



### Enrollment Form

For Office Use Only:	
Start Date: _____ / _____ / _____ YYYY   MM   DD	Discharge Date: _____ / _____ / _____ YYYY   MM   DD

This form is designed to give the caregiver an introductory picture of your child. It is not an evaluation form to determine whether your child will be admitted to Star Seedlings Family and Childcare Centre; rather an opportunity for you to think back on those early days and remember some important details. Your answers will be used as a guide for the conversation during the actual parent-caregiver meeting. Some of the information gathered in this form is required by the Child Care Early Years Act, 2014. The information herein is confidential and kept for three years after the discharge date. Please indicate 'N/A' on items not relevant or applicable OR please state 'I do not wish to provide the information'. No spaces should be left blank. Thank you.

#### 1. GENERAL INFORMATION ABOUT THE CHILD:

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
          Legal Last Name                    Legal First Name                    Legal Middle Name/s

Home (Mailing) Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Birthdate: (YYYY / MM / DD) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender:  Male       Female

Birthplace: \_\_\_\_\_

**Applying for:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Toddler Program    | <input type="checkbox"/> Preschool Program | <input type="checkbox"/> Any/ Whichever is available |
| <input type="checkbox"/> 3 Full-day (M/T/W) | <input type="checkbox"/> 2 Full-day (TH/F) | <input type="checkbox"/> 5 Full-day (M-F)            |

Desired Date of Entrance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
  YYYY /   MM   /   DD

How would you describe your child? :

\_\_\_\_\_

\_\_\_\_\_

**2. PARENT/GUARDIAN INFORMATION** (MUST PROVIDE 1 CONTACT NO. OTHER THAN HOME NO.)

**Parent/Guardian #1**

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Full Mailing Address (if different from the child's full mailing address on previous page):

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address for school correspondence:

\_\_\_\_\_

**Parent/Guardian #2**

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Full Mailing Address (if different from the child's full mailing address on previous page):

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address for school correspondence:

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**Custody Order/Court Papers on file?** (please indicate N/A if not applicable)

**3. CHILD'S EARLY HISTORY**

Was your pregnancy:  full-term  natural  caesarean

Were there any complications?

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If your child is adopted, please tell us at what age and under what circumstances:

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How was your baby fed?  Bottle  Breast At what age was s/he weaned? \_\_\_\_\_

Did your child crawl on hands and knees?  Yes  No At what age? \_\_\_\_\_

When did your child begin to walk? \_\_\_\_\_

When did your child begin to speak? \_\_\_\_\_

Does your child use diapers? YES NO

If no, my child:

Uses the washroom independently  Requires some assistance  Requires full support

Please provide any relevant details:

Is your child able to separate from his/her parents? \_\_\_\_\_

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Do you have any concerns about leaving your child? \_\_\_\_\_

Does your child allow themselves to be comforted by someone other than the parents?

Yes       No      If yes, how is he/she comforted?

What is your child's first language? \_\_\_\_\_

What other languages are spoken/understood in the home? \_\_\_\_\_

Please describe any complications or extraordinary events in your child's life?

**4. CHILD'S MEDICAL INFORMATION & HISTORY OF COMMUNICABLE DISEASE**

Ontario Health Card Number-(including version code): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Please circle below any illnesses that your child has had and give approximate dates of illness in the following format: **YYYY / MM / DD**. Place an 'X' next to any illness for which your child received a vaccination.

Chickenpox <i>YYYY/MM/DD</i>	Asthma <i>YYYY/MM/DD</i>	Rheumatic Fever <i>YYYY/MM/DD</i>
Hay Fever <i>YYYY/MM/DD</i>	Tetanus <i>YYYY/MM/DD</i>	Scarlet Fever <i>YYYY/MM/DD</i>
Poliomyelitis <i>YYYY/MM/DD</i>	Mumps <i>YYYY/MM/DD</i>	Bronchitis <i>YYYY/MM/DD</i>
Concussion <i>YYYY/MM/DD</i>	Diabetes <i>YYYY/MM/DD</i>	Pneumonia <i>YYYY/MM/DD</i>

Whooping Cough <i>YYYY/MM/DD</i>	Epilepsy <i>YYYY/MM/DD</i>
10-Day Measles (Rubeola) <i>YYYY/MM/DD</i>	Hepatitis B <i>YYYY/MM/DD</i>
3-Day German Measles (Rubella) <i>YYYY/MM/DD</i>	

**Please note that upon confirmation of enrolment, you must provide the most recent copy of your child's immunization record. If your child has not received vaccination due to a religious or conscience choice or for medical reasons, a notarized (Affidavit) Statement of Conscience of Religious Belief for Child OR Statement of Medical Exemption must be provided instead.**

Please list any other serious illnesses, injuries or operations, with approx. dates (Mandatory):

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Does your child require any additional support or accommodation with respect to physical activity?      YES                  NO

Please describe any accommodations: \_\_\_\_\_ -

▪ Has your child had ear infections?    Yes    No   At what age/s? \_\_\_\_\_

▪ Has your child had a hearing test?    Yes    No   Please describe any hearing difficulties:

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▪ Parents' evaluation of child's health:

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**INDIVIDUALIZED PLAN FOR MEDICAL NEEDS:**

▪ Does your child have any **conditions requiring medical attention** (i.e Asthma, Febrile Seizure, Epilepsy, Physical disabilities, Severe Weakness, Etc.)? If so, please describe- including any medication or medical devices that is to be administered/ used at child care: *(please note if a child will require medication to be administered during the day you will need to fill out an authorization form, which can be requested in the Supervisor’s Office*

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▪ Does your child have any physical disabilities, severe weakness?  Yes  No

▪ Please Describe the condition and accommodation needed:

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*If answered yes to above, parent/caregiver will be asked to devise Individualized Plan for a Child with Medical Needs (IMP) upon enrolment. If Emergency Medication is needed, parent/caregiver must fill out and Submit Administration of Medication – For Emergency or Special Circumstance Form.*

**ALLERGIES/FOOD SENSITIVITIES/ ANAPHYLAXIS:**

▪ Does your child have severe/life threatening allergies requiring Epi-Pen?  Yes  No

If so, please list allergens/ causative agents: \_\_\_\_\_

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Please describe signs and symptoms when in contact or upon consumption of the allergen:

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▪ Does your child have food sensitivity or restriction?  Yes  No

If so, please list all food items to be avoided:

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*In case of anaphylaxis, an ‘Individualized Plan and Emergency procedures for a child with an anaphylactic allergy’ will be devised with parents and/or medical officer’s input upon enrolment. Parents must provide 2 epi-pens for childcare use.*

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Please briefly describe your child's bedtime routine? Any difficulties? \_\_\_\_\_

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If you read or tell stories to your child, what are some favourite titles/topics? \_\_\_\_\_

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How many naps does your child typically have each day? \_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?    YES        NO

Please provide relevant details: \_\_\_\_\_

What does your child usually eat for breakfast? \_\_\_\_\_

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In your opinion, does your child have a good appetite? \_\_\_\_\_

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Does your child have any dietary restrictions? \_\_\_\_\_

What meals does your child have with the whole family? \_\_\_\_\_

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Should we be aware of any spiritual/religious festivals and holidays that are of importance to your family?         Yes         No

If so, please describe: \_\_\_\_\_

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How does your child/family spend the weekends/vacations? \_\_\_\_\_

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What activities does your child enjoy on his/her own? \_\_\_\_\_

\_\_\_\_\_

What does your child like to play with other children? \_\_\_\_\_

\_\_\_\_\_

Does your child prefer indoor or outdoor play? \_\_\_\_\_

\_\_\_\_\_

Does your child have a favourite dress-up costume? \_\_\_\_\_

\_\_\_\_\_

What activities does your child enjoy with an adult? \_\_\_\_\_

\_\_\_\_\_

What are some of the strategies or methods you use to discipline your child?

\_\_\_\_\_

\_\_\_\_\_

Please list below any early learning programs, organized sports, extra-curricular activities or groups your child has been involved with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets in your home(s)? \_\_\_\_\_

List any other places where your child has lived: \_\_\_\_\_

\_\_\_\_\_

Extended family:      Nearby? \_\_\_\_\_

   Distant? \_\_\_\_\_

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Please list names and ages of any other children in the household:

Names

Birthdates

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY / MM / DD

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY / MM / DD

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY / MM / DD

Media Use:

a. Does your child watch TV or DVDs?  Yes  No When? \_\_\_\_\_

How often? \_\_\_\_\_

For how long? \_\_\_\_\_

b. Does your child use the Internet, iPad, play computer games?  Yes  No

How often? \_\_\_\_\_

For how long? \_\_\_\_\_

Are you willing to limit your child's media viewing and listening time? \_\_\_\_\_

6. **PERSONS AUTHORIZED TO PICK UP YOUR CHILD**

Please provide below the full names and contact information for all individuals who are authorized to pick up your child from childcare. All pick up persons must provide photo ID with their full name:

Full Name (Legal Name)	Contact Number	Relationship to child
1.		
2.		
3.		
4.		

5.		
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How will your child get to and from childcare? \_\_\_\_\_

\_\_\_\_\_

**7. Emergency Contacts**

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

**8. ANY ADDITIONAL INFORMATION**

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**9. PARENT/GUARDIAN SIGNATURE**

Date of Application: (YYYY / MM / DD) \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name of Parent/Guardian completing this form:**

\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

*Please return the completed form to: Karen Weyler – Childcare Supervisor*  
Tel: 519- 265-8527                      Email: kweyer@starseedlings.ca

**For Office Use Only:**

Application Received Date:

Received Time:

Waitlisted:

Registration Fee Paid:

CCD Signature: