

MIDLAND CHILDCARE CENTRE APPLICATION FORM

CHILD'S INFORMATION

Name (first & last):

File number:

Date of birth (dd/mm/yyyy):

Gender: M F

Home Phone Number:

Home Address:

City/Town:

Postal Code:

Admission Date:

Withdrawal Date:

MEDICAL INFORMATION

Child's Health Card Number:

Copy of Health card Attached: Yes or No

Name of Child's Physician:

Immunization Attached: Yes or No

Physician's Telephone Number:

Physician's Address:

Allergies / Medical Alert info / Disability

PARENT / GUARDIAN INFORMATION #1

Name (first & last):

Relationship to child:

Gender: M F

Emergency Contact Priority: 1 2 3

Guardian: Custody: Live with child: Special Custody:

Home Phone #:

Business Number:

Ext.

Cell Phone:

Email Address:

Address (If different) # Street:

City/Town

Postal Code:

Employer's Name:

Employer's Address:

PARENT / GUARDIAN INFORMATION #2

Name (first & last):

Relationship to child:

Gender : M F

Emergency Contact Priority: 1 2 3

Guardian: **Custody:** **Live with child:** **Special Custody:**

Home Phone #:

Business Number:

Ext.

Cell Phone:

Email Address:

Address (If different) # Street:

City / Town

Postal Code:

Employer's Name:

Employer's Address:

EMERGENCY CONTACT 1 (OTHER THAN PARENT)

Name (First & Last)

Gender: M F

Relationship to Child:

Emergency Contact Priority: 1 2 3

Home Phone #

Cell Phone #

EMERGENCY CONTACT 2 (OTHER THAN PARENT)

Name (First & Last)

Gender: M F

Relationship to Child:

Emergency Contact Priority: 1 2 3

Home Phone #

Cell Phone #

CHILD'S INFORMATION

PICK UP CHILD (OTHER THAN PARENT)

Name (First & Last)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Relationship to Child:
Name (First & Last)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Relationship to Child:

BACKGROUND

Has your child been to daycare before? Yes No Full Time Part Time

How does your child react to new environment?

First Language:

Main Language Spoken at home:

Is your child toilet trained? Yes No If yes, does your child needs to wear diaper during nap time Yes No

Does your child feed himself or herself? Yes No

What is your child eating habit?

Does your child nap? Yes No How long?

Is your child allergic to any food / medication / latex ? Yes No If yes, fill out the medical care plan

MEDICAL CARE PLAN

Allergies:

Diagnosis of Condition:

Symptoms:

Warning Signs:

Action 1.

Action 2.

Emergency contact 1:

Emergency contact 2:

OTHER

Is there any information that we need to know about your child?

PERMISSION TO RELEASE YOUR CHILD'S INFORMATION

Personal information is collected at registration under Midland Child Care Centre and may be shared with City of Toronto Children's Services, Licensing Specialist, Children's Aid, Public Health, and employee of Midland Child Care Centre.

I hereby certify that the above information contained on this form is accurate.

Signed (Parent/Guardian)

Print Parent/Guardian Name

Date

+ CONSENT FOR MEDICAL TREATMENT

Name of Child: _____ Birthday: _____ Health Card #: _____

In any emergency, every possible effort will be made to contact the parents or guardian of the child involved. However, if at any time, emergency medical treatment is required due to such circumstances as accidents, sudden illness, or other emergency, this may be given by a private physician or hospital. This includes anesthetic, if necessary.

Signed (Parent/Guardian) Date

CONSENT FOR NEIGHBORHOOD WALK

I, _____ hereby consent to have _____ leave Midland Child Care Centre in order to participate in occasional neighborhood walks planned a part of the children's program. It is understood that supervision would be provided by members of the day care staff.

Signed (Parent/Guardian) Date

CONSENT FOR PHOTOS AND VIDEO

I, _____, authorized Midland Child Care Centre to take photos and / or videos of my child, _____, at special events such as field trips, class celebrations, and seasonal activities. The photos will be developed and posted on the wall at the centre, Midland Child Care website, and pamphlet for parents to view and (optional) order. It is understood that the child's name will never be used with either photos or videos.

Signed (Parent/Guardian) Date

PARENT'S HANDBOOK

This is to confirm that I am fully aware of and understand the contents of this contract and the policies in the handbook and the *Midland Program Statement*. I agree to comply with the rules and policies of the Midland Child Care Centre.

Signed (Parent/Guardian) Date

Supervisor Signed Print Supervisor Name Date