



**For Office Use Only**

Date of Enrolment: \_\_\_\_\_

Paid Registration Fee \_\_\_\_\_ Deposit \_\_\_\_\_

A.M. Class \_\_\_\_\_ P.M Class \_\_\_\_\_

**Nursery School Program**

**Program Days M, T, W, TH, F**

**A.M. / P.M Program (circle one)**

**Personal Information**

Child Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Child First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month / Day / Year) Age: \_\_\_\_\_ Sex: M / F

Medical numbers: (Family # 6 digits) \_\_\_\_\_ PHIN # (9 digits) \_\_\_\_\_

Child's physician: \_\_\_\_\_ Physician's phone # \_\_\_\_\_

Home address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Home phone# \_\_\_\_\_

Allergies / Restrictions:

- Food: \_\_\_\_\_
- Animals: \_\_\_\_\_
- Environment (dust, pollen, etc.): \_\_\_\_\_
- Medications: \_\_\_\_\_
- Other: \_\_\_\_\_

Sensitivities: \_\_\_\_\_

*The information requested concerning your child on this registration form is to help the Created 4 Me Early Learning Center staff become acquainted with your child. All information pertaining to children and families is held in the strictest of confidence.*



**Parent/Guardian #1 Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Text: \_\_\_\_\_ (Y / N)

Name of employer/school: \_\_\_\_\_

Work phone # \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Email address invoices and newsletters can be sent:** \_\_\_\_\_

**Parent/Guardian #2 Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Text: \_\_\_\_\_ (Y / N)

Name of employer/school: \_\_\_\_\_

Work phone # \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Email address invoices and newsletters can be sent:** \_\_\_\_\_



### Emergency Information

Please provide the following information for use in the event that staff are unable to reach parents/guardians in an emergency situation. Persons designated as an emergency contact will automatically be given pick up privileges.

#### Contact #1

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

#### Contact #2

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### Alternate pickups / Other adults who may pick up my child

Please provide the first and last name of adults who may pick up your child. Children will only be released to those people whose names appear on this list. Please ensure that the pickup person brings photo identification to present to staff at the time of pick up. Children may be released to individuals listed at any time and it is the responsibility of parents or guardians to inform staff of any changes to the pickup list.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_



Child Last Name: \_\_\_\_\_ Initial: \_\_\_\_ Child First Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (Month /Day /Year) Age: \_\_\_\_\_ Sex: M / F  
Mailing Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Medical numbers: (Family # 6 digits) \_\_\_\_\_ PHIN # (9 digits) \_\_\_\_\_  
Child's physician: \_\_\_\_\_  
Physician's phone # \_\_\_\_\_  
Allergies/Restrictions: \_\_\_\_\_  
Medication: \_\_\_\_\_

**Parent / Guardian #1 name:** \_\_\_\_\_

Home address: (if different than above) \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home phone# \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Work address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_, \_\_\_\_\_

**Parent / Guardian #2 name:** \_\_\_\_\_

Home address: (if different than above) \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home phone# \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Work address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_, \_\_\_\_\_

**Emergency Contact name:** \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone#: \_\_\_\_\_ Work phone # \_\_\_\_\_

**Emergency Contact name:** \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone#: \_\_\_\_\_ Work phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Alternate pick up's:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_, Cell # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_, Cell # \_\_\_\_\_

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Attached Forms: URIS _____ CUSTODY ORDERS _____ COURT ORDERS _____	
Child & Family Service has Guardianship of the child enrolling: Yes _____ No _____	





### Release Form

- 1) **I/We** have read and understand the Parent Policy Package provided to me by Created 4 Me Early Learning Center Inc. and agree to abide by the policies as written.
- 2) **I/We grant permission** for my child to take part in daily outings organized by Created 4 Me Early Learning Center Inc. I understand that if I do not want my child to participate in these outings and alternative arrangements cannot be made to remain in the centre it will be my responsibility to arrange alternate care. I further understand that transportation will be by walking, or school bus.
- 3) **I/We grant permission** for photographs or video to be made that may or may not include pictures of my child. Photographs or videos will only be used as part of the program. These pictures may be distributed in the centre, to children who are leaving in “good-bye albums”, or may be used for promotion of Created 4 Me Early Learning Center Inc.
- 4) **I/We grant permission** for my child’s name to be posted on artwork, letters sent home, lists for invitations/cards to be sent home, and around the centre.
- 5) **I/We grant permission** for pictures of my child in his/her regular setting or field trip to be used on the Created 4 Me Early Learning Center Inc website.
- 6) **I/We grant permission** for Created 4 Me Early Learning Center Inc to allow for indirect supervision of my child.

\_\_\_\_\_  
Signature Guardian #1

\_\_\_\_\_  
Signature Guardian #2

Date: \_\_\_\_\_

Parent Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~ Please return all forms to Director on or before enrollment date ~



## Indirect Supervision

Due to the proximity of the washrooms Created 4 Me Early Learning Centre Inc. shall allow for indirect supervision of children. Indirect supervision involves making adjustments to the level of supervision of children in the following situations: using the sinks or washrooms. This will allow children independence and freedom in routines that is appropriate to their level of development. Staff shall use their discretion with each child and situation and check on children within a reasonable amount of time and frequently.

I/We \_\_\_\_\_ **grant permission** for Created 4 Me Early Learning  
Print Name (Parent/Guardian

Center Inc to allow for indirect supervision of my child: \_\_\_\_\_  
Print Child Name

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

