Guardian

Signature of Parent/Guardian

Relationship to child

Relationship to child

Date Signed

Date Signed

CHILDHOOD HISTORY

Name: _____ Date of birth: _____

Please help us to get to know your child better so that we may best support his/her learning by telling us a little about what you have observed regarding his/her interests, socialization patterns, dislike and anything else that you feel may help us to create the best environment we can for your child

1. Describe your child at play.

2. What type of activities does your child enjoy while at home?

3. Describe your child's eating habits/routines.

4. Describe your child's bed/nap time routine.

5. Describe your child's washroom routine pattern.

6. What is your child's experience with books?

7. Does your child enjoy creating things?

8. Does your child like to sing, dance, and dramatize?

9. Does your child have any siblings? If yes, how does he get along with them, and what are their names?

10. Please note any other things that you think we should know about your child. For example, does your child speak another language other than English? Are there any cultural traditions, customs and celebrations that your child engages in that you feel we should know of?

MEDICAL AND EXCURSION PERMISSION FORM

Children in attendance at Alive Christian Daycare will, on occasion, be accompanied off the premises to participate in various trips, short walks, etc. These events will support the learning engage in by the children while at the Centre and are in themselves learning experience.

As a requirement, the consent form below must be filled out in completion and signed by a parent, or guardian when enrolling a child at Alive Christian Daycare.

I, _____ parent/guardian of _____
enrolled at Alive Christian Daycare on the _____ day of _____ 20____, give my consent for the above named child to leave the premises of the above named center. I understand that at all time, the child will be supervised and accompanied by members of the staff.

In consideration of services provided me by Alive Christian Daycare, I hereby agree that I shall not make any claims against the said day care for damages resulting from personal injury (including death), losses or expenses of any kind arising from my child's participation in the day care programs and specifically as it relates to my child's participation in walks and program activities unless such damages result from the negligence of the said day care.

I release Alive Christian Daycare for any responsibilities due to accident or illness while my child is on an out of center trip and I appoint the senior supervisor staff member to act as my agent, to use his/her discretion, in authorizing any medical attention which may be required for my child.

This release and waiver shall be binding upon me and my heirs, executors and administrators.

I, _____ agree and consent to the above.

Parent/Guardian Signature: _____

Date: _____

CHILD PICK-UP

Please list the names of those individuals who you have given permission to pick up your child up from the centre in the event that you are unable to pick up your child yourself.

These people will need to show identification prior to your child leaving the premises.

Name: _____	Relationship to child _____
Name: _____	Relationship to child _____
Name: _____	Relationship to child _____

PASSWORD: _____

Parent(s)/Guardian(s) Signature(s)

X_____

X_____

Application processed on ____/____/____

Date of Admission ____/____/____

Date of Withdrawal ____/____/____

PHOTOGRAPHS

I understand that my childcare provider may at times take photos of the children's activities as part of their program. I give my permission for my child's photo to be taken.

Parent(s)/Guardian(s) Signature(s)

X_____

X_____

AGGRESSION POLICY

It is our philosophy that any child attending the day care is permitted to bring in personal items to assist him/her in being more comfortable with the transition from home to school. Sometimes choices are of a nature that indirectly encourages aggression. We have decided to work toward an aggression-free environment by restricting any aggressive items being brought into the school. This includes any items whether they be stuffed toys, models, pillows, blankets, collectible cards, and/or books that represent violent characters (i.e. Power Rangers, Ninja Turtles, Batman etc.) We prefer that clothing choice for school not depict violent characters.

With this policy, we hope to see more pro-social behaviour among your children. In turn, we hope this fosters respect for each others' feelings and creations.

We sincerely thank you for your cooperation in this matter.

I/We, _____, have read and commit to comply with the aggression-free philosophy of the day care.

Parent's Signature: _____

Date: _____

I hereby certify that all information in this application is true and correct to the best of my knowledge. I understand that should the above information be proved false, it may result in the rejection of my child's application and enrollment in Alive Christian Daycare.

Signature _____

Name: _____

Date: _____

Administration Office

Alive Christian Daycare | 720 Progress Avenue, Scarborough, Ontario, Canada M1H 2X3 | Tel: 416.439.2480 Fax: 416.439.2485
Email: academy@jciami.com www.jciami.com/aca

INFORMATION SHEET

GENERAL			
Name:			
Date of Birth:	Age:	Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other:	
<i>In absence of the above, please list two persons willing to assume responsibility in an emergency during school hours</i>			
Name	Relationship with Child	Telephone Number	
Normally child will come to school with:		And will be picked up by:	
Please name of any person not allowed to pick up child:			
HEALTH			
<i>Please indicate</i>			
Any serious illness or accident:		Reaction to drugs:	
Prescribed medication:		Special development concerns:	
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes if yes: <input type="checkbox"/> Food <input type="checkbox"/> Cream <input type="checkbox"/> Soaps Other:			
NUTRITION		TOILETING	
What food does your child:		Is child trained for:	
prefer?		Bladder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bowel: <input type="checkbox"/> Yes <input type="checkbox"/> No
dislike?		What kind of assistance does child require?	
REST		SIBLINGS	
Amount of rest each night:	Length of nap during day:	Does your child have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sisters: <input type="checkbox"/> Yes <input type="checkbox"/> No Brothers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a special toy or blanket at nap time:		Name(s):	Age(s):
CARE			
Have adults other than parents cared for the child before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the child had any previous group experiences? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What languages, other than English, are spoken at home?			
Names of pets at home:			
What fear does child have:			

EMERGENCY FORM			
First Name:		Last Name:	
Address:		City:	Postal Code:
Home Phone Number:		Date of Birth:	Sex:
OHIP Number:		Type:	Expiry Date:
Doctor's Name:			Phone Number:
Address:		City:	Postal Code:
Mother's Name:		Father's Name:	
Home Phone #:		Home Phone #:	
Work Phone #:		Work Phone #:	
Cell Phone #:		Cell Phone #:	
<i>In case of emergency who should we contact?</i>			
Name:		Phone Number:	
Name:		Phone Number:	
Can we give your child Tylenol, aspirin, or Pepto Bismol? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any allergies or medical conditions?			
Additional Comments:			