

Enrollment Package

Welcome to the Vanastra Early Childhood Learning Centre. We are excited to offer your child a space in our program. We look forward to building a relationship with you and your child.

To complete your child's registration in your chosen program we require the following pages to be provided as outlined below. *If you have multiple children enrolling, a separate package is required for each child.*

Note that if the package is not completed, it will not guarantee your space.

A completed package must include the following:

- Completed Enrollment Package
- Completed Emergency Card Information
- Completed All About Me
- Completed Parent Permissions & Sign-Offs
- Up to date immunization Record or Statement of Conscience/Religious Belief Affidavit
- Copy of a family picture

Enrollment Package

Type of Child Care required: Full Time Part Time

Cohort placement: Toddler JR Preschool SR Preschool School Age

Days of care required (*this information is used for staffing & scheduling*)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PICK UP					
DROP OFF					

Child Name:		D.O.B
Address:		
County:		Postal Code:
Phone Number:		Health Card #:
Does the child live with both parents/guardians:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Custody Agreement – Attached	
Other siblings at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please include name(s) & age</i>	
Other adults at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please include name(s)</i>	

Parent/Guardian 1	
Name	
Relationship	
Home Address	
Work Address	
Home/Mobile Number	
Work Number	
Email Address	
Same address as child's home address	<input type="checkbox"/> YES <input type="checkbox"/> NO

Parent/Guardian 2	
Name	
Relationship	
Home Address	
Work Address	
Home/Mobile Number	
Work Number	
Email Address	
Same address as child's home address	<input type="checkbox"/> YES <input type="checkbox"/> NO

Doctor	
Address	
Phone Number	

Note: It is the responsibility of the parent/guardian to update management with any/all changes. It is vital to the safety and protection of your child to have current information. Information is to be updated via email at daycare@huroneast.com
Parent/Guardian Initials: _____

Emergency Card

Child Name:		D.O.B	
Address:			
County:		Postal Code:	
Phone Number:		Health Card #:	
Does the child live with both parents/guardians:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Custody Agreement – Attached	

Allergies/Dietary Restriction	
Medical Needs	

I authorize the following people (in addition to Parent/Guardian 1 AND 2) to pick up my child and/or to be contacted in case of an emergency or in the event that primary contacts cannot be reached.
 Parent/Guardian Initials: _____

Parent/Guardian 1	
Name <i>(First & Last)</i>	
Home Address <i>(including postal code)</i>	
Work Address <i>(including postal code)</i>	
Home/Mobile Number	
Work Number	
Email Address	

Parent/Guardian 2	
Name <i>(First & Last)</i>	
Home Address <i>(including postal code)</i>	
Work Address <i>(including postal code)</i>	
Home/Mobile Number	
Work Number	
Email Address	

Emergency Contact 1	
Name	
Relationship	
Home/Mobile Number	
Work Number	

Emergency Contact 2	
Name	
Relationship	
Home/Mobile Number	
Work Number	

Parent/Guardian Signature: _____ Date: _____

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 Parent/Guardian Initials: _____

All about me

To ensure your child and family can grow and be successful in our program, complete the following in as much detail as possible.

Health

1. Does your child have any allergies? YES NO N/A _____

2. Does your child have any dietary restrictions? If yes, please list. _____

3. Does your child have any health or medical concerns? YES NO N/A
 Hearing and/or vision
 Speech and Language development
 Gross motor skills
 Cognitive development
4. Does your child receive support from any agencies? If yes, please check.
 YES NO N/A
 SmallTalk
 Thames Valley
 Growing Together
 Other _____

Sleep

1. Does your child sleep with a special blanket or toy? YES NO N/A _____

2. Describe your child's nap/sleep routine. _____

3. Does your child sleep in a crib, bassinet, or bed? _____
4. Does your child use a pacifier? If yes, describe when. (example: sleep, to soothe when upset) YES NO N/A _____

Eating

1. What are your child's favorite foods? _____

2. What are your child's least favorite foods? _____

3. Does your child generally eat well? _____

4. Does your child use utensils to eat? YES NO _____

5. Does your child sit in a high chair, booster seat or do they graze during meal time? _____

6. Describe a typical meal time in your home. _____

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7. Does your child receive a bottle at home? If yes, when? YES NO N/A _____

Toileting/Diapering

1. Is your child still in diapers? YES NO N/A
2. Have you started toilet training? YES NO N/A
3. Does your child wear a pull up or diaper at nap time? YES NO N/A
4. Any additional information: _____

Social and Emotional

1. Has your child participated in social group settings (play groups, recreational programs, EarlyOn)? YES NO N/A If yes, what were their successes and challenges? _____

2. Has your child been in child care before? YES NO If yes, what were their successes and challenges? _____

3. How does your child interact with children their own age/age range? _____

4. How does your child interact with the adults in their life? _____

5. When your child speaks, can they be understood by adults in their life? _____
6. How does your child self-regulate? _____

7. What strategies do you use when dealing with *big emotions*? _____

8. Do you have any concerns about your child biting or hitting? YES NO N/A if yes, please provide details _____

9. Does your child have any fears? _____
10. Is your child able to self-help (dressing, eating)? _____

11. Describe your child's personality. _____

12. What are your child's favorite activities? _____

13. Any additional information: _____

Parent Permissions & Sign-Offs

Child's Surname	Child's First Name
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Image Release

I _____ (parent/guardian) give my permission for video, photo and digital images of my child to be taken during the program for in-house purposes within the Vanastra Early Child Hood Learning Centre. I understand that the name of my child will not be published without my express written permission.

Parent/Guardian Signature: _____ Date: _____

Field Trips

I _____ (parent/guardian) give my permission for my child to accompany staff on short neighborhood trips (i.e. baseball diamond, local park). I understand that all excursions will be carefully pre-planned and adequately supervised. I understand that I will be informed of field trips that require public transportation and/or take place outside of the immediate neighborhood of the child care centre.

Parent/Guardian Signature: _____ Date: _____

Parent Commitment

In permitting my child to attend Vanastra Early Childhood Learning Centre, I, the undersigned, permit my child to participate in the full range of child care activities and authorize management or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the Vanastra Early Childhood Learning Centre is not responsible for medical care or ambulance costs. I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the Vanastra Early Childhood Learning Centre; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the Vanastra Early Childhood Learning Centre program.

Parent/Guardian Signature: _____ Date: _____

Over the Counter Products

I _____ (parent/guardian) give the Vanastra Early Childhood Learning Centre permission to apply the following products on _____ (child) on an as-needed basis. Diaper cream, sunscreen, balms and lotions must be provided by the parent.

Diaper Cream Sunscreen Insect Repellant/After Bite Lip Balm Body Lotion
 Hand Sanitizer

Parent/Guardian Signature: _____ Date: _____

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Parent Handbook Sign-Off

I _____ (parent/guardian) have read the Vanastra Early Childhood Learning Centre parent handbook. Parent/Guardian Signature: _____ Date: _____

Storypark Sign-Off

I _____ (parent/guardian) give permission to have a digital portfolio created on Storypark. Parent/Guardian Signature: _____ Date: _____

Risky Play Sign-Off

I _____ (parent/guardian) have read and understood the Risky Play Policy. Parent/Guardian Signature: _____ Date: _____

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About Storypark: Digital Student Portfolio

Storypark allows staff and parents to share in their child's educational journey by capturing learning as it happens and sharing these special moments through photos, videos, and stories in a digital portfolio.

It is 100% confidential, the portfolio is only viewed by you, staff and family members that you have invited to view your child's portfolio.

Vanastra Early Childhood Learning Centre will send you an invitation when your child's portfolio is created. Once you are registered you will be able to view your child's portfolio, communicate with staff and view important centre announcements.

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