Little Galaxy Childcare & Montessori Enrolment Form

For Office Use Only

Date of Admission:

Date of Discharge:

☐ This enrolment form has been reviewed with the child care agency.

Type of Child Care Required: ☐ Full-time ☐ Part-time ☐ Occasional

☐ Before/After School ☐ Other:

Hours of Care

MON	TUES	WED	THURS	FRI	SAT	SUN

Child Information

Full Legal Name: **Preferred Name:**

Date of Birth (dd-mm-yyyy):

Home Address(es):

Language(s) Spoken at Home:

Other children in the family enrolled with the agency (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:
□ Same as Child

Full Legal Name: **Preferred Name:**

Relationship to Child: **Primary Phone Number:**

Alternate Phone Number: **Email address(es):**

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) 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:
☐ Authorized to pick-up child	☐ Authorized to pick-up child	☐ 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 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 any history of communicable diseases (e.g., chicken pox, measles), please list them here (see Appendix C for common communicable diseases from Health Canada):

Does your child have a medical need 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 home child care agency prior to the child's first day of care.

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the agency prior to your child's first day of care. If you do not have an immunization record, please fill in 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 agency. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given)[1]	**Immunization date**	**Immunization date**	**Immunization date**	**Immunization date**
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, *Haemophilus influenzae* 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				

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?
YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the home child care agency 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:

Dietary and Feeding Arrangements

*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Month.

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

*For children under 12 months, please also complete.

How many naps does your child have each day?

At what times does your child nap?

How long does your child usually nap?

Does your child have any special sleep arrangements (e.g., specific comfort item, soother)?
YES NO

If yes, please provide relevant below:

Physical Requirements

Is your child in diapers?
YES NO

If no, my child:

☐ Uses the washroom independently ☐ Requires assistance ☐ Requires full support

Please provide details, if necessary:

Does your child require any additional support with respect to physical activity? YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information which is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature **Date (dd-mm-yyyy)**

Provider Name

Provider Signature **Date (dd-mm-yyyy)**

Agency Representative Name

Agency Representative Signature **Date (dd-mm-yyyy)**

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name:

Child's Date of Birth:

Feeding Arrangements

My child drinks: ☐ breastmilk ☐ formula ☐ breastmilk and formula

My child has started eating solid foods
YES NO

If YES, food must be: ☐ pureed ☐ mashed ☐ steamed until soft ☐ other:

My child can self-feed: YES (INDEPENDENTLY) YES (WITH SUPPORT) NO

Please provide any other relevant details regarding feeding arrangements for your child (e.g., meal times, favourite foods):

Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth:

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

☐ Sunscreen ☐ Diaper Creams/Ointment ☐ Lip balm ☐ Hand sanitizers

☐ Insect repellent ☐ Lotions

[Provider Name] has agreed to provide:	Parent has agreed to provide:

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd-mm-yyyy) **Signature of Parent**