



Lil' Dreamer's  
Creative Learning Centre

## OSC ENROLLMENT FORM

### Child's Information:

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Birthday: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

### PARENTS OR GUARDIANS

Mother's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Work: \_\_\_\_\_

Physical Work Address: \_\_\_\_\_

City: \_\_\_\_\_ | Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Work: \_\_\_\_\_

Physical Work Address: \_\_\_\_\_

City: \_\_\_\_\_ | Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**DOCTOR'S / MEDICAL INFORMATION**

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Childs AHC # \_\_\_\_\_

Any Allergies or Medical Issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Immunizations up to date? YES \_\_\_ NO \_\_\_

If no, is this because the parent chose not to immunize the child? YES \_\_\_ NO \_\_\_

If other please specify \_\_\_\_\_

**Please name two people that could be called in an emergency if you cannot be reached:**

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

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Work: \_\_\_\_\_

Physical Work Address: \_\_\_\_\_

City: \_\_\_\_\_ | Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Work: \_\_\_\_\_

Physical Work Address: \_\_\_\_\_

City: \_\_\_\_\_ | Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

Are there any other people that will be picking up your child on a regular basis?

1. \_\_\_\_\_

2. \_\_\_\_\_

Describe previous/present childcare arrangements \_\_\_\_\_

\_\_\_\_\_

Would you like to tell us a little about your child? \_\_\_\_\_

\_\_\_\_\_

Do you have any cultural/religious beliefs and values at home? \_\_\_\_\_

\_\_\_\_\_

Does your child speak another language? Sign Language? \_\_\_\_\_

Potty Trained \_\_\_\_\_ Words he/she has to go? \_\_\_\_\_

\_\_\_\_\_

Personality characteristics (Shy, outgoing, any fears?) \_\_\_\_\_

\_\_\_\_\_

Sleeping Habits (Special toy, Blanket, Time, How Long) \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite thing to play with? \_\_\_\_\_

What goals do you have for your child while here at daycare (Learning, friendships, etc.) \_\_\_\_\_

\_\_\_\_\_

Is there anything else you can think of that would help us know and understand your child better? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_

Give my permission to Lil' Dreamer's Creative Learning Centre Ltd. to take my child on walks around town and to the park as well as back and forth from school.

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

I \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_

Give my permission to Lil' Dreamer's Creative Learning Centre Ltd. to take pictures of my child to be used in the daycare for observations and portfolios as well as the newspaper during special events.

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



PLEASE NOTE:

- ❖ Children will be released to the parent(s) who register their child in the daycare, or those listed on the enrollment form
- ❖ CHILDREN WILL NOT BE RELEASED TO ANYONE NOT ON THE FORM UNLESS THE DAYCARE IS ADVISED OF THE CHANGE OF PERSON.
- ❖ Fee's are due by the 1<sup>st</sup> of each month prior to care being provided. A late payment will result in a \$50.00 late fee and the possibility childcare will be refused until fees are paid.
- ❖ Government subsidy is available for families who qualify. You need to provide confirmation of your conditional approval to the director, if not we will assume there is no subsidy in place and you will be responsible for the full months fee. If your child does not attend for the required number of hours dictated by your subsidy agreement, you are responsible for the difference in fee's. It is your responsibility to keep your subsidy up to date. If your subsidy expires and you do not renew it on time, you will be responsible for the full, non-subsidized fee. If for any reason we do not receive payment from subsidy you will be required to pay the fees.
- ❖ A registration fee of \$30.00 is required with this form. This fee is non-refundable.
- ❖ If for some reason it becomes necessary to withdraw your child, a minimum notice of ONE MONTH is required or one month's fees in lieu of notice. If your notice is given part way through a month you will be responsible for the remainder of that month and the next if your child holds a full time spot.
- ❖ It is important that parents read and understand the Health, Safety and Emergency policies and procedures.

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

Updated \_\_\_\_\_ Signed: \_\_\_\_\_

Updated \_\_\_\_\_ Signed: \_\_\_\_\_

Updated \_\_\_\_\_ Signed: \_\_\_\_\_

Updated \_\_\_\_\_ Signed: \_\_\_\_\_



#### NO SHOW POLICY

If your child will not be attending Lil' Dreamer's Creative Learning Centre on a specific day, we require a phone call by 9:00am that morning. This helps us keep our day on track and the children in a regular routine. Please feel free to call the center's main line at any time of the day or night, and leave a message on the voicemail.

#### PAYMENT POLICY

All fees are due on the 1<sup>st</sup> of every month prior to care being provided, for child care services. If payment is not received by the 1<sup>st</sup> there will be a \$50 per child per month late fee added to your bill and if your bill is not paid by the 10<sup>th</sup> your child will not be allowed to attend until the bill is paid in full.

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Parent Signature

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Date



## EMERGENCY POLICY

In the case of an emergency the child will be relocated to another facility as stated in our evacuation procedure. Parents will be notified immediately and are required to make arrangements for their child to be picked up.

For minor injuries a staff member with a valid first aid certificate will administer first aid. If a child needs immediate medical attention, the child will be taken to the hospital by the director or by ambulance if necessary. The ambulance is a cost to the parents, not the daycare. Parents will be notified before we leave the program as well as upon arrival at the hospital. Staff will be sharing child specific information with medical personal. (EMT, Hospital Personal, School)

I \_\_\_\_\_ have read and understand the above emergency policy and give my permission for Lil' Dreamer's Creative Learning Centre Ltd. to administer first aid (and/or transport to the hospital) to my child \_\_\_\_\_ if necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Dear Parent's

As part of our ongoing commitment to help your child reach his/her full potential, we are participating in developmental screening, at no cost to parents. This screening is ongoing.

Feel free to contact Lee-Anne or Lynne with any questions you may have about this screening. Your child will not be screened without your permission.

Once the results of the screening are available, we will contact you to schedule a meeting to review these results.

Sincerely,

Lee-Anne Leathwood

I \_\_\_\_\_, gives permission for my child \_\_\_\_\_ to participate in the developmental screening.

Signed \_\_\_\_\_ Date \_\_\_\_\_





Dear Parents,

This letter is to inform you that a student in our school classroom has a severe food allergy to peanuts/nuts. It is important that there is a strict avoidance to this food in order to prevent life threatening allergic reactions. We are asking for your help to provide the student with a safe environment.

Any exposures to peanuts/nuts may cause a life threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we are asking that you do not send any peanut or nut containing products with your child. It is recommended that children do not eat peanuts or peanut butter in the 4 hours prior to arriving as peanut proteins remain in the saliva for up to 4 hours after consumption.

We realize this request may pose an inconvenience to you when packing your child's snack and lunch; however we wish to express our sincere appreciation for your support and understanding. If you would like some suggestions for nutritious alternatives, please don't hesitate to ask.

Please complete and return this form so we are certain you have received this information. Please feel free to contact us with any questions or concerns.

Thanks,

Lil' Dreamer's Creative Learning Centre Ltd.

I have read and understand the peanut/nut free procedure. I agree to do my part in keeping the environment peanut and nut free.

Child's Name \_\_\_\_\_

Parents Signature \_\_\_\_\_

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



Regulation 29: PORTABLE EMERGENCY INFORMATION MUST INCLUDE:

Child's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AHC # \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place where Mother can be reached \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place where Father can be reached \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Immunizations up to date? YES \_\_\_ NO \_\_\_

If no, is this because the parent chose not to immunize the child? YES \_\_\_ NO \_\_\_

If other please specify \_\_\_\_\_

**Please name two people that could be called in an emergency if you cannot be reached:**

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

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

Physical Address: \_\_\_\_\_

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

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

Physical Address: \_\_\_\_\_

ANY HEALTH INFORMATION? (ALLERGIES)