

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:** _____
First Name Last Name Month Day Year

Address _____ **ON** _____
No. Street City Prov Postal Code

Initial Requested Schedule: **Full-day Care** **Mon** **Tues** **Wed** **Thurs** **Fri** **School-age** **Mon** **Tues** **Wed** **Thurs** **Fri**
Before School After School

Custody/ Access Details: Resides with Mother Father Both Other: _____
 Type of Custody: N/A Sole/Full Joint Shared Other: _____
 Custody Papers on File: No Yes (Court Order, Separation Agreement, Other)

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

Full Name _____
 Relationship to Child _____
 Home Address: 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 _____
 Occupation/Position: _____
 Employer: _____
 Work Phone # _____
 Work Address: Street/City _____

EMERGENCY CONTACTS

Please provide 2 emergency contacts (other than the parent/guardians) who can be contacted in the event of an emergency and are authorized for pick up.

Emergency Contact 1

Emergency Contact 2

Full Name _____
 Relationship to Child _____
 In which city? _____
 Home Phone # _____
 Work Phone # _____
 Cell Phone # _____

AUTHORIZED INDIVIDUALS WHO CAN PICK UP YOUR CHILD (in addition to parents/emergency contacts)

Name	Age if under 18	Relationship to Child	Home #	Work #	Ext.	Cell #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

A Code Question and Answer must be on file. This will be used if a Parent/Guardian calls in to verify their identify when they wish to send someone else for pick up that is not already on the Authorized Pick up List. The individual will then be required to show Photo ID upon pick up. You may then update your list later. Examples of Code Questions include: What is your mother's maiden name? Where were you born?)

Code Question _____ **Answer** _____

My child may not be released to: _____

Court papers must be on file if a Parent/Guardian is listed here.

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?

Yes No; If yes, please obtain and complete an Administration of Medication form from the Supervisor.

List Allergies _____ Life-threatening? EpiPen?
 _____ Life-threatening? EpiPen?
 _____ Life-threatening? EpiPen?

If your child requires an Epi-pen, an Individual Anaphylaxis Plan and Administration of Medication forms are required.

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 _____
medical attention:	Type _____	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? Yes No

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.

Initials required

I give permission	I DO NOT give permission	Permissions Required
		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 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 time to time. A notice will be posted or e-mailed.
		I give permission for RisingOaks Early Learning to apply topical lotions/ointments (e.g., diaper cream, moisturizer, lip balm), if 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 information I am providing to RisingOaks Early Learning have consented to this disclosure. I understand that it is my responsibility to keep the centre informed of any changes to information within a reasonable timeframe.

One parent/guardian signature is acceptable, except where a court order/agreement exists that requires both signatures. Electronic signatures, including typing your name in the box below will bind this agreement.

Custodial parent/guardian's Signature _____	Date _____	Parent/guardian Signature _____	Date _____
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For Office Use Only

Date of Admission _____ Set up in Sandbox Constant Contact Image Release
 Last Day in Attendance _____ Termination Form Sent to AD