



Current Photo

ADMISSION DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CHILD'S HOME ADDRESS: \_\_\_\_\_  
Street City Postal Code

HOME TELEPHONE#: \_\_\_\_\_

1) PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE#: \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ BUSINESS # \_\_\_\_\_ ext \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Postal Code

2) PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street City Postal Code

HOME TELEPHONE#: \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ BUSINESS#: \_\_\_\_\_ Ext \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Postal Code

**IN CASE OF AN EMERGENCY - PERSON TO BE CONTACTED IF PARENTS CANNOT BE REACHED:**

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**PERSON (S) AUTHORIZED TO PICK UP YOUR CHILD (CHILD CANNOT BE PICKED UP BY ANYONE UNDER 13 YEARS OF AGE):**

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

BUSINESS#: \_\_\_\_\_ HOME#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

BUSINESS#: \_\_\_\_\_ HOME#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

BUSINESS#: \_\_\_\_\_ HOME#: \_\_\_\_\_

**LOCAL EXCURSIONS**

My child may participate in all local walking excursions supervised by the staff of Kin-R-Gee Family and Learning Centre.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEDICAL INFORMATION**

CHILD'S DOCTOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**IMMUNIZATION: Please submit a copy of your child's immunization records (yellow card)**

**PREVIOUS ILLNESSES RECORD (Please indicate date):**

Chicken pox	_____	German measles	_____
Diphtheria	_____	Scarlet Fever	_____
Pneumonia	_____	Rheumatic Fever	_____
Tuberculosis	_____	Mumps	_____
Smallpox	_____	Asthma	_____
Bronchitis	_____	Tonsillitis	_____
Measles	_____	Pertussis	_____
Cholera	_____	Epilepsy	_____
Poliomyelitis	_____	Other	_____

**ALLERGIES (SPECIFY FOOD, DRUGS, ENVIRONMENTAL, ETC.):**

Allergy \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction: \_\_\_\_\_

**MEDICAL RELEASE**

In the event of a medical emergency, I hereby consent to the transportation of my child to the nearest medical facility. In addition, I consent to medical treatment as deemed necessary by the attending physician/paramedics on duty. I release Kin-R-Gee Family and Learning Centre from any liability involved in the transport and treatment of my child.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

REACTION TO BITES OR STINGS: \_\_\_\_\_

HAS YOUR CHILD EVER BEEN HOSPITALIZED? Y \_\_\_\_\_ N \_\_\_\_\_ WHEN: \_\_\_\_\_

REASON \_\_\_\_\_

OTHER PERTINENT INFORMATION (I.E HEARING AID, PROSTHESES, MEDICATIONS, ETC.):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

In the event that your child requires an Epi pen, please request Anaphylactic Alert information form.

**School Information**

**\*You must indicate the name of the school your child/ren will be attending, if your child is JK/SK, indicate morning or afternoon (circle one).**

Name of child's school \_\_\_\_\_ Grade \_\_\_\_\_ AM PM  
Name of child's school \_\_\_\_\_ Grade \_\_\_\_\_ AM PM  
Name of child's school \_\_\_\_\_ Grade \_\_\_\_\_ AM PM

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Authorized Signature Date

**Media Release Consent**

I (we) give Kin-R-Gee Family and Learning Centre permission to photograph and/or videotape my child(ren) for program purposes to be used within the classroom. I understand that these photographs or videotapes will not be reproduced or distributed outside the centre.

**If you do not wish for your child to participate please check this box [  ]**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Authorized Signature Date

## PARENT CONTRACT

The terms and conditions of this Parent Contract ("Agreement") provide protection for our parents, as well as our program. In order to ensure that we can provide the services that the children are entitled to, it is essential that the financial status of our program be stable. The program's expenses cannot be reduced because of absentee losses. By signing this Agreement you acknowledge that you have read, understand and agree to abide by our policies which we enclose along with this Agreement and are incorporated by reference. You further agree that you will financially support the enrolment space guaranteed for your child.

### **I agree that:**

- Upon registration, I will provide two monthly cheques (one dated the day of registration and one dated the first day of program commencement) and posted dated cheques for the remainder of the session. I will also provide a \$35.00 per child or \$50.00 per family non-refundable registration fee (if applicable);
- A service charge of \$20.00 will be charged for any NSF, returned cheques or late payment.
- I will provide a minimum of four weeks advance written notice prior to the withdrawal of my child from the program. If such notice is not given, I understand the last month's deposit will be retained;
- I will pick up my child by the end of the program or pay a late departure fee of \$4.00 per minute to the childcare staff within **one working day**. I understand that if the Centre cannot reach me one hour after the program has ended, the Police and Children's Aid Society will be contacted. I acknowledge that this policy is designed as a deterrent and that abuse of the policy will be considered a violation of this contract.

My child may be withdrawn and services may be terminated pursuant to, and in accordance with, the terms of the Kin-R-Gee Family and Learning Centre Withdrawal Policy.

### ➤ **The Centre is closed on the following days:**

New Year's Day	Thanksgiving
Good Friday	Christmas Eve closed at 4:00pm
Easter Monday	Christmas Day
Victoria Day	Boxing Day
Labor Day	New Year's Eve closed at 4:00pm
Family Day	

- I will submit my parent contract, 2 current photos and a copy of my child's immunization records (yellow card) upon registration.
- If my child requires an epi-pen, I will provide a complete anaphylaxis form upon registration. I will also provide two epi-pens upon program commencement.
- I will allow only pre-authorized persons designated on my registration form, to pick up my child. I agree to provide written notification to the Supervisor if changes occur;

- I will inform the Centre in writing, if my child is involved in a custody dispute, and will provide the Child Care Supervisor with a copy of the legal custody papers;
- I will notify the Centre, in writing, of all address changes at home and work and also to provide up-to-date telephone numbers where parents may be reached in the case of an emergency;
- I will comply with parents' responsibilities as outlined in the Parent Handbook and comply with the program policies.
- A complete registration package, including all supporting documentation and required fees, is necessary before this application can be processed.

**I have read, understand and agree to abide by the terms and conditions set out above and in all Centre policies including those set out in the Parent Handbook.**

Parent/Guardian Name	Parent/Guardian Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	Date
Authorized Signature	Date	

**Parents or Guardians who are enrolling their child(ren) in the program, must read and sign the above contract.**