



REGISTRATION



Child's Information

First Name: _____

Gender: Male Female

Middle Name: _____

Birthdate: Month: _____ Date: _____ Year: _____

Last Name: _____

Start Date: Month: _____ Date: _____ Year: _____

Address

Mailing Address

Apt.# _____ Street: _____ City: _____ Postal Code: _____

Child Development

Self Help

In what way does your child need our help with the following self-help skills?

Dressing/Undressing: _____

Eating: _____

Toileting: _____

Handwashing/Toothbrushing: _____

Other: (ie: gross and fine motor skills): _____

Transitions

Are there any hints/suggestions you could share with us to make your child's transition to the centre a more positive one?

The "Good Things in Life"

Tell us a few things about your child... What does your child like to do? (i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer/TV, imaginative play/dress-up):

Other Info About Your Child

Is there anything else you would like to share with us about your child?

Parent/Guardian Information

* Please select one email address to be the primary contact for school communications.

Father's Information

First Name: _____
 Last Name: _____
 Occupation: _____
 Employer: _____
 Email Address*: _____

Marital Status: M D W
 Lives with child: Yes No
 Home Phone: (_____) _____
 Cell: (_____) _____
 Work: (_____) _____ Ext: _____

Mother's Information

First Name: _____
 Last Name: _____
 Occupation: _____
 Employer: _____
 Email Address*: _____

Marital Status: M D W
 Lives with child: Yes No
 Home Phone: (_____) _____
 Cell: (_____) _____
 Work: (_____) _____ Ext: _____

Are there special instructions to be noted regarding custody of the child?

No Yes (if Yes, please explain.):

Emergency Contacts

Individuals to contact if the early learning centre is not able to contact parents. Emergency contact cannot be parents.

Emergency Contact #1

First Name: _____
 Last Name: _____
 Relationship to child: _____
 Home Phone: (_____) _____
 Cell: (_____) _____
 Work: (_____) _____ Ext: _____

Emergency Contact #2

First Name: _____
 Last Name: _____
 Relationship to child: _____
 Home Phone: (_____) _____
 Cell: (_____) _____
 Work: (_____) _____ Ext: _____

Other than Emergency Contacts, who has permission to pick up your child from the centre?

Name: _____
 Relationship: _____

Name: _____
 Relationship: _____

NOTE: If changing pick up arrangements parents must inform the centre prior to the child being picked up.

Is there anyone who does **NOT** have permission to pick up your child?

Name: _____
 Relationship: _____

Name: _____
 Relationship: _____

Medical Health

Local Physician

Name: _____

Phone: (_____) _____

Child's Medicare #: _____ Exp: _____

Allergies

a) Please list any medication allergies: _____

b) Please list any food allergies: _____

c) Any other allergies? _____

Emergency Treatment

Please indicate any situations where emergency treatment and/or medication(s) may be required by your child (i.e.: EpiPen, puffers/inhalers, Benadryl, etc.) Instructions:

Health Issues

Please indicate if your child has had any of the following:

Measles Mumps Meningitis Rubella Chicken pox Pertussis (whooping cough)

Indicate if your child has any of the following:

Asthma Eczema/Psoriasis Diabetes Epilepsy/seizures other: _____

Does your child have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by staff?

Medication

If medication is required on a regular basis, or at a specified time, medication must be given to the child's educator, labeled with your child's name and dosage requirements, and a Medical Permission form must be completed.

Name of medication: _____

Name of medication: _____

Dosage: _____

Dosage: _____

Instructions: _____

Instructions: _____

Health Record

Immunizations

In accordance with regulation 12(2) of the Public Health Act, proof of immunization must be provided for each child attending a child daycare centre for the following:

Where proof is not provided you must have the following waivers:

- A medical exemption, on a form provided by the Minister, that is signed by a medical practitioner or nurse practitioner, or a
- Written statement, on a form provided by the Minister, signed by the parent or legal guardian of his objection to the immunizations required by the Minister.

Note: Public Health will periodically review child files to ensure immunizations are completed for waivers that are present.

Administration of Acetaminophen Consent

- No, I do not give consent for acetaminophen to be administered to my child.
- Yes, I give consent for acetaminophen to be administered to my child.
- I give consent for acetaminophen to be administered to my child provided I have been contacted first to provide oral consent and to indicate dosage.
 - On picking up my child at the facility I understand I will be asked to sign a written acknowledgment that acetaminophen was administered with my consent.
 - I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick up my child (within one hour).

Reason

- For fever above: _____ ° celsius
- Other: _____

Parental Consent for Emergency Care and Transportation

- No, I do not give consent for emergency care and transportation of my child.
- Yes, I give consent for emergency care and transportation of my child.
- If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I(we) authorize the operator/administrator/staff of SCS Little Lights Early Learning Centre to take whatever emergency measures are necessary for the protection of my (our) child while in their care.
 - I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.
 - I understand that this may be necessary prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

Consent for Walking Outings/Excursions off the Premises

- No, I do not give consent for walking outings/excursions off the premises.
- Yes, I give consent for walking outings/excursions off the premises.
- As a part of the day, walking trips may be taken off the premises, within the neighborhood. Consent will provide more flexibility and allow for more spontaneity in the planning.
 - Consent forms for any motor transportation trips will be separate and for each outing.
 - I give permission for my child to be able to participate in the walking trips.

Consent for Video and Photographs

- No, I do not give consent for any video or images of my child to be used in any format.
- Yes, I give consent for any video or images of my child to be used for the following:
- Social Media such as Facebook, Instagram, etc.
 - Facility's website
 - Within the Centre

Shared Space Policy

For shared facility space at Calvary Church - we need your permission to post first names and pictures of your child in the classrooms.

- No, I am not ok with my child's first name and picture being left up in the classroom.
- Yes, I am ok with my child's first name and picture being left up in the classroom.

Handbook Agreement

Father's Initials

As a parent(s) of a student enrolled at SCS Little Lights Early Learning Centre, I/we hereby confirm that I/we have read the SCS Little Lights ELC Parent Handbook in full, understand its content, and agree that SCS Little Lights Early Learning Centre will carry out the policies and procedures as outlined in this handbook.

Mother's Initials

Required Documentation

Forms and documents that are to be submitted to complete application.

Upon acceptance, additional documents must be signed and returned by the first day of attendance.

Completed forms/fees:

- Mni Lights Registration Form
- Registration fee:
- \$100 first child
- \$50 second child

Additional forms/documentation/fees:

- Immunization Record
- Accept the online GNB offer for the Canada wide fee reduction.
- PAD Agreement
- Direct Withdraw Form (If choosing PAD)

E-transfers are made payable to pay@sussexchristianschool.ca with the message noting your child's name and location (Mini Lights).

Parent/Guardian Signature(s)

Father's Signature

Date

Mother's Signature

Date

Mini Lights Financial Commitment

Fee(s)

Infant to 2 years of age: \$190 bi-weekly

Preschool (2-5 years): \$160 bi-weekly

Payment options

I understand my financial obligations and upon notification of acceptance will:

- _____
Father's Initials
- Agree to make bi-weekly payments made through *e-transfer* every other Friday
- Agree to make bi-weekly payments made through *automatic withdrawal* every other Friday

Mother's Initials

Payments must be received before your child can attend on Monday.

We understand situations can arise. If you find yourself in a situation please contact the director.

Billings is based on scheduled days at the time of registration and not on specific attendance.

Fees do not change for days that the child is absent due to illness, vacation days or statutory holidays.