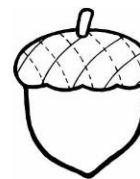


Date of Enrollment: _____

Date of Last Day of Care at Little Acorn: _____



Little Acorn Registration Form

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ Prov: _____ Postal Code: _____

Nickname: _____ Gender: _____

Parent's Full Name: _____ Home Phone: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Email: _____

Parent's Full Name: _____ Home Phone: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Email: _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Little Acorn Care Centre: Getting to know your child

Child's name: _____

Nick name (or name your child responds to): _____

Parent's Names: _____

Other household members (Grandparents/siblings/etc): _____

Any pets at home: _____

Languages spoken at home: _____

Activities your child likes to do: _____

Does your child have any fears/worries?: _____

What does it look like when your child is upset? _____

How would you describe your child's temperament? _____

Has your child any previous experience away from home (Group daycare/home daycare/preschool)? _____

Are there any concerns regarding your child's development/behaviours/etc?

Is your child able to use the toilet on their own? _____

Any other information you would like to share with us: _____

BASIC IMMUNIZATION SCHEDULE

	1 st visit@ 2 mo.	2 nd visit @4 mo.	3 rd visit@ 6 mo.	4 th visit @ 12 mo.	5 th visit @ 18 mo.	5-6 yrs.
Enter Date given						
DTaP-HB-IPV-Hib	*	*	*			
Pneumococcal conjugate	*	*		*		
Rotavirus	*	*				
Meningococcal Conjugate C	*			*		
MMR				*		
Varicella				*		
DTaP-IPV-Hib					*	
DTaP-IPV						*
MMRV						*

- Please attach copy of completed immunization record or fill in dates that your child received their immunizations on form above.

Receiving Information:

Newsletters, general updates and non-private information for Little Acorn Care Centre and Oaklands Community Association will be sent out to families to update them on a frequent basis. These updates will also be posted in the Oaklands Neighborhood House, however if you would like to receive these updates via email, please provide your email information:

Parent Name: _____ Email address: _____

Parent Name: _____ Email address: _____

Emergency Contacts

Primary Emergency Contact (other than parents or guardian):

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian):

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Person (s) also authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: _____

Phone Number _____

Relationship to child: _____

Name: _____

Phone Number _____

Relationship to child: _____

PERSONS NOT PERMITTED ACCESS TO CHILD

Name: _____ Phone: _____

Name: _____ Phone: _____

Any further information:

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission to the staff at Little Acorns Care Centre to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

Parent's Signature _____ Date: _____

Emergency Information

1. Child's Physician: _____ Phone: _____

2. Child's Dentist : _____ Phone: _____

3. MSP # _____

4. Regular Medications: _____

5. Medicine allergic to: _____

6. Food Allergies: _____

7. Any other Allergies: _____

8. Any special health conditions: _____

Permission to photograph

I,

_____ (Parent or Guardian's name)

Give permission for

Little Acorn Care Centre

To photograph my child,

_____ (Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in childcare building on bulletin boards and shown to current and prospective families		
Display still photos on Oaklands Community Centre website		
Display in childcare scrapbook		
Display on the Oaklands or Little Acorn Facebook page		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. The Centre agrees that your child will not be named or tagged on the website or Facebook page.

Signed:

_____ (Parent or Guardian signature, and date)

Acknowledgement of Policies

I, _____ and _____ have read and understand all Policies and Guidelines of Little Acorn Care Centre.

We agree to abide by all policies stated in the Parent Handbook. We understand that we will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Little Acorn Care Centre will be made in writing and will be followed up in a timely manner.

We also understand that any breach of policies may be grounds to terminate childcare. A two-week notice will be given in such circumstance unless the infraction is severe enough to warrant termination without notice.

This child care arrangement will come into effect on _____.

Parent Signature _____

Parent Signature _____

Early Childhood Manager Signature _____

Date _____

Field Trip Permission Form

The Green Room and Red Room will go on a minimum of one field trip per month per room, which will require the use of our private Variety Club bus. This bus will be driven by Nicole Skoreyko, Early Childhood Manager, who holds a current and valid Class 4 Drivers License, which is required by law to operate this type of vehicle. The bus is inspected by a certified mechanic bi-annually and gets federally inspected annually. Also, a safety pre-trip is completed before every out trip

Families will be notified in our monthly calendar with the dates that their child's specific room will be going on an out trip that requires the bus. Also, a week before the field trip an email will be sent out to all families with a reminder of the date, time, location and specifics of each field trip. At any point if there are any concerns, please address them to the Early Childhood Manager before the date of the out trip.

I _____ (Parent name) hereby give
_____ (Child's name) permission to go on a minimum of one field trip per month that will require my child to be transported on the Variety Club bus that will be driven by Nicole Skoreyko. I will be given one week notice through email regarding the exact details of each out trips. If I have any concerns regarding the field trip, I will voice those concerns to the Early Childhood Manager before the date of the field trip.

Parent Signature

Early Childhood Manager Signature

Date Received