



ADMISSION INFORMATION

Child's Full Name _____ Date of Birth (YY/MM/DD) _____

Child's Home Address _____ City _____ Postal Code _____ Home Tel. Number _____

Physician's Name _____ Physician's Address _____ City _____ Postal Code _____ Physician's Tel. Number _____

PARENT/GUARDIAN CONTACTS:

Name of Parent and or Guardian

Name of Parent and or Guardian

Home address (if different than above)

Home Address (if different than above)

Home Telephone Number (If different than above)

Home Telephone Number (if different than above)

Daytime Location (employer, school, home, etc)

Daytime Location (employer, school, home, etc)

Daytime Address _____ Postal Code _____

Daytime Address _____ Postal Code _____

Daytime Telephone Number

Daytime Telephone number

Cell phone number

Cell phone number

Email Address

Email Address

CUSTODY/VISITATION ARRANGEMENTS (IF APPLICABLE):

Are there any legal documents pertaining to this child which will prohibit specific individuals from picking up the child?
 _____ Yes _____ No Please check one. If yes, please provide a copy of the documents for the child's file since it is required to restrict a parent from picking up a child.

I/We authorize ONLY the following persons to pick up my child from the Program (all of whom are over 18 years of age) or act as an emergency contact in the event that I/we cannot be reached: Under no circumstances will your child be released to anyone not listed about without written authorization.

	Persons Name	Relationship to the child	Home Phone #	Daytime Phone #	Cellular Phone #
1					
2					
3					

Please list any special instructions that are relevant and important for the staff to be aware of regarding your child. Have there ever been concerns or involvement with any agency/medical professional related to the development, behaviour, medical, emotional or physical development of this child? _____

Office Use Only:

Enrollment Start Date: _____ Withdrawal Date: _____

CONSENT/ AGREEMENT FORM

Please read the following policies and procedures and initial your understanding of the policy and your willingness to abide by it.

	Please initial that you have read and understand.
I/We agree to read the Policy Manual of The Village Children's Programs and follow policies set out in it.	
I/We will bring our child(ren) into the classroom and greet the teacher at drop off and pick up times to exchange pertinent information and ensure supervision.	
I/We will keep The Village and/or program staff informed of changes in information relevant to my child, i.e. file information such as telephone numbers, change in child's health, unusual happenings at home etc.	
I/We will keep payments current and up to date and paid in advance. Fees are due for statutory holidays and any other absent days (for illness or any reason) and any closure of the centre in the event of an emergency.	
I/We allow my child(ren) to use all the play equipment and participate in all of the activities of the program. I hereby grant permission for my child to leave the centre premises under the supervision of a staff member for neighbourhood walks.	
I/We hereby consent to have my child leave the premises of The Village Children's Programs from time to time, to participate in excursions to places of interest, planned as part of the children's program. It is understood that members of the staff will provide supervision and every precaution will be taken for the safety of the child. Parents will also receive written notification prior to each full day field trip or excursion to enable them to decide at that time if they wish to take part.	
I/We grant permission for the operator, or designate of The Village Children's Programs to take any necessary steps to obtain emergency medical care if warranted. A full outline of emergency procedures, policies and practices is in the Policy Manual. Any expenses incurred during an emergency will be the responsibility of the child's family.	
The Board of Directors reserves the right to review and adjust the current fees during the year as deemed necessary.	
Depending on the program your child is registered for, closing times will vary. Any parent who arrives to pick up their child after their pre-determined scheduled times will be required to pay a late fee of \$2.00/minute. Fees owed will be invoiced. In the event that the parent is late to pick up their child on more than 2 occasions the family may be withdrawn from the program.	
The Village Children's Programs reserves the unilateral right to cancel any arrangements, if policies of The Village are not followed by a child or parent.	
I/We understand that should my child require any enhanced staffing funding that his/her enrolment may be dependant on this funding's approval.	
The Village Children's Programs will not be responsible for any incident that may occur as a result of false information given at the time of enrollment. I/We understand that my child(ren)s enrollment is contingent on all information outlined in these forms to be full and accurate.	

	Yes I agree	No I do not agree
I/We give consent for the appearance of my/our child to appear in any publicity arranged by The Village 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.		

We have read the above policies and fully understand all of the above information:

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Staff Signature Date

Child Health Record

Under the Day Nurseries, Section 33, "every operator shall ensure that before a child is admitted to a day nursery operated by the operator from time to time thereafter, the child is immunized as recommended by the local medical officer of health."

Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 facilities if:

- This child needs an exemption from immunization against any disease listed for medical, religious or philosophical reasons, or
- This child does not have an immunization record, or
- You have any questions about this form

In the event that immunizations are not given to the child a fully signed letter must accompany this form.

Please fill in the date below that your child received the following or attach a copy of your child's immunization record.

Immunization records are required for Infant, Toddler and Preschool children only.

Month/day/year		Month/day/year	
	Diphtheria		Measles
	Tetanus		Mumps
	Pertussis		Rubella
	Polio		Men C Conjugate
	Haemophilus B (Hib)		Varicella
	Pneumo Conjugate		Hepatitis B

Previous Medical History – please indicate all that apply

<input type="checkbox"/> German Measles	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Measles	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Small Pox	<input type="checkbox"/> Asthma	<input type="checkbox"/> Giardia Lamblia
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Eczema	<input type="checkbox"/> Mumps	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Reaction to Bites or stings	<input type="checkbox"/> Whooping Cough	

Other medical issues: _____

Allergies: _____

Skin Conditions: _____

Sight Difficulties: _____

Hearing Difficulties: _____

Is your child or has your child ever been associated with or seen by: (Please initial where applicable)

Yes No

Any Behaviour Management Services ie: Mackenzie Health, Durham Region		
Early Intervention Services. If yes, please indicate name of Interventionist: _____		
Any Speech and Language Program ie: York Region, Beyond Words		
The York Centre, Blue Hills, Kinark, Grandview Children's Centre		
Any other agency related to development, medical or behaviour needs		
Has your child ever received any Enhanced Funding?		

If yes to any of the above, please explain in further detail: _____

Please list any other information that will enable us to work more effectively with your child: _____

Is your child under any forms of treatment/medication? If yes, please explain: And will it impact their participation in the program in any way? _____

Enrollment is contingent on all information outlined in these forms being full and accurate.

Signature Parent/Guardian Date

Signature Parent/Guardian Date



The Village Children's Programs Parent Code of Conduct

We all have the right to be safe and feel safe in our school community. The Village Children's Programs sets clear standards of behaviour that apply to all individuals involved in our organizations community including parents or guardians, volunteers, teachers, and/or board members.

These standards apply whether they are on centre property or at organization-sponsored events and activities.

All members of the organizations community are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability or any other ground protected by Ontario's Human Right Code.

All adult members have the responsibility to act as models of good behaviour. Foul language (swearing, name-calling, shouting), is not appropriate. Individuals engaging in such behaviour will be asked to leave the premises immediately.

Inappropriate behaviour or harassment of any kind towards a student, parent or teacher will result in immediate intervention up to and including the family's expulsion from the centre and/or police intervention. This type of behaviour included but is not limited to harassment or intimidating by written note, email, words, gestures, and/or body language.

No weapons are allowed on The Village Children's Programs property or at any function operated by The Village. The consequences for failure to comply will include but is not limited to the family's expulsion from the organization.

The privacy and confidentiality of our parents, guardians, teachers, volunteers and students is important to us. All concerns and comments should be addressed with the teachers. Should this discussion not address your concerns, the next step is to review the situation with the Supervisor and/or Executive Director. Failing resolution with the Supervisor/Executive Director, the matter will be referred to the appropriate member of the Board of Directors.

Gossip and public criticism are unacceptable. There should be no discussion of concerns with other parents in the hallways, the parking lot or via electronic medium such as Facebook, Myspace, personal blog sites or other forms of electronic information sharing.

Any pictures taken at any of our programs or during events are for the private use of the family only. These pictures cannot be posted in on-line photo albums (i.e. photobucket, Facebook, Myspace, etc).

School cubbies are used solely for the purpose of children's storage and communication between parents and The Village Children's Programs. They are not to be used for business promotion.

This code of conduct must be signed by any and all adults that will be involved in your child's experience at The Village Children's Programs including parents, grandparents, siblings and caregivers.

I have read the Code of Conduct and agree to terms as stated. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary.

Child's Name: _____

Parent/guardian Name: _____

Signature: _____

Date: _____