Brockton Child Care Centre

Application for Enrolment School-Age

81 Cemetery Rd Walkerton, Ontario N0G2V0 519-881-3123 P.O. box 68

Child's Name		Date of Birth		
Home Address (including P.O	Box &/or Civic Address)			
Days of care		Hours of care		
Name of School Attending:				
Family Dynamics (please circl	le): One Parent	Two Parent		
Mother's Name& Home address (if different from child)				
Workplace Name & Address				
Home Number	Cell Number	Work Number		
Email Address	<u> </u>	Driver's License Number		
Father's Name & Home address (if different from child)				
Workplace Name & Address				
Home Number	Cell Number	Work Number		
Email Address	<u> </u>	Driver's License Number		

Name of person to be contacted if parent cannot be reached in case of an emergency during the hours of care				
Emergency Contacts Address	Telephone Number(s)			
Names of persons to whom the child may be released 1	3			
Child's family physician				
Address	Telephone Number			
Child's Ontario Health Card Number				
Child's previous history of communicable diseases	Dates			
Special Medical Conditions				
Child's allergies				
Medical treatment, drug or medication to be administered during the hours the child is receiving care (written and signed instructions must be provided by a parent of the child):				

Special requirements for diet, re child):	st or exercise (written and signed in	structions must be provided by a parent of	the
Please comment on your child's habits, favourite activities, routing	• • •	at will be useful in provision of care (e.g. ch	ild's
Signature of parent		Date	
	Date of Admission	Date of Discharge	

immediately proceed in obto be notified immediately reached at all times. I unde	my child, I agree that the staff of the Centre/School Age programs should ining emergency medical treatment for my child as deemed necessary. I expe such an emergency and have supplied telephone numbers where I can be stand that I cannot hold the Centre responsible for any injury or illness and will expense incurred with any emergency treatment.	
Date	Signature	
lunch. There will be an allergy	ur School Age Program for a full day you will be required to provide your child with a st posted, and all parents will be informed if there are certain foods that will not be daily snacks (one morning and one afternoon) will be provided to all children in the	bag
Date	Signature	
	participate in any local outings incorporated into the regular program. I understand uire my signature on a separate and specific permission from. If I do not sign the form the trip.	-
Date	Signature	
	dbook. I have read the Parent Handbook which includes the Policies of Brockt ntre's Program Statement. I agree to follow the Policies of the Brockton Child	
Date	Signature	

Monthly Newsletter						
The Brockton Child Care Centre provides monthly newsletters to all the families. Please indicate below if you						
would like your newsletter electronically or a paper copy.						
I would like to receive	my newsletter through e-mail					
	my newstetter time again e man					
Email Address (please print clearly):						
I would like to receive	a paper copy of the newsletter					
Date	Signature					
Photo Consent						
The Brockton Child Care Centre ta	kes pictures of the children to enhance our program. The photos a	are used for				
documentation, newsletters, local	I newspaper, etc. Please sign below to indicate your permission to	have your child				
photographed.						
I give permission to the Br	rockton Child Care Centre staff to take photographs of my child. I a	gree I will use the				
photos given to me for my person	al use only. I will not post to display for the public or media in any	way.				
I DO NOT give permission	for my child's photograph to be taken					
 Date	 Signature					