

Noah's Ark Childcare and Nursery Application for Enrolment

For Office Use Only Date of Admission: Date of Discharge:
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Type of Child Care Required: Full-time Part-time Occasional Other:

Age Group Placement at Time of Enrolment:

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

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:
 Same as Child Authorized to pick-up child

Full Legal Name: _____ **Preferred Name:** _____

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

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

Home Address:
 Same as Child Authorized to pick-up child

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to the 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

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 of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> 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				
Other (please specify)				

¹ Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

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 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

*For children under 12 months, 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

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

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 below:

Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that 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)

Supervisor Name

Supervisor 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 (dd/mm/yyyy): _____

Age (in months): _____

Feeding Arrangements

My child drinks: breast milk formula breast milk 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 instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods):

Sleep Arrangements Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).²

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

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., soother, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

Date (dd/mm/yyyy)

Signature of Parent

² Government of Canada: Safe Sleep -

<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

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

Noah's Ark Childcare and Nursery 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

Appendix C: List of Communicable Diseases

Acquired immunodeficiency syndrome (AIDS)

Chancroid

Chlamydia trachomatis infections

Creutzfeldt-Jakob disease, all types

Cytomegalovirus infection, congenital

Encephalitis

Gonorrhea

Hemorrhagic fevers

Hepatitis B

Hepatitis C

Influenza

Legionellosis

Leprosy

Meningitis, acute

Ophthalmia neonatorum

Personal service settings

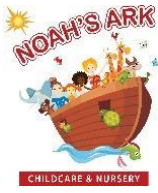
Respiratory infections, including institutional outbreaks

Severe acute respiratory syndrome (SARS)

Streptococcal infections

Syphilis

Tuberculosis



OFFICE USE ONLY

Date of Application: _____ Date of Admission: _____

Program:

Designated Room: _____	Infant Room Full Time Part Time Days: _____
Designated Room: _____	Toddler Room Full Time Part Time Days: _____
Designated Room: _____	Preschool Room Full Time Part Time Days: _____

School Age Before School After School Before and After School
Days: _____ School: _____

Phone Number: _____

School Address: _____

Bus Company: _____ Phone Number: _____ Bus #: _____

AM Pick up Time: _____ PM drop off time: _____ Location: _____

Full Fee: _____ Subsidy Daily Fee: _____

Registration Fee: _____ Deposit Fee: _____

Date of Withdrawal: _____

Last Day: _____

Reason for Withdrawal:

Supervisor: _____

Signature: _____

Date: _____