



**OFFICE USE ONLY:**

ADMISSION DATE: \_\_\_\_\_

DISCHARGE DATE: \_\_\_\_\_

**PROGRAM ENROLMENT APPLICATION**

**Child Information**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Family Information**

Legal Guardian: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Attendance Information**

My Child Will Attend: Mon – Tues – Wed – Thurs – Fri Time: \_\_\_\_\_ to \_\_\_\_\_

**IN THE EVENT YOU CANNOT BE REACHED IN AN EMERGENCY, CALL:**

Please indicate if BOTH Parents May Be Contacted: YES \_\_\_\_ NO \_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PEOPLE AUTHORIZED TO REMOVE CHILD FROM THE CENTER

Your child will not be allowed to go with anyone unless their name appears on this application, you provide them with an “authorization card,” or you make other arrangements with the Centre Management. Positive I.D. will be required.

Please indicate if both parents may remove child from the center: Yes\_\_\_ No\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### HEALTH AND MEDICAL INFORMATION/AUTHORIZATION

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Condition/Diagnosis: \_\_\_\_\_

I agree and give consent that, in case of accident, injury, or illness of a serious nature, my child will be given medical attention/emergency care. I understand I will be contacted immediately, or as soon as possible if I am away from the numbers listed on this form.

Please attach a photocopy of your child’s immunization record to this form.

Parent/Guardian’s Signature: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Consent Checklist

Name of Child: \_\_\_\_\_

Please initial each section of this document.

<b>Consent</b>	<b>I give consent</b>	<b>I do not give consent</b>
To participate in neighbourhood walks and visits to local parks under the supervision of the staff of Mindwerx 4 kids Early Learning Centre.		
To sleep during the day from 12:00pm to 2:00pm.		
Consent to authorize people other than my child's teacher to be with my child. This includes volunteers, student teachers, support staff, Director (Steve Haddad) and Centre Supervisor (Lucy Ngo)		
My child's pictures be taken and displayed at the school. Pictures are taken to document and share children's learning experiences with families. I/We have no objection to photos or video taken in a group setting that includes my child.		
My child's picture be taken during the annual individual and class photo session.		
Participation in the filming of videos. I understand that from time to time, school concerts, children's birthdays and other events are celebrated at the school and parents /teachers may take pictures and/or video of the occasion.		
My child's picture be taken and displayed on the school website <a href="http://www.mw4k.com">www.mw4k.com</a> and print material. Images on the public area of the site will be used only as a visual representation of the school and some of the activities offered. Other photos (of events etc.) may be available to members (parents) only through specific login.		
Consent to the staff at Mindwerx 4 kids Early Learning Centre to apply hand sanitizer provided by Mindwerx4kids Early Learning Centre when required for the above child's hands.		

My child to watch educational videos which support the curriculum.		
My child to watch children's movies occasionally as a special event or treat.		
Consent to the staff at Mindwerx 4 kids Early Learning Centre to apply Kirkland's diaper wipes to my child during diapering or toilet routines or on my child's hands if necessary.		
Consent to the staff at Mindwerx 4 kids Early Learning Centre to apply or administer cream/ointment (when needed) to my child during diapering or toilet routines.		
Authorize Mindwerx 4 kids Early Learning Centre to apply sun protection lotion, provided by us, when required for outdoor activities.		

Parent/Guardian Signature: \_\_\_\_\_

Director/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Parent Contract

The conditions of this Contract provide protection to our parents as well as Mindwerx 4 kids Early Learning Centre. In order to ensure that we can provide the services that your child(ren) are entitled, it is essential that parents pay their fees on time to ensure the operation of the child care centre remain financially stable.

Program salaries and operating expenses cannot be reduced because of absentee losses or centre closures. In essence this agreement is a parental guarantee that you will financially support through your fee the enrolment space guaranteed for your child.

I/We Agree and/or Understand:

To submit the monthly fee payable and dated the first of each month.

In case of withdrawal from Mindwerx4kids Early Learning Centre, I/We agree to provide a minimum of two weeks written notice of withdrawal before month end. The monthly fee for my child's final month of enrolment must be paid in full and will not be prorated due to absences. No exceptions will be made. If two weeks of written notice is not given, my security deposit of \$250 will be applied.

After consultation with the Centre Supervisor, if the program cannot meet the child's needs, or that I have not carried out my obligations under the terms of the Parent Contract, my child will be withdrawn at Mindwerx 4 kids Early Learning Centre's discretion.

I understand that if my child remains at Mindwerx 4 kids Early Learning Centre past the centre's closing time (6:00pm), I will be charged an applicable late fee which will result to \$1.00 each minute my child is in the facility after 6:00pm. If you have been late picking up more than 3 times your child is at risk of being withdrawn from the centre immediately. If Mindwerx 4 kids Early Learning Centre is unable to reach the emergency contact persons, or me, the Police will be contacted after one hour.

That the school will be closed all statutory and civic holidays, as well as early closures Christmas Eve and closed the week in between Christmas and New Years. I will be charged normal daily fees for those days. Mindwerx 4 Kids Early Learning Centre will not provide discounts or refunds for days my child is not in attendance due to illness, vacation, statutory holidays, school closures or other absences. Payment is required and missed days will not be rescheduled.

To submit a completed Registration and Immunization Record before my child commences attendance at Mindwerx4kids Early Learning Centre.

That only pre-authorized person's designated on the Registration Form may pick up my child(ren). I understand that I must inform Mindwerx 4 kids Early Learning Centre of any changes regarding authorized pick-up and release contacts.

To carry out parent's responsibilities under the policies and procedures outlines in the Parent Handbook.

To pay the registration fee at the time of registration to guarantee my child(ren) space. I understand that the registration fee is non-refundable if my child does not enrol in the program and that the fee will only reserve my child(ren) space for 30 days.

That Mindwerx 4 kids Early Learning Centre reserves the right to make amendments to its Policies, Fee Schedule, and Program at any time and that I will be given notice of such changes at least two weeks prior to changes.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ in the city of \_\_\_\_\_ 201\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

On Behalf of **Mindwerx 4 kids Early Learning Centre** \_\_\_\_\_  
Supervisor/Director



## Introduce Us to Your Child

### General Information

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Siblings' names & ages: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

#### Eating Patterns:

Are there any dietary concerns? \_\_\_\_\_

Food Preferences \_\_\_\_\_

Are there any food dislikes? \_\_\_\_\_

Are there any food allergies? \_\_\_\_\_

Does your child feed himself or herself? \_\_\_\_\_

When eating, uses fingers \_\_\_ spoon \_\_\_ fork \_\_\_ needs assistance \_\_\_\_\_

#### Sleeping Patterns:

What time is bedtime at home? \_\_\_\_\_ Wake Up at? \_\_\_\_\_

What time is nap time? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child have a special toy/blanket to nap with? \_\_\_\_\_

How is your child prepared for rest (e.g., story time, quiet play, snack)  
\_\_\_\_\_

#### Potty Training:

Not potty trained yet? \_\_\_\_\_ In training? \_\_\_\_\_ If trained, how long? \_\_\_\_\_

Independent—doesn't require help. \_\_\_\_\_

Does your child need to be reminded? \_\_\_\_\_

If yes, at what time intervals? \_\_\_\_\_

Child wears: Nap time diaper \_\_\_ Underwear \_\_\_ Cloth underwear \_\_\_

## Health and Medical Information

Condition	Yes	No	If Yes, please comment
Allergies			
Asthma			
Birth Complications			
Bowel/Bladder Problems			
Eating Problems			
Epilepsy			
Brain Injury			
Nosebleeds			
Skin Irritations			
Sleep Problems			
Surgery			
Throat and Ear Infections			

Other Condition/Diagnosis:

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Does your child require any medication during the school day?      Yes      No

Will the medication need to be administered at school?              Yes      No

Has your child's vision been formally tested?                              Yes      No

Comments:

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Has your child's hearing been formally tested?      Yes      No      Date: \_\_\_\_\_

Comments:

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When did your child walk?

By 12 months     12 – 18 months     18-24 months     after 24 months

Has your doctor said that your child should not participate in a specific physical activity?

Yes    No

If yes, please explain: \_\_\_\_\_

## Language Development

When did your child begin to use single words?

By 12 months     12 – 18 months     18-24 months     after 24 months

When did your child begin using short sentences? (E.g. I want juice)

By 12 months     12 – 18 months     18-24 months     after 24 months

Do you have concerns about your child's language development?    Yes    No

If yes, please explain:

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Do you understand your child's speech?    Yes    No

Do people outside of your home understand your child's speech?    Yes    No

Does your child understand what you say in the language used at home?    Yes    No

My child chooses to speak to:

Family members    Yes    No \_\_\_\_\_

Other adults    Yes    No \_\_\_\_\_

Other children    Yes    No \_\_\_\_\_

Does your child recognize signs, labels, own name, etc?    Yes    No

Does your child enjoy listening to stories, looking at books, etc?    Yes    No

Does your child enjoy using crayons, markers, etc. for drawing?    Yes    No

Does your child count?    Yes    No

Does your child recognize numbers?    Yes    No

Does your child read?    Yes    No

Does your child write?

Yes No

## Favourite Activities and Interests

What are your child's favourite activities and interests?

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How does your child prefer to play? Alone With others Both

Has your child attended lessons, programs or other schools? Yes No

If yes, please list:

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## Behaviour and Guidance

How does your child react?

To separation from you \_\_\_\_\_

To new situations \_\_\_\_\_

To sharing with others \_\_\_\_\_

When a task is difficult \_\_\_\_\_

To adults \_\_\_\_\_

How does your child react when angry or frustrated?

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What do you do in these situations?

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Does your child have any particular fears? Yes No

If yes, please explain:

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Have there been any significant changes in your child's life recently?      Yes      No

If yes, please explain:

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Is there any other information we should know in order to help us know your child better?

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Form completed by: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Date form completed: \_\_\_\_\_

This information will be placed in your child's file at Mindwerx 4 kids. This information will not be copied without parent/guardian consent.



## Medical Consent Form

Medical Treatment may be given to \_\_\_\_\_ at any time required due to an accident, illness, or other emergency.

I hereby give my consent that in case of emergency, if I cannot be reached immediately, the staff at Mindwerx 4 kids Early Learning Centre may make medical decisions in the best interest of my child. This may include hospitalization or other treatment for the child's care as recommended by the treating physician. The staff at Mindwerx 4 kids Early Learning Centre may also transport my child either by car or ambulance to the Emergency Department of the closest hospital, or Sick Children's Hospital. I authorize these measures may be taken with no liability on the driver's, staff's or the school's part.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Health Card Number

\_\_\_\_\_  
Health Card Expiry Date



## Enrolment Space Non-Guarantee

I/We \_\_\_\_\_ and \_\_\_\_\_ understand that although my child \_\_\_\_\_ is being admitted to Mindwerx 4 kids Early Learning Centre on \_\_\_\_\_ (date), in the \_\_\_\_\_ (age-group) there is no guarantee that he/she will be able to remain at Mindwerx 4 kids Early Learning Centre until he/she reaches 6 years of age.

Continuation of enrolment at Mindwerx 4 kids Early Learning Centre depends on a vacancy being available in the next age grouping to which he/she would normally progress.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## Acknowledgement of Receipt and Understanding

Agreement between Mindwerx 4 kids Early Learning Centre and Parents:

I/We \_\_\_\_\_ and \_\_\_\_\_  
parent(s)/ guardian(s) of \_\_\_\_\_ acknowledge  
having received and read the Parent Handbook and fully understand the centre's  
policies including:

- Hours of Operation and Centre Closures
- Arrival and Departure
- Admission and Withdrawal
- Health, Illness and Medication
- Fees and Payment Policy

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date