

Child Care Centre Application for Enrolment

Name of Child Care Centre: **Kiddies Korner Co-op Nursery School**

For Office Use Only

Date of Admission:

Date of Discharge:

Location (please circle): Brigden Courtright Petrolia Wyoming

Type of Child Care Required*: Full-time Part-time (*priority enrollment is offered to full-time)

Age Group Placement at Time of Enrolment: Infant Toddler Preschool

My child will attend on the following days:

MON	TUES	WED	THURS	FRI

Child Information

Full Legal Name:

Preferred Name:

Date of Birth (dd/mm/yyyy):

Age (years, months):

Home Address(es):

Language(s) Spoken at Home:

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**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 (Photo ID will be required to confirm identify before the 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 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.

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 centre. These forms are available on the Ministry of Education's website.

Please provide your child's health care provider's name and their contact details:

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:

Dietary and Feeding Arrangements

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

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 complete, Appendix A: Supplementary Information for Children Under 12 Months.

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

If yes, please provide relevant details:

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.):

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff 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 A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Age (in months): _____

Feeding Arrangements

My child drinks: breast milk formula breast milk and formula 2% milk 3.25% milk

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 instructions 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 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., 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 (dd/mm/yyyy):

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

- Sunscreen
 Diaper cream
 Lip balm
 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 (dd/mm/yyyy)

Signature of Parent

Authorization for Emergency Medical Treatment

In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of my child. In the event that a parent, guardian or my child's health care provider cannot be contacted, I hereby give permission to the physician selected by Kiddies Korner Co-op (Petrolia) Inc. to hospitalize and/or secure proper treatment for my child.

Date (dd/mm/yyyy)

Signature of Parent

Release Consent for Photo Publication

I understand that my photographs will be taken of my child by educators while attending Kiddies Korner Co-op Nursery School. These photos may be posted throughout the centre to share instances of learning, on children's hooks/cubbies, and on the Lillio App to let parents know what activities their children are engaged in that day. While in the community, I recognize that pictures may be taken of my child and used in local media. Kiddies Korner will not post photos of children on any public facing platform (website, social media etc.).

- I consent to photos being taken of my child
- I do **NOT** consent to photos being taken of my child

Date (dd/mm/yyyy)

Signature of Parent

Release Consent for Parent Communication App

Kiddies Korner uses the Lillio App to share daily updates of your child, including pictures, diapering/toileting information, menus, activities and upcoming events / news. This will be the central form of communication between your family and your child's educators. This app is private to each centre's individual classroom. Supervisors can add other members of children's family at their discretion. By signing below, you consent to your email address being used to register for this app and for information to be shared within it.

Date (dd/mm/yyyy)

Signature of Parent

Consent for Field Trips

Field trips / outings / walks are an additional part of our program. These outing include walking to local libraries, post offices or other places in our neighbourhood to introduce children to their surroundings and create a sense of belonging within their community. Supervision of children and ratios are strictly maintained during these outings. By signing below, you consent to allowing your child to leave the premises of their childcare centre to participate.

- I consent to my child participating in field trips
- I do **NOT** consent to my child participating in field trips

Date (dd/mm/yyyy)

Signature of Parent

Co-operative Nursery School

The co-operative aspect of our programs is rooted in collaboration, community and education. This unique experience allows parents to partake in the responsibility of the preschool while developing relationships with other families and children in our community. The roles and responsibilities of our parents/guardians include a monthly snack donation, fundraising participation and potentially joining our Board of Directors. These, among other opportunities, provide parents with the ability to be involved in their child's educational experience. Please consider becoming a member of our Board of Directors; your voices deserve to be heard.

All members of the co-op are to:

- abide by the policies of the school
- abide by the parent handbook and registration requirements
- participate in 2 fundraisers per school year
- donate one healthy snack per month for their child's classroom

We hope that your participation in the co-op will be a satisfying experience.

Date (dd/mm/yyyy)

Signature of Parent

Ages & Stages Questionnaire (ASQ)

Kiddies Korner Co-op Nursery School uses an established screening tool to monitor children's development called the Ages & Stages Questionnaire. This screening can provide staff and parents/guardians a better understanding of a child's strengths, weaknesses, and emerging skills in the following areas: Communication, Gross Motor, Fine Motor, Problem Solving and Personal-Social and Social-Emotional. Understanding your child's abilities also allows Kiddies Korner to provide activities and learning opportunities that will encourage your child's development.

The Ages and Stages Questionnaire will be performed with your child approximately 6 weeks after their first day of attending the program and approximately 6 weeks before exiting the program.

In the instance that your child exhibits any areas of concern regarding their development, this will be brought to the parents/guardians' attention immediately. All parents/guardians are welcome to request a copy of their child's ASQ through their site supervisor.

- I consent to my child participating in the ASQ screening tool
- I do **NOT** consent to my child participating in the ASQ screening tool

Date (dd/mm/yyyy)

Signature of Parent

Financial Agreement

Kiddies Korner is proud to participate in the Canada Wide Early Learning and Child Care System (CWELCC). Parents will be notified if and/or when further discounts take effect.

Base Fees: Please see the chart below for your child's site-specific daily fee:

Location	Classroom	Base-Fee per day*	Infant	Toddler	Preschool
Brigden	Upper	\$22.00	--	✓	✓
Courtright	ALL	\$22.00	--	✓	✓
Petrolia	ALL	\$15.60	--	✓	✓
Wyoming	ALL	\$22.00	✓	✓	✓

*These daily fees include lunch and both morning and afternoon snack

Non-base fees:

- Late Pick-Up Fees: Starting the minute the centre closes, you will be charged \$1.00 per minute (per child) which will be added to the following month's invoice.
- Non-Sufficient Funds: \$25.00 per NSF cheque will be added to your monthly invoice.
- Field Trips: Off-site activities may incur an extra cost depending on the activity. Parents will be notified well in advance of any additional costs.

Refunds:

- Kiddies Korner does not offer refunds/credits for any scheduled days missed.
- Withdrawal of you child/ren will require a two-week written notice to the centre. If there is any dollar amount owing after this notice, it will be returned to parents via e-transfer within 10 business days.

Payment Information:

- An invoice outlining monthly fees will be emailed to parents at the beginning of each month with fees are due by the 15th of that month.
- In the event of an overdue account, parents will be given a 30-day grace period to pay their invoices. If an invoice is overdue by 45-days, your child(ren) may be considered for withdrawal from our program.

All fees are to be e-transferred to accounting@kiddieskorner.ca
[password kiddieskorner \(all lowercase\)](#)

I understand and agree with the above fee structure and guidelines:

Signature of
 Parent/Guardian _____ Date _____

Witness (Kiddies Korner Representative) _____