



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)

Revised September, 2022

Childcare Needs

Desired Start Date: (mm/dd/yy): _____

Hours of Care: (must be between 7:30am-5:00pm): _____

Age Group: Toddler (18 - 30 months) Preschool (30 - 60 months)

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

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

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 the legal right of access to your child? Yes No

If yes, a copy of the appropriate legal documentation (e.g., court order) is required prior to enrollment date.

Name(s) of custodial parent(s): _____

Name(s) 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.

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

Check this box if Emergency Contacts will be the same for Authorized Pick-Up

The following individuals are authorized to pick up my child and are different from Emergency Contacts. Photo ID will be required to confirm identity before the child will be released.

Contact #1

Full Legal Name: _____ **Preferred Name:** _____

Relationship to Child: _____

Best daytime number to be reached at: _____

Contact #2

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 use the chart at the end of this application.

If not, a Statement of Medical Exemption form or a Statement of Conscious or Religious Belief form must be completed and provided to YES Kids Christian Childcare.

***Please note** if your child is not immunized 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 in the box including the approximate dates. (see Appendix A for common communicable diseases from Health Canada):

Additional comments:

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

Additional comments:

Does your child have medical needs that require additional support (e.g Diabetes, Asthma)? Yes No

***Please Note:** If your child has a medical need that requires additional support an individualized plan for children with medical needs must be developed between the parent and YES Kids Christian Childcare prior to enrollment date.

Additional comments:

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): _____

***Please Note:** If your child has a life-threatening allergy, an individualized plan for an anaphylactic allergy must be developed between the parent and YES Kids Christian Childcare prior to the child's enrollment date.

Does your child have any allergies that are **not** life-threatening?

Yes No

Additional comments:

Dietary and Feeding Arrangements

Does your child require assistance when eating?

Yes No

Does your child drink from an open cup?

Yes No

Does your child wear a bib when eating?

Yes No

Additional comments:

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

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

Sleep Arrangements

Yes No Does your child nap?

Yes No Does your child have quiet time (if he/she does not nap)?

Yes No Does your child require assistance falling asleep?

What time/how long does your child typically nap/quiet time for? _____

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

Additional Comments:

Toileting

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

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

Yes No Is your child fully potty trained?

Yes No I request that my fully potty trained child uses the washroom alone (without other children)

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

Additional Comments:

Additional Information

To meet your child's needs and to give the best possible experience, please answer the following questions.

Yes No Does your child need any support or assistance with respect to physical activity? If **yes**, please provide details:

Yes No Does your child receive support from Lansdowne Children's Centre, Kids Can Speak or other support programs? If **yes**, please provide details:

Yes No Can your child form simple words? If **no**, how does your child communicate with you?

Yes No Do you have any concerns about your child's development or behaviour? If **yes**, please explain in detail:

Yes No 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)? If **yes**, please explain in detail.

Yes No Is this your child's first childcare experience outside of the home? If **no**, please provide details about this experience:

Yes No Does your child have any known fears, such as dogs, loud noises, the dark? If **yes**, please provide the known fear and how your child is comforted during this time.

Yes No Has your child had any trauma or emotional change in the family that he/she may be dealing with? If **yes**, please provide details:

Yes No Does your child have any siblings?
If **yes**, please provide the name(s) and age(s) of siblings.

Yes No Does your family have any pets that he/she might talk about?
If **yes**, please list the pet(s) and the name(s)

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

Yes No Is your child familiar with attending church, prayer, worship, Bible story/lessons?

If **yes**, please explain below (e.g., which church he/she attends, listening to worship music, praying before meals, reading Bible stories etc.).

Yes No Are you aware that the above activities such as prayer, worship, Bible lessons etc. will be part of the daily activity in our program?

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

How did you hear about YES Kids Christian Childcare? _____

What is the main reason why you applied to YES Kids Christian Childcare (e.g. Christian atmosphere, location, on wait lists etc.)?

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 before their child's start date. If there are any questions it is the responsibility of the parent/guardian to inquire at time of enrollment.

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

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