

CHILD`S RECORD (OOSC)

DATE OF ENROLLMENT _____ FIRST DAY ATTEND IN _____
 CHILD`S NAME(FIRST) _____ (MIDDLE) _____ (SURNAME) _____
 BIRTHDATE _____ M/F _____
 ADDRESS _____ POSTAL CODE _____
 School Name: _____ GRADE: _____

NAME		
RELATIONSHIP		
HOME ADDRESS		
POSTAL CODE		
E-MAIL		
CELL PHONE		
HOME PHONE		
BUSINESS PHONE		
NAME OF BUSINESS		

EMERGENCY CONTACTS

NAME		
RELATIONSHIP		
HOME ADDRESS		
POSTAL CODE		
E-MAIL		
CELL PHONE		
HOME PHONE		
BUSINESS PHONE		
NAME OF BUSINESS		

PERSON(S) AUTHORIZED TO PICK UP CHILD FROM THE CENTRE:

1, NAME _____ RELATIONSHIP _____
 2, NAME _____ RELATIONSHIP _____

CODE WORD FOR EMERGENCY PICK UP _____

ANY PERSON(S) CHILD SHOULD **NOT BE** RELEASED TO /OR INFORMATION GIVEN TO:

1, NAME _____ 2, NAME _____

If the above is that of a parent, please provide necessary legal documents.

TIME CHILD WILL ARRIVE AT CENTRE _____ TIME CHILD WILL BE PICKED _____

EATING HABITS GOOD/FAIR/POOR

IS THERE ANYTHING WE SHOULD KNOW ABOUT WHAT OR HOW YOUR CHILD EATS? (LIKES, DISLIKES)

ANY FOOD ALLERGIES WE SHOULD BE AWARE OF?

SOCIAL DEVELOPMENT

DESCRIBE PREVIOUS/PRESENT CHILD CARE ARRANGEMENT

PERSONALITY CHARACTERISTICS

TELL US ABOUT YOUR CHILD (FRIENDLY, SHY, FEARS, OUTGOING)

IS THERE ANYTHING ELAE YOU CAN THINK OF THAT WOULD HELPUS TO KNOW OR UNDERSTAND YOUR CHILD BETTER?

IS THERE AN ASPECT OF YOUR HERITAGE THAT YOU MIGHT SHARE WITH THE CHILDREN IN THE WAY OF FOOD, DANCE, MUSIC, COSTUM OR RELIGIOUS BELIEFS?

CHILDS INTERESTS

WHAT ARE YOUR CHILDS GOALS AND DREAMS?

ANY OTHER CONCERNS (PERSONAL/ SENSITIVE INFORMATION) ABOUT YOUR CHILD?

PERMISSION FOR EMERGENCY MEDICAL AID CASE OF ACCIDENT/ILLNESS

In case of an emergency, I _____, authorize the staff of DOVERDAYCARE to call an ambulance or take my child, _____ to the nearest emergency center. I understand that should such an emergency arise, I or my emergency contract (when I cannot be reached) will be notified immediately. I agree that any cost for such services shall be my responsibility.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTOGRAPHS/VIDEO PARENTAL PERMISSION

I, _____ give my permission for my child _____, to have their photographs/video taken for the sole purpose of programming and display or viewing on daycare premises for professional development or required for the purpose of government / licensing programming purposes.

PARENT/GUARDIAN SIGNATURE DATE

WEBSITE CONSENT FORM

I, _____ give my permission for my child _____, to have his/her photographs / video put on the Dover Daycare website www.doverdaycare.ca

PARENT/GUARDIAN SIGNATURE DATE

OFF SITE PERMISSIONS (off site neighbourhood trip)

Dover Daycare has my permission to take _____ on offsite activities in the immediate neighbourhood (i.e. parks, libraries, stores). The method of approved transportation is walking and or daycare vehicle. I understand that I will be asked to sign another release form for each major field trip or when the daycare vehicles are being used.

PARENT/GUARDIAN SIGNATURE DATE

TRANSPORTATION/WALKING FORM (out of care program only)

Dover Daycare has my permission to take _____ walk between daycare to school. The method of approved transportation is walking with the staffs.

PARENT/GUARDIAN SIGNATURE DATE

I agree to pay the current fee before the first day of each month. If we (dover daycare) do not receive the monthly fee by the 15th of the month, service will be terminated, and initial deposit will be non-refunded. The fee is subject to change with one month`s written notice. If I apply for subsidy and should my application not be approved, I am liable for full fees.

I understand that late payments are subject to a late penalty of \$80 per month and \$2.00 per minute after 6:00pm, and NSF fee of \$80 also applies for each non-honoured cheque. I agree to give one month`s written notice when my child is to be withdrawn.one month`s fee is payable in lieu of the termination notice. Initial deposit is a month`s fee is payable at the time of registration. I have read and understand the parent`s handbook, the Child Guidance Policy, and the Evacuation Procedure.

parent / guardian`s signature date