

Child Care Centre Application for Enrolment

Name of Child Care Centre: **Zida Academy**

For Office Use Only

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Please scan and email completed enrollment form to Hello@Zida.Academy

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

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):	
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: <input type="checkbox"/> Same as Child	
Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> 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

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 Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred 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:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up 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 (see Appendix B for common communicable diseases from Health Canada):

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.

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

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

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/Guardian Name

Parent/Guardian 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: 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
 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 (dd/mm/yyyy)

Signature of Parent/Guardian

Appendix B: List of Communicable Diseases

Acquired immunodeficiency syndrome (AIDS)

Chancroid

Chlamydia trachomatis infections

Creutzfeldt-Jakob disease, all types

Cytomegalovirus infection, congenital

Encephalitis

Gonorrhea

Hemorrhagic fevers

Hepatitis B

Hepatitis C

Influenza

Legionellosis

Leprosy

Meningitis, acute

Ophthalmia neonatorum

Personal service settings

Respiratory infections, including institutional outbreaks

Severe acute respiratory syndrome (SARS)

Streptococcal infections

Syphilis

Tuberculosis

Appendix C: Authorization for Media Use

Child's Full Legal Name: _____

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

Children enjoy seeing pictures of themselves and with their peers. Our educators use photos/videos to keep track of children's interest, to track activities and the learning opportunities involved with the activities, and for the children to see photos of themselves around the classroom. We also send photos/videos through **HiMama** in our daily reports. Please indicate if you give permission for your child's photo/video to be taken for use in the classroom and for our app HiMama.

_____ Yes, I give permission for my child's photo/video to be used for classroom use.

_____ No, I do not consent for my child's photo/video to be used for classroom use.

Zida Academy utilizes website and social media, as a forum for sharing news, reminders, and information about our programs. Please indicate below if we may include photos of your child on our website and social media pages.

Find us online at: **www.Zida.Academy** (Website)

@ZidaAcademy (Facebook, Twitter, Instagram, YouTube)

_____ Yes, I give permission for my child's photo/video to be used on the above listed website and social media accounts.

_____ No, I do not give consent for my child's photo/video to be used on the above listed website and social media accounts.

Throughout the year children may be highlighted in efforts to promote or increase public awareness of Zida Academy through third-party programming providers (e.g. Monkey Rock Music) or other marketing avenues (digital and non-digital). Please indicate below if you give permission for your child's photo/video for advertising purposes.

_____ Yes, I give permission for my child's photo/video to be used in other forms of marketing for advertising purposes.

_____ No, I do not give my consent for my child's photo/video to be used in other forms of marketing for advertising purposes.

Date (dd/mm/yyyy)

Signature of Parent/Guardian

Appendix D: Get to Know Your Child

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

I have been to daycare before?

- Yes (if yes, was it a home daycare _____ or a childcare centre _____ please check one)
- No

My personality (describe your child's personality):

My favorites thing to do are:

I need help with:

My fears are:

If I have a bad day this is sure to cheer me up:

Other things my educators need to know about me:

Date (dd/mm/yyyy)

Signature of Parent/Guardian