

Child Information

Full Legal Name:	Date of Birth (dd/mm/yyyy):
Home Address:	

Parent/Guardian Information

Full Legal Name:	Relationship to Child:
Primary Phone Number:	Email address:
Home Address: <input type="checkbox"/> Same as Child	Work Phone Number:

Full Legal Name:	Relationship to Child:
Primary Phone Number:	Email address:
Home Address: <input type="checkbox"/> Same as Child	Employment Phone Number:

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to 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: _____

Medical Information

Doctor's Name _____ Street Address _____
Phone _____ Town/City _____

Medical Conditions? YES, NO Life Threatening? _____
If yes, please list _____

Allergies? YES NO *Life Threatening? _____ Restrictions (list here)? _____
If yes, please list _____
a copy of any written recommendations from the child's physician. YES NO

**All life –threatening allergies or medical conditions will require an anaphylactic form to be filled in and all staff must be given direct instructions.*

Emergency Contacts

In the event of an emergency, if a parent/guardian cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2
Full Legal Name:	Full Legal Name:
Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Persons **authorized to pick up** child without notice other than parents/guardians especially on a regular basis. It is always best to inform educators of change in pick up. If they are different than the contact listed above.

Children will not be released without proper authorization and identification.

Pick-Up Authorization

The following additional individuals are authorized to pick up (Photo ID will be required to confirm identify before the child will be released. We will not release a child from TTELC to anyone under the age of 18 years.):

Full Legal Name	Primary Phone

Siblings Names and Age (Month/Year)

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below:

Does your child have any medical need(s) that requires additional support (e.g., Diabetes, Asthma)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and Creative Kids Preschool prior to your child's first day of care.

Physical Requirements

Does your child use diapers? YES NO Disposable Cloth

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:

Instructions regarding special requirements in respect of diet or physical activity _____

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.):

Empty rectangular box at the top of the page.

Number of Sessions per week **1** **2** **3** **4** **5**

Preference of Days M am pm T am pm W am TH am pm F am

Alternate Choice M am pm T am pm W am TH am pm F am

All information received by you will be kept confidential and used for Creative Kids Preschool purposes only. Registration forms are destroyed after 2 years. I, _____, agree that all the above information is accurate and up-to-date.

(Parent/Guardian Signature)

(Date)

How did you hear about us? Circle all that apply. Newspaper Ad Website Flyer

EarlyON Centre Community Living Huronia Friend/ Neighbor Other _____

Is your child receiving help from other services? Preschool Resource Teachers are on site but parent must request service for their help. Please speak to staff if you have any developmental concerns or questions.

To be filled in by Office Staff:

Child's name _____ Guardians' Name _____

Registration Fee Paid – Cheque _____ Cash _____ ETF _____

Sessions confirmed _____

Cost per month _____

First Payment _____

Method of Payment: _____

Pre-Authorized Debit Form Completed _____ **YES** **NO** _____

Deposit (Last Months Payment) _____

E transfer use this Address ckpetransfer@gmail.com

Cheques- (Aug) Sept., Oct., Nov., Dec, Jan., Feb., Mar., Apr., May, (June) **** Dated for the 1st of the month**

Cash _____ -

Name of Person on Cheques or Pre-Authorized Debit Form _____

Admission Date- _____

Departure Date- _____

CREATIVE KIDS PRESCHOOL OF ALLISTON

Permission Forms

Medical Treatment – In an emergency every effort will be made to contact parents/guardians but sometimes this is not possible and immediate treatment is necessary.

In case my child is hurt or becomes seriously ill while at school, and it is not possible to reach primary caregiver, he or she may be seen by a doctor at the emergency room of the hospital. An ambulance would be called for such emergencies.

Public Health Unit – Updated immunization is required by the commencement of preschool and is forwarded to the Simcoe Muskoka District Health Unit - Preschool Immunization department. We are required to pass on names of any child with a reportable disease like chicken pox, whooping cough, measles etc. Always inform the school of symptoms or diagnosis when your child has been ill.

Field Trips – Walks in the neighbourhood may be taken with or without previous planning. Parents sign a permission form for planned field trips where transportation is required. On these days, the preschool would be closed and families would meet at the designated site. Generally, there is one bus trip planned towards the end of the school year. Creative Kids Preschool will not arrange transportation in personal vehicles.

I give permission for my child to participate in neighbourhood walks and field trips. Although all walks and field trips are well supervised, I understand that there is always an element of risk, beyond the preschool's control, with any type of physical activity.

Video – Photo – Social Media - I give consent for the appearance of my/our child to appear in any publicity arranged by CKP through the various media, newspapers, radio, television, slide presentation and other publicity or educational purposes. This publicity may be in the form of photographs, video, writing pieces, and artwork with child's first name. It is felt that it is important for the community to be kept informed of activities of the program. Professional class and individual pictures are done once per school year. My child may be a part of this type of picture. **Names are never added for public viewing.** Parents must give consent to add names (ie. newspaper)

- Yes I agree
 - No I do not agree
-

Participation I allow my child(ren) to use all the play equipment and participate in all of the activities of the program.

Confidentiality – Staff and board members work hard to do their best each day. Any concerns should always be brought to the attention of the supervisor or chair person of the board and not discussed in a public forum. It is important to CKP that confidentiality of our staff, volunteers, families, and community partners is respected. See Procedures for Parent Issues and Concerns in parent agreement.

I will keep payments current and up to date. My account will be PAID IN FULL by the end of the current month. Non-payment will result in my childcare services being withdrawn. Full payment is required regardless of days missed due to illness.

I will keep CKP and/or program staff informed and up to date of changes in information relevant to my child, i.e. file information such as telephone numbers, unusual happenings at home etc.

Parental Agreement – I acknowledge that I have read, understand, and agree to adhere to the terms and conditions as outlined above and in the **Parental Agreement and the Parent Code of Conduct. I have also read the Program Statement outlining the thinking of CKP.**

(Parent or Guardian Signature)

(Date)

The Board of Directors reserves the right to review and adjust the current fees on a yearly basis and can be increased with one month notice to families.

We will be holding an Annual General Meeting in May. Adult attendance from each family is mandatory.

Cost Model:

1 Session	2.5 hr	1x 2.5 hr	\$ 100 per month
1 Session	3 hr	1x 3 hr	\$ 120 per month
Tuesday and Thursday	Am or Pm	2x 2.5hr	\$ 180 per month
Monday & Wednesday & Friday	Am	3x 3 hr	\$ 306 per month
2 x 3-hour mornings		2x 3 hr	\$ 216 per month
Monday & Tuesday & Thursday	Pm	3x 2.5 hr	\$ 255 per month
Monday to Friday	am	14 hr	\$ 476 per month