Beausoleil Day Care Centre
15 O'Gemaa Miikan, Christian Island, ON, L9M 0A9
(P) 705-247-2031 (F)705-247-2779

Beausoleil Day Care Centre Application

Type of Child Care Required: □ Full-time (Working Parents) □ Part-time (Socialization) □ Occasional

Age Group Placement at Time of Enrolment: □Toddler □ Preschool □ Kindergarten

Hours of Care:

MON	TUES	WED	THURS	FRI

Child Information

Full Legal Name: **Preferred Name:**

Date of Birth (dd/mm/yyyy)**:** Age (years, months)**:**

Home Address(es):

Other children in the family enrolled in the centre (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

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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:

_____

Emergency Contacts

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

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Name:	Full Name:	Full Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
□ Authorized to pick-up child	□ Authorized to pick-up child	□ Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child

Full Legal Name	Relationship to Child	Primary Phone

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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 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)?
YES NO

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

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care.

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 child care centre 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 required:

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Dietary and Feeding Arrangements

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?
YES NO

If yes, please provide relevant details:

Sleep Arrangements

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?
YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers?
YES NO

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

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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.):

For Office Use Only
Date of Admission:
Date of Discharge:

Parent Name

Parent Signature **Date**
(dd/mm/yyyy)

Staff Name

Staff Signature **Date**
(dd/mm/yyyy)

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Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy)**:**

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

□ Sunscreen □ Diaper Creams/Ointment □ Lip balm □ Hand sanitizers

□ Insect repellent □ Lotions

Other:

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

Date (dd/mm/yyyy) **Signature of Parent**