



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 Shining Stars Child Care 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/RESTRICTIONS (SPECIFY FOOD, DRUGS, ENVIRONMENTAL, ETC.):**

Allergy/Restriction \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy/Restriction \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy/Restriction \_\_\_\_\_ 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 Shining Stars Child Care 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 (IE. 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.**

**Media Release Consent**

I (we) give Shining Stars Child Care 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 payment to confirm my child’s space in the program and I will provide payment arrangements in the form of a contract for the remainder of my child’s enrollment.
- I will provide, at the time of registration, required payment information to Shining Stars Child Care Centre.
- A service charge of \$35.00 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 \$1.00 per minute to the childcare staff within **one working day**. I understand that if the Centre cannot reach me by 7:00pm, 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 Shining Stars Child Care Centre Withdrawal Policy.

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

New Year's Day  
 Family Day  
 Good Friday  
 Victoria Day  
 Canada Day  
 Civic Day  
 Labor Day  
 Thanksgiving Day  
 Christmas Day  
 Boxing Day

- The Centre will notify me in advance, if the Child Care Centers must close for additional days due to unforeseen circumstances.
- 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 the **Parent Code of Conduct** and agree to the terms as stated in the Parent Handbook. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary.

**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.**