



# Early Childhood Program

## APPLICATION FOR ENROLMENT IN A CHILD DAY CARE FACILITY

This personal information is being collected under the authority of the *Child Day Care Act* and the *Child Day Care Standards Regulations* and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Director of Child Day Care Services, Department of Education, Culture and Employment @ 867-920-3491.

Date (d/m/y): \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Operator: \_\_\_\_\_

APPLICANT / CHILD INFORMATION		
Last Name	First Name(s)	Date of Birth (d/m/y)
Home Address	Postal Code	Health Care Card No.

PARENT / GUARDIAN INFORMATION			
Last Name		First Name(s)	
Home Address		City / Community	Postal Code
Work Address		City / Community	Postal Code
Home Phone No.	Work Phone No.	Cell Phone No.	Email Address

EMERGENCY CONTACT (if parent cannot be reached)			
Last Name		First Name(s)	
Home Address		City / Community	Postal Code
Work Address		City / Community	Postal Code
Home Phone No.	Work Phone No.	Cell Phone No.	Email Address

INDIVIDUALS TO WHOM THE CHILD MAY BE RELEASED
Name
Name
Name

INDIVIDUALS RESTRICTED / PROHIBITED FROM ACCESS TO THE CHILD
<i>If applicable: The name of any parent or other person who, by court order or agreement, is restricted in or prohibited from exercising access to the child or from picking up the child. Please attach a copy of the applicable court order or agreement.</i>
Name
Name

HEALTH CARE INFORMATION
Name of Health Care Provider / Family Physician

PLEASE ATTACH THE FOLLOWING:  Copy of the child's immunization record (required)

Does your child have any record of any medical, physical, developmental or emotional condition relevant to his or her care?  Yes (Please attach a copy of the record)  No

### CONSENT FORM FOR EMERGENCY CARE AND TRANSPORTATION

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I give permission to the child day care staff to take whatever emergency measures they deem necessary for the protection of \_\_\_\_\_ (my child) while in their care.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

X \_\_\_\_\_  
Signature of Parent / Guardian | Date (d/m/y)

ALLERGIES  SPECIAL FOOD REQUIREMENTS / FEEDING ARRANGEMENTS (if applicable) Please list and specify any pertinent information:

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**SPECIAL PERMISSIONS**

**PLEASE CHECK THE FOLLOWING PERMISSIONS AND SIGN AT THE BOTTOM OF THE FORM**

**PERMISSION FOR THE CHILD TO BE TAKEN ON EXCURSIONS BY THE DAY CARE STAFF**

Yes  No I give permission for my child to leave the Child Day Care Facility in the company of qualified staff for walks and excursions in the local community.

**NOTE:** On major excursions parents/guardians will be notified via newsletter.

**PERMISSION FOR THE CHILD TO BE TRANSPORTED BY A VEHICLE FOR THE PURPOSE OF EXCURSIONS**

Yes  No I give permission for my child to travel in a vehicle provided by the Child Day Care Facility for the purpose of excursions.

**NOTE:** For each excursion using vehicles the parents/guardians will be informed as to how their child will be secured/restrained (e.g. booster seat) or if the vehicle does not have seat belts (e.g. school bus).

**PERMISSION FOR THE CHILD TO BE PHOTOGRAPHED OR VISUALLY RECORDED (VIDEO TAPED)**

Yes  No I give permission for my child to be photographed or visually recorded while at the Child Day Care Facility for the following reasons:

Yes  No **Newsletter**

Yes  No **Website**

Yes  No **Publicity / Advertising**

Yes  No **Day Care Facility Promotions**

Yes  No **Good News Story in Local Media/Newspaper**

Yes  No **Other (please specify):** \_\_\_\_\_

X  
\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date (d/m/y)

*Please complete BOTH sides of form*