

East End Scholars

Enrollment Application Form



CHILD INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Age (months): _____

Gender: Boy Girl Other Language: _____

Home Address: _____

No of siblings: _____ Names & ages: _____

Health Card Number: _____ Expiry Date: _____

Custody Arrangements: N/A or as Follows:

MEDICAL INFORMATION

History of Communicable Diseases:

Chicken Pox Mumps Measles Whooping Cough

Rubella (German measles) Hepatitis Scarlet Fever Other (Note below)

Comments/ Other:

Allergies or Medical conditions:

Allergy Type	Mild	Moderate	Severe	Life Threatening

If your child has a life-threatening allergy please fill out Anaphylactic Action Plan prior to their start date (please ask us for a copy of the form).

Medical Conditions:

Does your child have asthma or any other medical condition such as epilepsy, diabetes, disabilities or reactions to drugs which could be a complicating factor?

N/A or as Follows:

Medication:

Is your child on any regular prescription medication? If yes, please describe.

Please note that you will be required to complete our medication form.

Dietary, Sleep or exercise requirements or Restrictions:

Other Notes:

IMMUNIZATION

The Child Care and Early Years Act requires all infants and children attending a child care centre be fully immunized. These immunizations include Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella and Hemophilus Influenza type B.

- A copy of your child’s immunization records **MUST** be provided, with this application, prior to stating daycare.
- These requirements may be removed if you object to immunization for medical, conscience or religious reasons. The necessary exemption form can be obtained from the Health Department, completed and **MUST** be provided, with this application, prior to starting daycare.

PROGRAM ATTENDANCE (Please tick relevant boxes)

Full Time (Mon - Fri)

Part Time

Monday	Tuesday	Wednesday	Thursday	Friday
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Parents Details:

First Name: _____ Last Name: _____

Home Address: _____

Home Tel: _____ Cellphone: _____

Email 1: _____ Email 2: _____

Place of Work: _____

Address: _____

Tel: _____ Extension: _____

First Name: _____ Last Name: _____

Home Address: _____

Home Tel: _____ Cellphone: _____

Email 1: _____ Email 2: _____

Additional Contacts (Please tick the relevant boxes)

Emergency Contact	Authorized to pick up
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1. Name: _____

Relationship to Child: _____

Telephone: _____

Email: _____

2. Name: _____

Relationship to Child: _____

Telephone: _____

Email: _____

Emergency Contact	Authorized to pick up
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3. Name: _____

Relationship to Child: _____

Telephone: _____

Email: _____

4. Name: _____

Relationship to Child: _____

Telephone: _____

Email: _____

Emergency Consent (Please tick the relevant box below)

It is the policy of East End Scholars to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we cannot contact parents/guardians and we need to get immediate medical assistance for the child. Our procedure is to take the child to the nearest emergency service (hospital) or to call the required emergency services to attend the child.

Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this consent with us to the emergency centre (hospital).

I hereby give consent for my child _____ when ill or injured to be taken to the nearest emergency centre (hospital) by ambulance accompanied by a staff member of East End Scholars when I cannot be contacted.

I hereby give consent for my child, as named above, to receive medical treatment in my absence.

Print Name: _____ Signature: _____

Email Communications (Please tick the relevant box)

I agree to receive email notifications, updates and other communications from East End Scholars. My information will not be made available for use by any other organization or individual other than East End Scholars and its management.

I understand that East End Scholars cannot guarantee the security and confidentiality of e-mail communication. East End Scholars will not be responsible for messages that are not received or delivered due to technical failure, or for disclosure of confidential information unless caused by intentional misconduct.

I understand that e-mail is not a substitute for service that may be provided during an office visit to discuss any new issues or concerns.

I understand that I may revoke this consent at any time by so advising East End Scholars in writing to hello@laughlearn.ca and that East End Scholars will immediately stop using my email address to communicate with me. My revocation of consent will not affect my ability to obtain future child care.

I have read and understand this statement. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and give my consent for e-mail communications to and from East End Scholars.

I **AGREE** to receive email communications from East End Scholars.

I **DO NOT** agree to receive email communication from East End Scholars.

Parent Acknowledgement

I understand that it is my responsibility to immediately communicate any changes that may affect the details provided in this application. I understand that East End Scholars cannot be held responsible for an inability to contact me if my contact details are not updated by me.

I have read understand East Eand Scholars policies in the Parent Handobook. I agree to adhere to these policies and in the event that there are changes, I understand that it is my responsibility to keep current with all policy changes.

Signature of Parent/ Guardian

Date

FOR OFFICE USE ONLY

Play Visit Date: _____ Application Date: _____

Enrollment Date: _____ Assigned Classroom: _____

Registration Fee: _____ Received By: _____

Termination/Discharge Date: _____

Reason for Discharge (if applicable):