



Beausoleil Day Care Centre Application for Enrolment
15 O'gemaa Miikan, Christian Island, ON, L9M 0A9
Phone: 705-247-2031 Email: marisamonague@chimnissing.ca

Type of Child Care Required: Full-time Part-time Occasional

Program (Circle One): **Preschool** **Toddler** **Infant**

Hours of Care

MON	TUES	WED	THURS	FRI

Child Information

Full Legal Name: _____ Preferred Name: _____

Date of Birth (mm-dd-yyyy): _____

Home Address(es): _____

Other children in the family enrolled with the agency (list names, if applicable): _____

Parent Information

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____ Email address(es): _____

Home Address:
 Same as Child

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____ Email address(es): _____

Home Address:
 Same as Child

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) permitted to access/pick up your child: _____

Name (s) of individuals prohibited from accessing/picking up your child: _____



Emergency Contacts/Pick-Up Authorization

The following additional individuals are authorized to pick up my child and/or contacted in case of an emergency (Photo ID will be required to confirm identify before child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

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

Does your child have a medical need that requires additional support (e.g. Diabetes)? YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and Beausoleil Day Care Centre.

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to Beausoleil Day Care Centre prior to your child's first day of care. If you do not have an immunization record, please fill in the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the agency. These forms are available on the Ministry of Education's website.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the home child care agency prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance (e.g., latex))?

YES NO



If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment:

Dietary and Feeding Arrangements

*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Month.

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?
YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?
YES NO

If yes, please provide relevant details:



Sleep Arrangements

*For children under 12 months, please also complete, *Appendix A: Supplementary Information for Children Under 12 Months*.

How many naps does your child have each day?

At what times does your child nap?

How long does your child usually nap?

Does your child have any special sleep arrangements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant below:

Physical Requirements

Is your child in diapers?

YES NO

If no, my child:

Uses the washroom independently Requires assistance Requires full support

Please provide details, if necessary:

Does your child require any additional support with respect to physical activity? YES NO

If yes, please provide relevant details:



Additional Information

Please indicate any additional information which is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

Date (mm-dd-yyyy)

Staff Name

Staff Signature

Date (mm-dd-yyyy)



Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name:

Child's Date of Birth:

Feeding Arrangements

My child drinks: breastmilk formula breastmilk and formula

My child has started eating solid foods

YES NO

If YES, food must be: pureed mashed steamed until soft other:

My child can self-feed: YES (INDEPENDENTLY) YES (WITH SUPPORT) NO

Please provide any other relevant details regarding feeding arrangements for your child (e.g., meal times, favourite foods):

Sleep Arrangements

Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS)¹

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

How many naps does your child have each day?

At what times does your child nap?

How long does your child usually nap?

Does your child have any special sleep arrangements (e.g., soother, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

Date (dd-mm-yyyy)

Signature of Parent

¹ Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>



Appendix B: Authorization for Non-Prescription, Over-the-counter Products

Child's Full Legal Name: _____

Date of Birth: _____

The following **non-prescription** items may be applied to my child (please check off):

- Sunscreen Diaper Cream Lip balm Hand sanitizer
- Insect repellent Moisturizing skin lotion

Parent has agreed to provide:	Additional Parent Instructions

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child's name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

Note: Consider adding the brand name of the non-prescription items for transparency.

Date: _____

Signature of Parent: _____