

# Brockton Child Care Centre

# Application for Enrolment Toddler

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

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**Child's Name**

**Date of Birth**

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**Home Address (including P.O Box &/or Civic Address)**

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**Days of care**

**Hours of care**

\_\_\_\_\_ till \_\_\_\_\_

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**Family Dynamics (please circle):**

One Parent

Two Parent

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**Mother's name & Home address (if different from child)**

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**Workplace name & Address**

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**Home Number**

**Cell Number**

**Work Number**

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**Email Address**

**Driver's License Number**

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**Father's name & Home address (if different from child)**

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**Workplace name & Address**

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**Home Number**

**Cell Number**

**Work Number**

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**Email Address**

**Driver's License Number**

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Name of person to be contacted if parent cannot be reached in case of an emergency during the hours of care

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Emergency Contacts Address

Telephone Number(s)

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Names of persons to whom the child may be released

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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Child's family physician

Address

Telephone Number

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Child's Ontario Health Card Number

Child's previous history of communicable diseases

Dates

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Special Medical Conditions

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Child's allergies

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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):

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**Special requirements for diet, rest or exercise (written and signed instructions must be provided by a parent of the child):**

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**Please comment on your child's development, giving information that will be useful in provision of care (e.g. child's habits, favourite activities, routines, fears, ect.):**

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**Signature of parent**

**Date**

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**Date of Admission**

**Date of Discharge**

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## Information from Parents for Teachers:

Describe your child's regular diaper routine/potty routine:

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Describe discipline methods used in your home and for what reasons:

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What are your favourite activities to do as a family?

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When did your child (in months)....

\_\_\_ Sit up Alone      \_\_\_ Stand Alone      \_\_\_ Independently Walk      \_\_\_ Begin to Babble & Chatter  
\_\_\_ Crawl      \_\_\_ Begin Feeding Self Finger Foods      \_\_\_ Spoke First Words

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What can your child say at this time?

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Does your child drink from a bottle, sippy cup, or regular cup?

\_\_\_\_\_ During the day      \_\_\_\_\_ During the night

Does your child need anything special to sleep with?

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Please describe your child's daily regular routine

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List all the household members and ages (include siblings' and pets)

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What is most important for you and your child's care while in the centre? What do you feel is important for us to know about the care you expect us to give your child?

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**Emergency Policy**

In case of illness or injury to my child, I agree that the staff of the Centre/School Age programs should immediately proceed in obtaining emergency medical treatment for my child as deemed necessary. I expect to be notified immediately in such an emergency and have supplied telephone numbers where I can be reached at all times. I understand that I cannot hold the Centre responsible for any injury or illness and will assume responsibility for any expense incurred with any emergency treatment.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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**Parent Handbook**

I have received a Parent Handbook. I have read the Parent Handbook which includes the Policies of Brockton Child Care Centre and the Centre's Program Statement. I agree to follow the Policies of the Brockton Child Care Centre.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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**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

Email Address (please print clearly): \_\_\_\_\_

\_\_\_\_\_ I would like to receive a paper copy of the newsletter

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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**Permission for Outings/Trips**

I give permission for my child to participate in any local outings incorporated into the regular program. I understand any outings requiring travel will require my signature on a separate and specific permission form. If I do not sign the form my child will not be allowed to go on the trip.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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**Photo Consent**

The Brockton Child Care Centre takes pictures of the children to enhance our program. The photos are used for documentation, newsletters, local newspaper, etc. Please sign below to indicate your permission to have your child photographed.

\_\_\_\_\_ I give permission to the Brockton Child Care Centre staff to take photographs of my child. I agree I will use the photos given to me for my personal use only. I will not post to display for the public or media in anyway.

\_\_\_\_\_ I DO NOT give permission for my child's photograph to be taken

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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