

Application for Enrolment:

Infant, Toddler, Preschool

INSTRUCTIONS: This form works best when downloaded and saved to your computer first. Save it with your last name and school in the file name. Please complete this form in full. Do not leave spaces blank. Put N/A where fields are not applicable to you or your child. Save your completed forms and then email - with your void cheque or other bank confirmation to ______

ABOUT THE	CHILD										
Name:							Birth date:				
Fir	st Name			Last Name		-	•	Month	Day	Ye	ar
Address							10	١			
	No. Stree	et		-	City		Pro	V	Postal Cod	de	
Initial Requested Schedule:	Full-day (Care	Mon Tue	s Wed	Thurs	Fri	School-age Before School After School	Mon	Tues We	ed Thurs	Fri
Custody/ Access		with \square N Custody:	=	Father Sole/Full	☐ Bot ☐ Joi	nt 🗀		Other:			
Details:	Custody	y Papers c	n File: 🗌 No	☐ Yes	(Cou	rt Ord	er, 🗌 Separatior	n Agreem	ent, 🗌 Oth	ier)	
			PARENT/GU	ARDIAN	1		F	PARENT	GUARDIAI	٧2	
Full Name											
Relationship to	Child										
Home Address:		Same as child; if not list below					Same as child; if not list below				
No. and Street											
City/Postal Code		-									
Home Phone											
Mobile Phone		-									
Email Address:											
Add to Email List?		☐ Yes ☐ No					∐Yes ∐No				
Occupation/Position:											
Employer:											
Work Phone #		-									
Work Address:	Street/City	-									
EMERGENC											
Please provide 2	emergency co	ontacts (othe	r than the parent Emergency			contacte	ed in the event of an e		and are author ncy Contact		
Full Name			Lillergency	Contact 1	<u>.</u>			Lillerger	icy Contact	. 2	
Relationship to	Child	-									
In which city?											
Home Phone											
Work Phone											
Cell Phone #	π										
	D INIDIVI	DUALCY	/LIO CAN DI			LD/:-				. h h - \	
Name		Age	Relationsh		Home #	LD (IN	addition to pare Work #	ents/eme Ext		Cell#	
Name		if under 18	to Child	iÞ	Hollie #		VVOIR#	LX		Cell#	
Authorized Pick up maiden name? Whe	List. The individ re were you bor	ual will then b					lentify when they wish tupdate your list later. Ex				
Code Question		oacod to:					Answer				
My child may	not be rele	eased to:	Court paper	s must be on fil	e if a Parent/G	uardian is li	isted here.				



For Office Use Only

Date of Admission

Last Day in Attendance

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Infant, Toddler, Preschool

CHILD'S NAME CENTRE/SCHOOL: Child's Health Information Is your child Immunized? Yes, attach Immunization Record No, attach Exemption Does your child require medications to be administered while at RisingOaks Early Learning? See					
Is your child immunized?	CHILD'S NAM	1E		CENTRE/SCHOOL	:
Is your child immunized?	Child's Health	Information			
Does your child require medications to be administered while at RisingOaks Early Learning? Yes No; If yes, please obtain and complete an Administration of Medication form from the Supervisor. Life-threatening? EpiPen? Life-threatening? Life-threatening? EpiPen? Life-threatening? Life-threatening? EpiPen? Life-threatening? EpiPen? Life-threatening? Life-threateni			□Yes	attach Immunization Record	☐ No, attach Exemption
Life-threatening? EpiPen? Life-threatening? Life-threatening? EpiPen? Life-threatening? Life-threatening? EpiPen? Life-threatening? Life-threatening? EpiPen? Life-threatening? Life-t			ntions to be adminis	tered while at RisingOaks Early an Administration of Medication	form from the Supervisor.
Does your child have a medic alert bracelet, necklace? Yes No Please describe any special medical or additional information that would be helpful in an emergency: Dietary Restrictions History of Communicable Type Date Disease & Conditions requiring Type Date Disease & Conditions requiring Type Date Date Type Date Date Disease & Conditions requiring Type Date Date Date Date Date Date Date Dat					e-threatening?
Dietary Restrictions History of Communicable Disease & Conditions requiring Type Type Date Date Type Type Date Type Type Date Type Type Date Type Type Type Type Type Type Type Typ	If your child requ	iires an Epi-pen, an	Individual Anaphylaxis	s Plan and Administration of Medicat	ion forms are required.
Dietary Restrictions History of Communicable Disease & Conditions requiring Type Date Disease & Conditions requiring Type Date Type Date Date Date Date Date Date Date Dat	Does your chil	d have a medic a	lert bracelet, neckla	ice? Yes N	o
History of Communicable Disease & Conditions requiring Type Date Date Type Date Type Date Date Type Date Type Date Date Type Date Date Date Type Date Date Date Date Type Date Date Date Date Date Date The curriculum/program offered by RisingOaks Early Learning may include structured learning time, fine and gross motor skills, physical activity, field trips, etc. Does your child have any physical (e.g., rest/exercise restrictions, diabetes, asthma), cognitive, emotional or behavioural limitations/challenges that would require assistance and/or modifications to the program to enable him or her to participate fully? If yes Do If yes, please explain below so that the staff can request resources to maximize your child's success in our program: Informed Consent: Please Initial under the appropriate column and sign the bottom. I give permission I give permission for my child to participate in walks in the immediate area with RisingOaks Early Learning staff that occur while he/she is in attendance. I give permission for RisingOaks Early Learning to supply/apply hand sanitizer (up to 70% alcohol) on my child once they are 2 years of age, we ask that you provide consent now for it to be provided when they do turn 2 years of age. I give permission for RisingOaks Early Learning to apply sunscreen on my child. RisingOaks uses a brand that is a minimum of SPF 30 and is non-greasy, fragrance-free, hypoallergenic and protects against UVA and UVB rays (broad spectrum). The specific brand and SPF may change from the time. Anotice will be posted or e-mailed. I give permission for RisingOaks Early Learning to apply hand sanitizer (for children over 2+ years) and/or topical lotions/ointents (e.g., diaper cream, moisturizer, liph jnif applicable, and provided by me. I am the legal guardian of the child and have the authority to enter into this agreement. I verify that the information on this form is true and correct. I understand that it is my responsibility to ensure that family members or caregivers whose personal informat	Please describ	e any special me	dical or additional in	nformation that would be helpfu	l in an emergency:
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Custodial parent/guardian's Signature Date Daront/guardian Signature Date	is true and cori information I a responsibility t One parent/guardia the box below will b	rect. I understand m providing to R to keep the centr n signature is acceptal ind this agreement.	ild and have the autl I that it is my respon isingOaks Early Lear e informed of any ch ole, except where a court ord	hority to enter into this agreeme sibility to ensure that family mer rning have consented to this disclanges to information within a reader/agreement exists that requires both signal	nt. I verify that the information on this form nbers or caregivers whose personal osure. I understand that it is my asonable timeframe. httures. Electronic signatures, including typing your name in

(2021-04) This form is available in alternate formats or with communication supports under RisingOaks' AODA policies. Speak to the centre Supervisor for support. This agreement may be signed in a number of counterparts and facsimile signatures are acceptable and deemed binding. We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.RisingOaks.ca or contact the Supervisor for a copy.

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☐ Termination Form Sent to AD

☐ Set up in Sandbox ☐ Constant Contact ☐ Image Release