



Child Care Centre  
Application for Enrollment

**For Office Use Only**

**Name of Child:**

**Date of Admission** (dd/mm/yyyy):

**Date of Discharge** (dd/mm/yyyy)

## Childcare Needs

(Part-time childcare may be available and is conditional on available spaces.)

**Desired Start Date (mm/dd/yy):** \_\_\_\_\_

**Type of Child Care Required:**  Full-time  Part-time (Mon/Wed/Fri)  Part-time (Tue/Thur)

**Age Group Placement at Time of Enrollment:**  Toddler (18 - 30 months)  Preschool (30 - 60 months)

**Hours of Care (example 8:30 - 4:30):**

Monday	Tuesday	Wednesday	Thursday	Friday

## Contact Information

### Child Information

**Full Legal Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Date of Birth (mm/dd/yy):** \_\_\_\_\_ **Age (years, months):** \_\_\_\_\_

**Home Address Including Postal Code:** \_\_\_\_\_

**Language(s) Spoken at Home:** \_\_\_\_\_

**Name(s) of other household member enrolled (list names):** \_\_\_\_\_

### Parent Information #1

**Full Legal Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Best daytime number to be reached at:** \_\_\_\_\_

**Email address (print in capitals):** \_\_\_\_\_

**Home Address:**  Same as Child \_\_\_\_\_

**Parent Information #2**

**Full Legal Name:**

**Preferred Name:**

**Relationship to Child:**

**Best daytime number to be reached at:**

**Email address (print in capitals):**

**Home Address:**  Same as Child

**Custody Arrangements (if applicable)**

Are there custody arrangements pertaining to legal right of access to your child? Yes  No

If **yes**, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_

Name(s) and photo (if available) of individuals prohibited from accessing/picking up your child:

\_\_\_\_\_ Check if Photo is Attached

**Emergency Contacts (PARENTS WILL BE CALLED FIRST)**

Photo ID will be required to confirm identity before your child will be released. Please list in order of preference emergency contacts below.

**Emergency Contact #1**

**Full Legal Name:**

**Preferred Name:**

**Relationship to Child:**

**Best daytime number to be reached at:**

**Emergency Contact #2**

**Full Legal Name:**

**Preferred Name:**

**Relationship to Child:**

**Best daytime number to be reached at:**

## Pick-Up Authorization

The following individuals are authorized to pick up my child, this is different from emergency contacts. Photo ID will be required to confirm identity before the child will be released. This is expected until staff can easily identify this person.

### Contact #1

Anytime     Only upon approval

Full Legal Name:

Preferred Name:

Relationship to Child:

Best daytime number to be reached at:

### Contact #2

Anytime     Only upon approval

Full Legal Name:

Preferred Name:

Relationship to Child:

Best daytime number to be reached at:

## Health Information

Is your child immunized? Yes  No

If **yes**, a copy of immunization must be provided prior to start date. If you do not have a copy please use the chart at the end of this application.

If you have chosen **not** to immunize your child, a Statement of Medical Exemption form or a Statement of Conscious or Religious Belief form must be completed and provided to the centre. To inquire about either form please see the office for a copy and instructions.

**\*Please note** if you have chosen not to immunize your child and there is a confirmed case of communicable disease, parents will be informed and advised to keep their child(ren) home.

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them including the approximate date(s). (see Appendix A for common communicable diseases from Health Canada):

Is your child prone to colds? Yes  No   
Is your child prone to nosebleeds? Yes  No   
Is your child prone to ear infections? Yes  No

Does your child have medical needs that require additional support (e.g., Diabetes, Asthma)? Yes  No   
If **yes**, an individualized plan for children with medical needs must be developed between the parent and YES Kids prior to start date.

### Allergy Information

Does your child have a life-threatening, anaphylactic allergy to:

Peanuts Yes  No  Unknown

Tree Nuts Yes  No  Unknown

Bee Stings Yes  No  Unknown

Other (please describe) \_\_\_\_\_

If **yes**, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are **not** life-threatening (e.g., sauces, dips, latex, certain brands of diapers or wipes)? Yes  No

If **yes**, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

### Dietary and Feeding Arrangements

Can your child feed her/himself using utensils? Yes  No

Does your child need assistance when eating? Yes  No

Can your child drink from an open cup? Yes  No

Does your child wear a bib when eating? Yes  No

Additional comments:

Does your child have special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? Yes  No

If **yes**, please provide relevant details:

### Sleep Arrangements

Does your child nap? Yes  No

Does your child sleep in a bed? Yes  No

Does your child need assistance falling asleep? Yes  No

What time and how long does your child typically nap? \_\_\_\_\_

Does your child have any special sleep aids (e.g., comfort toy, soother)? Yes  No

Additional Comments:

### Physical Requirements

Does your child wear diapers/pull-ups? Yes  No

Is your child fully potty trained? Yes  No

Are you currently working on potty training at home? Yes  No

If potty trained does he/she: Use washroom independently  OR Require some assistance

Additional Comments:

Does your child need any support or assistance with respect to physical activity? Yes  No

Additional Comments:

## Additional Information

In order to give your child the best possible experience while in our care, please answer the following questions as thoroughly as possible. The more we know about your child the better we can assist, communicate, and build relationships with him/her.

Is your child currently receiving support from Lansdowne Children's Centre? Yes  No

If **yes**, please provide details:

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Is this your child's first child care experience outside of the home? Yes  No

If **no**, what was this experience like for your child?

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If **yes**, how is your family preparing your child for this transition?

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Can your child form simple words? Yes  No

If **no**, how does your child communicate with you?

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Does your child have any known fears, such as dogs, loud noises, the dark? Yes  No

If **yes**, please provide the known fear and how your child is comforted during this time of fear.

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Has your child had any trauma or emotional change in the family that he/she may be dealing with? Yes  No

If **yes**, please explain below.

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Has your child been separated for any length of time from any family members? Yes  No

If **yes**, please explain below.

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Does your child have any siblings? Yes  No

If **yes**, please provide name(s) and age(s) of siblings. \_\_\_\_\_

Does your family have any pets that he/she might talk about? Yes  No

If **yes**, please list the pet(s) and the name(s)

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Is there anything that you are presently working on at home that we can support at childcare (e.g., self-regulation, setting limits, guiding behaviour)? Yes  No   
If **yes**, please explain below.

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Do you have any concerns about your child's development, behaviour, or disposition? Yes  No   
If **yes**, please explain below.

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What are some activities your child enjoys (e.g., art, music, singing, outdoors, trucks, dolls, books, lego etc.)?

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Is your child familiar with attending church, prayer, worship, Bible story/lessons? Yes  No   
If **yes**, please explain below (e.g., which church he/she attends, listening to worship music, praying before meals, reading Bible stories etc.).

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If not, are you aware that the above activities such as prayer, worship, Bible lessons etc. will be part of the daily activity in our program? Yes  No

Is there anything else you would like to share about your child that has not been asked?

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**This application has been reviewed and discussed with the Director as part of the enrollment procedure for YES Kids Christian Childcare. It is the responsibility of the parent/guardian to read the Parent Handbook and COVID Pandemic Plan before their child’s start date.**

**Signatures:**

**Parent/Guardian:** \_\_\_\_\_ **Date (mm/dd/yy)** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date (mm/dd/yy)** \_\_\_\_\_

**Director:** \_\_\_\_\_ **Date (mm/dd/yy)** \_\_\_\_\_

## **Appendix A: List of Communicable Diseases**

Acquired immunodeficiency syndrome (AIDS)

Chancroid

Chlamydia trachomatis infections

Creutzfeldt-Jakob disease, all types

Cytomegalovirus infection, congenital

Encephalitis

Gonorrhea

Hemorrhagic fevers

Hepatitis B

Hepatitis C

Influenza

Legionellosis

Leprosy

Meningitis, acute

Ophthalmia neonatorum

Personal service settings

Respiratory infections, including institutional outbreaks

Severe acute respiratory syndrome (SARS)

Streptococcal infections

Syphilis

Tuberculosis

## Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

Vaccine (Age Usually Given) <sup>1</sup>	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
<b>DTaP-IPV-Hib</b> (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
<b>Pneu-C-13</b> (2 mos, 4 mos) Pneumococcal Conjugate 13				
<b>Rot-1</b> (2 mos, 4 mos) Rotavirus				
<b>Men-C-C (12 mos)</b> <b>Meningococcal Conjugate C</b>				
<b>MMR</b> (12 mos) Measles, Mumps, Rubella				
<b>Var (15 mos)</b> Varicella				
<b>MMRV (4-6 years)</b> Measles, Mumps, Rubella, Varicella				
<b>Tdap-IPV (4-6 years)</b> Tetanus, diphtheria, pertussis, Polio				
<b>Inf (every year in the fall)</b> Influenza				
<b>Other (please specify)</b>				

<sup>1</sup> Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>