Child Registration Form (all fields must be completed for the child to be admitted)

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name: |  | Child’s last name: |  |
| Child’s address: |  | Postal code: |  |
| Date of birth (mm/dd/yyyy): |  | Gender: | Male Female |
| Child lives with: | Parent Guardian Other |

Subsidy Information

|  |  |  |
| --- | --- | --- |
| I have applied for subsidy: | YesNo | I plan to apply for subsidy |
| Subsidy is approved: | YesNo | I do not plan to apply for subsidy |

Note: If you have subsidy approved, please attach a copy of your approval letter to your registration.

Parent/guardian contact information

Parent/guardian

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Home phone #: |  | Cell phone #: |  |
| Home address: |  | Postal code: |  |
| Workplace: |  | Work phone #: |  |
| Email address: |  |

Parent/guardian

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Home phone #: |  | Cell phone #: |  |
| Home address: |  | Postal code: |  |
| Workplace: |  | Work phone #: |  |
| Email address: |  |

Additional emergency contacts

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Home phone #: |  | Cell phone #: |  |
| Home address: |  | Postal code: |  |
| Workplace: |  | Work phone #: |  |
| Relationship to child: |  | Authorized pick-up: | Yes No |

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Home phone #: |  | Cell phone #: |  |
| Home address: |  | Postal code: |  |
| Workplace: |  | Work phone #: |  |
| Relationship to child: |  | Authorized pick-up: | Yes No |

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Home phone #: |  | Cell phone #: |  |
| Home address: |  | Postal code: |  |
| Workplace: |  | Work phone #: |  |
| Relationship to child: |  | Authorized pick-up: | Yes No |

Child’s medical information (complete all fields)

|  |  |
| --- | --- |
| Health care number: |  |
| Doctor’s name: |  | Doctor’s phone #: |  |
| Medical concerns: |  |
| Hospital: |  |
| Allergies (list): |  |
| Diet restrictions (list): |  |
| Are your child’s immunizations up to date? | Yes No |
| Does your child take ongoing medication? | Yes No | If yes, specify: |  |

Please provide your child’s up to date immunization records.

Consent forms

In the event that, I cannot be reached and emergency medical treatment is required for my child, I hereby agree to allow the director or staff of Elite Child Academy to seek any medical treatment appropriate. I agree to be responsible for any costs incurred as a result of this medical treatment.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-up authorization

I hereby authorize the following people to pick up my child at Elite Child Academy. If there are any changes in these arrangements, I will give the centre written notice in advance.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photography/video/media consent

At Elite Child Academy, we take a lot of photos and videos for documentation, learning, and advertisement purposes. For this reason, we ask all parents to consent or decline that we can take photos/videos of their child/children and use them **internally** for childcare craft projects, documentation, learning stories and on the app, as well as, **externally** for program promotions, brochures, advertising, etc.

Fill in your name and circle your request.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby **Do / Do Not** provide Elite Child Academy consent for my child to be photographed/videotaped for the purpose of **internal** use.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby **Do / Do Not** provide Elite Child Academy consent for my child to be photographed/videotaped for the purpose of **external** use.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunscreen and insect-repellent consent

Fill in your name and circle your request.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby **Do / Do Not** provide Elite Child Academy consent for staff to apply sunscreen and insect repellent (provided by parents) on my child in the spring/summer as needed.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community engagement consent

Community engagement includes walks, excursions and activities planned near and around the Daycare site. This is not limited to green spaces and ponds nearby. All community engagements will be planned out with intent by staff and followed through based on their planning maps.

Staff will sign out in the Community Engagement Binder stating which walk/area they are planning on going to with the children. When signing out, a staff member will state which room they are from, how many children they are taking, how many staff are going, where they plan on going, what time they left and arrived back onsite at, and a cell phone number of one of the staff for emergency purposes.

I, ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby **Do / Do Not** provide the Elite Child Academy consent for staff to take my child on walks, excursions, and activities around the community.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance

My child will be dropped off and picked up at Elite Child Academy:

|  |  |
| --- | --- |
| Full time:  | Part time:  |

If requesting part-time hours, please specify which days of the week your child will be attending.

**Monday Tuesday Wednesday Thursday Friday**

Preferred start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_