



Mna Bmaadzijig, Childcare Centre Application for Enrolment

121 Mkade Kegwin Miikaans,

Christian Island, ON.

L9M 0A9

For Office Use Only

Date of Admission:

Date of Discharge:

This enrolment form has been reviewed with the child care agency.

Type of Child Care Required: Morning Program After School Program Summer Program
 Before/After School Other: [Click here to enter text.](#)

(Note: Mna Bmaadzijig, Childcare Centre operates full day programming for PD days, School Closures, and March Break for enrolled children.)

Hours of Care Required:

MON	TUES	WED	THURS	FRI	SAT	SUN
AM:	AM:	AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:	PM:	PM:

Child Information

Full Legal Name:

Preferred Name:

Date of Birth (dd-mm-yyyy):

Grade:

Home Address(es):

Gender:

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

Parent/Guardian 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:****Pick-Up Authorization**

The following additional individuals are authorized to pick up my child (Parents and Guardians must notify staff members by email or phone in order to release their child/children to these authorized individuals)

Full Legal Name	Relationship to Child	Primary Phone

Emergency Contacts

In the event of an emergency, late pick-up, or if a parent cannot be reached, the following individuals may be contacted for pick-up.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Name: Relationship to Child: Primary Phone Number: Alternate Phone Number: Home Address: Email: Authorized to pick up child <input type="checkbox"/>	Full Name: Relationship to Child: Primary Phone Number: Alternate Phone Number: Home Address: Email: Authorized to pick up child <input type="checkbox"/>	Full Name: Relationship to Child: Primary Phone Number: Alternate Phone Number: Home Address: Email: Authorized to pick up child <input type="checkbox"/>

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):

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 the home child care agency 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 agency 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.

Vaccine (Age Usually Given) ¹	Immunization date	Immunization date	Immunization date	Immunization date
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				

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

Does your child have any special dietary requirements or restrictions (e.g., food intolerances, vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

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 (dd-mm-yyyy)

Educator Name

Educator Signature

Date (dd-mm-yyyy)

Mna Bmaadzijig Supervisor Representative Name

Mna Bmaadzijig Supervisor Representative Signature

Date (dd-mm-yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

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 Lip balm Hand sanitizer
 Insect repellent Moisturizing skin lotion

[Home Child Care/In-Home Services Provider Name] has agreed to provide:	Parent has agreed to provide:	Additional Parent Instructions
Ex. Sunscreen		
Hand sanitizers		

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 (dd-mm-yyyy)

Signature of Parent

Regulatory Requirements: Ontario Regulation 137/15

Children's Records

72(1) Every licensee shall ensure that up-to-date records are kept of the following matters in respect of each child receiving child care at a child care centre operated by the licensee or receiving child care at a premises where it oversees the provision of home child care:

1. An application for enrolment signed by a parent of the child.
 2. The name, date of birth and home address of the child.
 3. The names, home addresses and telephone numbers of the parents of the child.
 4. *Revoked*
 5. The names of persons to whom the child may be released.
 6. The date of admission of the child.
 7. The date of discharge of the child.
 8. The child's previous history of communicable diseases, conditions requiring medical attention and, in the case of a child who is not in attendance at a school or private school within the meaning of the Education Act, immunization or required form completed by a parent or legally qualified medical practitioner as to why the child should not be immunized.
 9. Any symptoms indicative of ill health.
 - 9.1 A copy of any individualized plan.
 10. Written instructions signed by a parent of the child for any medical treatment or drug or medication that is to be administered during the hours the child receives child care.
 11. Written instructions signed by a parent of the child concerning requirements in respect of diet, rest or physical activity.
 12. A copy of any written recommendation referred to in subsection 33.1 (1) from a child's physician regarding the placement of a child for sleep.
- (2) The records listed in subsection (1) shall be kept, as the case may be,
- (a) omitted – refers to child care centres
 - (b) at the home child care premises where the child receives child care and at the home child care agency overseeing the provision of such care.
- (3) Every licensee shall ensure that a record is kept of the daily attendance of each child receiving child care in each child care centre it operates and in each premises where it oversees the provision of home child care showing the time of arrival and the time of departure of each child or if a child is absent.
- (4) Every licensee shall ensure that a record is kept of the daily attendance of each child in a licensed age group, including each child who was in the group each day and the hours during which they were in the group.

(5) Every licensee shall ensure that the records required to be maintained under this section with respect to a child are kept for at least three years from the date the child is discharged at the child care centre or home child care agency.

Disclaimer: This document is a sample template that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each home child care agency it operates and each premises where the licensee oversees the provision of home child care.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.