

**GREEN CUBE
CHILDCARE
CENTRE
APPLICATION FOR
ENROLLMENT 2021
LOCATION: _____**

PARENT CHECKLIST

Please note that if you hand in an incomplete package it will NOT BE ACCEPTED and a spot will not be reserved

Packages submitted to Green Cube Childcare will not be accepted unless they are accompanied by the following items:

- Completed registration form
- Completed Allergy / Anaphylactic form
- Completed all about me form and other forms
- Completed emergency information form
- Completed parent handbook form
- Completed immunization form

FOR OFFICE USE ONLY

- Package Complete
- Void Cheque
- Cheque for Initial Deposit
- Copy of Immunization records
- File created in Hi Mama / Sandbox
- Entered in Accounting books
- Add to Emergency List / Attendance
- Cubby assigned (Infant/Tod/Pre/SA)
- Update Allergy List
- Have Staff sign Anaphylactic plan
- Post Anaphylactic plan on Allergy boards

For Office Use Only

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Green Cube Application for Enrolment

Location: [Click here to enter text.](#)Type of Child Care Required: Full-time Part-time Extended Other: [Click here to enter text.](#)

Age Group Placement at Time of Enrolment:

 Infant Toddler Preschool Kindergarten Primary/Jr. School Age Before/After School

Hours of Care:

MON	TUES	WED	THURS	FRI	SAT	SUN

Child Information

Full Legal Name:	Preferred Name:
Date of Birth (dd/mm/yyyy):	Age (years, months):
Home Address(es):	
Language(s) Spoken at Home:	
Other children in the family enrolled in the centre (list names, if applicable):	

Parent Information

Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	
Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	

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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) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?
YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Immunization Records

Note: Please provide copy of updated Immunization record

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.

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. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) ¹	Date(s) of Immunization			
DTaP-IPV-Hib (2 months, 4 months, 6 months, 18 months) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 months, 4 months) Pneumococcal Conjugate 13				
Rot-1 (2 months, 4 months) Rotavirus				
Men-C-C (12 months) Meningococcal Conjugate C				
MMR (12 months) Measles, Mumps, Rubella				
Var (15 months) 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)				

Allergy Information

Does your child have a life-threatening allergy (e.g., **anaphylactic** to peanuts or bee stings)?

Green Cube Childcare - www.greencubechildcare.com

YES NO

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 (food or other substance [e.g., latex])?

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

*Dietary and Feeding arrangements for the child, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

*Sleep Arrangements for the child, please complete, Appendix A: Supplementary Information for children.

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details:

CONSENT/ AGREEMENT FORM

Please read the following policies and procedures and initial your understanding of the policy and your willingness to abide by it.

	Please initial that you have read and understand.	
I/We agree to read the Policy Manual of E Y E S Daycare and follow policies set out in it.		
I/We will bring our child(ren) into the classroom and greet the teacher at drop off and pickup times to exchange pertinent information and ensure supervision.		
I/We will keep E.Y.E.S. and/or program staff informed of changes in information relevant to my child, i.e., file information such as telephone numbers, change in child's health, unusual happenings at home etc.		
I/We will keep payments current and up to date and paid in advance. Fees are due for statutory holidays and any other absent days (for illness or any reason) and any closure of the centre in the event of an emergency.		
I/We allow my child(ren) to use all the play equipment and participate in all of the activities of the program. I hereby grant permission for my child to leave the centre premises under the supervision of a staff member for neighbourhood walks.		
I/We hereby consent to have my child leave the premises of The E.Y.E.S. Daycare 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 members of the staff will provide supervision and every precaution will be taken for the safety of the child. Parents will also receive written notification prior to each full day field trip or excursion.		
I/We grant permission for the operator or designate of The E.Y.E.S. Daycare Centre to take any necessary steps to obtain emergency medical care if warranted. A full outline of emergency procedures, policies and practices is in the Policy Manual. Any expenses incurred during an emergency will be the responsibility of the child's family.		
Any parent who arrives to pick up their child after their pre-determined scheduled times will be required to pay a late fee. In the event that the parent is late to pick up their child on more than 2 occasions the family may be withdrawn from the program.		
The E.Y.E.S. Daycare Centre reserves the unilateral right to cancel any arrangements, if policies of E.Y.E.S. Daycare are not followed by a child or parent.		
The E.Y.E.S. Daycare Programs will not be responsible for any incident that may occur as a result of false information given at the time of enrollment. I/We understand that my child(ren)s enrollment is contingent on all information outlined in these forms to be full and accurate.		
	Yes, I agree	No, I do not agree
I/We give consent for the appearance of my/our child to appear in any publicity arranged by The E.Y.E.S. Daycare Centre through the various media, newspapers, radio, television, slide presentation and other publicity or educational purposes. This publicity may be in the form of photographs, video, writing pieces, and artwork with child's first name It is felt that it is important for the community to be kept informed of activities of the program.		

We have read the above policies and fully understand all of the above information:

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent/Family Handbook and Fee Agreement

Child's Name: _____

Monthly Child Care Fees: _____

Admitted to Program (Room): _____

Start Date: _____

I/We (the undersigned) have read the parent handbook for Early Years Education System Daycare Facility and understand all the information, policies and procedures outlined in the handbook.

By signing this agreement, we consent to all the handbook policies, procedures and agree to them. Including payment policies and late fees procedures. By signing this agreement, I/we acknowledge that the information supplied in the registration form regarding my/our child. The information supplied below is true and accurate to the best of my/our knowledge.

Parent/Guardian Name (Please Print)

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Supervisor Signature

Date

Child's Name _____ **My First Day will be** _____

My Classroom _____ My Teacher _____

Have been to daycare before _____ Yes/No Home Daycare or Centre _____

Language Spoken at Home _____ Siblings _____

I Like or Enjoy _____

My Favourite things to do are: _____

My fears are: _____

Potty Trained: _____ Yes/No How I ask to go to the Bathroom _____

Need a little bit help with: _____

If having a bad day this is sure will cheer ME up: _____

We would love to hear about your Celebrations/Traditions, if you would like to share _____

Other things My Teacher needs to know _____

INFANTS

(What to bring to Green Cube Childcare First Day)

- Prepared bottles
- Bottles & Sippy Cups
- Formula / Breast Milk
- Comfort items, Pacifiers / soother, if needed
- Any packaged and sealed infant food, cereal or snacks
- Diapers and Wipes
- Indoor and Outdoor Shoes
- Diaper ointment, cream and or powder
- Sunscreen that meets the infant recommendations
- Weather-appropriate outdoor clothing for all seasons
- Full set of Extra Clothes (at least two changes of clothes)
- Extra formula (for emergency use only)
- Diaper bag (large enough to store empty bottles and clothes that may be sent home)

TODDLERS AND PRESCHOOLERS

- Diapers/Pull ups and Wipes
 - Diapering Cream or Powder
 - Full sets of extra clothing (at least two changes)
 - Indoor/Outdoor Shoes
 - Water Bottle for water that can be used during curriculum time or to be taken outside
 - Sunscreen that meets the recommendations
 - Weather-appropriate outdoor clothing for all seasons
- If toilet learning; Training pants, 2 changes of clothing, underwear, socks and a spare pair of shoes. All clothing should promote independence (e.g., pants that are easy to pull up & down)

Please Remember:

- Please label all items with child's first and last name.
- All creams and sunscreens to be applied require a completed medical authorization form and must be kept in their original containers with your child's full name on it.
- All prescriptions must be in the original containers with the patient's name, dosage and prescribed time to be given. The doctor must complete a medical form before medication can be administered.
- Any over the counter medications (Tylenol, Motrin, etc.) require a permission form from your doctor which must include the proper dosage for your child's weight, age and the reason why it is to be administered.
- ***(Please label all articles of clothing, bottles, diaper bags, diapers, wipes, cream, soothers and any other necessities you bring. Each child has a cubby at the centre. Please note, Green Cube is not responsible for lost articles if not labelled.)***