



A Child's First Step's Child Care Center (ACFS) Registration Application

Please attach a current photo of
your child☺

REGISTRATION DATE: _____

ENROLLMENT START DATE: _____

Days:

Full Time (Monday to Friday)

Part Time- Specify days and time of drop off/pick up:

- Monday : _____
- Tuesday: _____
- Wednesday: _____
- Thursday: _____
- Friday: _____

What Program are you interested in enrolling your child in:

Toddler

Preschool

Pre-JK



Registration Information Package



Child's First Name: _____ Last Name: _____

Home Address: _____ City: _____ Postal Code: _____

Home #: _____ Contact email address: _____

Date of Birth: _____ Sex: _____

Age in Months: _____ Custody Arrangements if Applicable: _____

Immunizations up to date: Yes / No ***Please provide a photocopy of your child's immunization card©

Health Information

Allergy to Foods, Drugs, Materials or Environmental: _____

Is your child at risk of Anaphylaxis? _____

Please list any serious illness, operations and/or disabilities:

Please list any communicable diseases that your child has had in the past:

Parent Contact Information

Parent: _____

Parent: _____

Home Address: _____

Home Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Business Name and Address: _____

Business Name and Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Business Tel#: _____

Business Tel#: _____

Cell phone #: _____

Cell phone #: _____

Email address: _____

Email address: _____

Health/Medical Information

Doctor's Name: _____ Doctor's Address _____

City: _____ Postal Code: _____ Doctor's Phone #: _____

Please list any conditions your child has requiring medical attention:

Any special dietary/rest/exercise restrictions:

Special notes about your child:

A child will not be accepted without an up-to-date immunization record on file as per the Ministry of Education. Immunization must be collected/available prior to child's start date. See WDGPH Immunization Data Form in your Parent Package.

Persons to Contact if Parents Cannot be Reached/Authorized Pick Up:

(Ideally the people who you choose should be local in case of an Emergency and be able to pick up your child if you cannot be reached).

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Telephone #: _____ Home Telephone : _____

Work Telephone #: _____ Work Telephone #: _____

Cell Telephone #: _____ Cell Telephone #: _____

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Telephone #: _____ Home Telephone : _____

Work Telephone #: _____ Work Telephone #: _____

Cell Telephone #: _____ Cell Telephone #: _____

I hereby grant the staff at A Child's First Steps Child Care Center permission to obtain transportation to a medical facility and any necessary medical assistance for my child, in the event of an emergency situation and I can't be reached.

In the event of an Emergency, A Child's First Steps Child Care Center has my permission to administer First Aid or other emergency treatment in the child's best interest.

Signature of Parent: _____ Date: _____

Food Allergy Policy

A Child's First Steps Child Care Center strives to provide a safe environment in all aspects. This includes ensuring that the children who attend ACFS and who also suffer from various food allergies are kept out of harms way. Since food allergies are often fatal, we firmly state that all outside food must remain outside of ACFS. Any refusal to adhere to this policy may result in the immediate dismissal from ACFS. Please sign below, acknowledging that you understand this policy.

Signature of Parent: _____ Date: _____

Transportation

Permission is hereby granted to A Child's First Steps Child Care Center to escort my child by a school bus carrier for any off site excursions. As a parent you reserve the right to have your child stay behind or provide your own transportation if needed. Each excursion will have its own permission slip and can be signed individually.

Signature of Parent: _____ Date: _____

Photography

During the year, we will video and photograph the classroom and your child both individually and as a group, for annual pictures and special occasions. Please initial the box below indicating your preferences regarding the above mentioned.

I give permission for A Child's First Steps Child Care Center to videotape or photograph my child for archive purposes.

I do not want my child to be videotaped or photographed.

Protection of Confidential Information

A Child's First Steps Child Care Center has adapted under the policy of the CCEYA, complete confidentiality. All staff, parents, volunteers and students are made aware of the confidential nature of information concerning children and their families and that the confidential nature of such information will be respected.

All precautions will be taken with regards to all consents and child information. Only A Child's First Steps Child Care Center will have access to your children's records. No information will be released to any agency or third party without signed authorization by the parent(s).

All information that comes forth with regards to your child and or any family situation will be considered confidential and will be respected.

Signature of Parent: _____ Date: _____

How did you hear about A Child's First Steps Child Care Center?

Through a friend or relative: Yes _____ No _____ Who? _____

Newspaper: _____ Community Facility: _____ Other: _____

Withdrawal Policy

At A Child's First Steps Child Care Center, our teachers are required to provide a safe, caring, educational and fun environment for both the children in our care and the staff. It is therefore the policy of A Child's First Steps Child Care Center that a child will be dismissed from our Centre should the following infractions occur. Steps will be taken to discuss the following issues prior to discharge, with the legal guardian or parent.

- Violent, Aggressive or Abusive behavior towards any child, parent or staff member.
- Damaging/Dangerous remarks and/or actions by a parent towards any child, parent, staff member or facility.
- Use of Profanity on the Premises
- Threatening remarks and/or actions towards any child, parent or staff member.
- Constant neglect of account after numerous reviews.

At A Child's First Steps Child Care Center, our teachers recognize the differing developmental stages of all children. For example, many children will assert aggressive tendencies especially when frustration occurs. Dismissal will take place only when all other options have been exhausted and when/if the safety of other children and staff are at stake.

Should any staff member or parent participate in any of the above statements to any other parent, child or other staff member, it will be the duty of the Director to facilitate termination immediately!

***Please remember 1 month notice is required when giving in your notice!

Signature of Parent: _____ Date: _____

Signature of Staff Member: _____ Date: _____

For Office Use:

Staff taking application:

Admin fee:

Checks received:

Program:

Date of Admission: _____

Date of Withdrawal: _____



Child Emergency Record

Child's Name: _____

Sex: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Home Telephone #: _____

Doctor's Name: _____ Doctor's phone #: _____

Doctor's Address _____ City: _____ Postal Code: _____

Is your child at risk of anaphylaxis? _____

Any Known Allergies or Medical Problems: _____

Parent/Guardian Contact Information

Parent Name: _____ Parent Name: _____

Home Address: _____ Home Address: _____

City: _____ Postal Code: _____ City: _____ Postal Code: _____

Work Name/Address: _____ Work Name/Address: _____

City: _____ Postal Code: _____ City: _____ Postal Code: _____

Work phone #: _____ Work phone #: _____

Cell phone #: _____ Cell phone #: _____

Who is authorized to drop off and pick up your child other than you?

Under no circumstances will your child be released to anyone other than the parent(s)/guardians without verbal or written authorization from the parent/guardian. When/if that is the case, the person that is picking up your child has to show identification to A Child's First Steps staff.

Emergency Alternate Contact Information

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Phone #: _____ Phone #: _____

I hereby grant the staff at A Child's First Steps Child Care Center permission to obtain transportation to a medical facility and any necessary medical assistance for my child, in the event of an emergency situation and I can't be reached. I also give permission for the physician on duty, if necessary to hospitalize, secure proper treatment, order any imaging tests, anesthetics or surgery for my child.

In the event of an emergency, A Child's First Steps Child Care Center has my permission to administer First Aid or other treatment in the child's best interest. I agree to pay for all costs incurred.

Please list any limitations: _____

Signature of Parent: _____ Date: _____

GENERAL INFORMATION

1. EATING HABITS:

Does your child enjoy eating? _____

Does your child feed him/herself? _____

Food your child dislikes: _____

Any dietary concerns: _____

2. SLEEPING:

Does your child enjoy sleeping? _____

Duration of sleep needed? _____

Afternoon nap? _____ How long? _____

Does your child have a sleep toy/blanket? _____

1. TOILET TRAINING:

Is your child toilet trained? _____

Bowel trained? _____

Special requirements during training. _____

Does your child use the washroom independently? _____

PHYSICAL DEVELOPMENT

Child's state of health:-

Illnesses your child has had: _____

What illness does your child get most frequently? Fever _____ Colds _____ Flu _____
Throat infections _____ Ear Infection _____

Does your child enjoy outside play? _____

Any concerns regarding your child's physical development? _____

INTELLECTUAL DEVELOPMENT

Is your child able to follow directions? _____

Can your child complete a task when asked? _____

Does your child know his/her: Colours___Numbers___Shapes___Personal data (name) _____

Any concerns regarding your child's intellectual development? _____

LANGUAGE DEVELOPMENT

Is your child able to express his/her desires? _____

What level of communication is used? Babbling_____ Pointing_____ Crying_____
Aggressive Actions _____ Talking_____

Receptive language (can your child point to familiar objects when asked?) _____

Expressive Language (can your child verbalize familiar objects?) _____

How many words does your child use in a sentence? _____

Any concerns regarding your child's language development? _____

EMOTIONAL DEVELOPMENT

Is your child.... Outgoing /Quiet / Average? _____

How does your child handle frustration? _____

Does this happen often? _____ seldom? _____ Special occasions? _____

How well do you feel your child will adjust going to child care? _____

How does your child feel about attending other group situations? (i. e. Sunday school, swimming Lessons/ gymnastics) _____

Do you have any concerns around your child's emotional growth? _____

SOCIAL DEVELOPMENT

Does your child enjoy being with other children? _____

Is your child used to sharing toys? _____

Do you have any concerns with your child's social development? _____

OTHER

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

I hereby make an application for enrollment into A Child's First Steps Child Care Center for my child and I understand and agree to abide by all the policies, procedures and regulations. Failure to disclose any and all information requested on our enrollment form will automatically void your child's admission to the A Child's First Steps Child Care Center. A Child's First Steps Child Care Center's open admission and hiring policies does not discriminate on the basis of race, sex, ethnicity, or similar factors. A Child's First Steps reserves the right to refuse care based on full enrollment and program needs. A waiting list will be available for parents to be placed on and the parents will be contact on a first come first enrolled basis.



Please immediately update important information such as contact info, health and medical, etc. as it changes through written notice.

Parent Agreement

I have read, understood and agree to abide by the policies written by A Child`s First Steps Child Care Center and understand that it is subject to change and that an updated version is always available to view on the A Child`s First Steps Child Care Center's website. I have read and understood the Parent Handbook information/policies that is online at www.childsfirststeps.com.

Child's name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Once you have signed and returned this form, if you have any questions please see the Director or Supervisor.

Photography/Video for Special Occasions and Daily Center Consent Form

I hereby give my child _____ permission to be photographed.

OR

I hereby DO NOT give my child _____ permission to be photographed.

I hereby give my child _____ permission to be videotaped.

OR

I hereby DO NOT give my child _____ permission to be videotaped.

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Late Fee Policy

This will confirm that I have read and understood the late fee policy. I understand that I am responsible for paying the late fee if I or my designated person is late. I understand that child care services may be revoked if frequent lateness persists or late fees are not paid. The late fee is \$1/per minute.

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Name of Child: _____

SUNSCREEN CONSENT FORM

By signing below I give permission for A Child's First Steps Child Care Center Child Care to apply sunscreen that I have provided to my child _____.

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____

PERMISSION FOR FIELD TRIPS

I hereby give consent for my child _____ to participate in excursions under the guidance of the staff and volunteers of A Child's First Steps Child Care Center Child Care Center. Permission forms will be sent home for each field trip planned.

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____