

**Application for Enrollment - Child
Growing Together Family Resource Centre**

Admission Date: _____ Completion Date: _____ (office use only)

Full-time (minimum 4 d/p/w) **Part-time (minimum 2 d/p/w)** **Wish program**

Child (first/ last name) _____

Birth Date _____

Address: _____

Child's Health Card Number (optional) _____

Anyone who may **NOT** pick up your child? (See custody action plan Yes No) _____

Known Allergies: yes _____ no _____ Name of Allergy _____

Medical Action Plan

Anaphylactic Plan (epi pen required)

Medication Authorization Form

Allergy Sheet

Reaction: _____

Treatment: _____

Medication to be administered regularly and reason why:

Does your child have extra needs? If yes, please list what needs/agencies are involved:

Authorizations

I _____ parent of _____ (*child's name*) grant permission for the following;

Walks and Excursions

Participation in field trips and excursions outside of Growing Together Child care as part of the children's program, while accompanied by the child care staff.

- I Do / Do not **(please circle)** give permission _____ (*parent initials*)

Photographic Release

Photographs and/or video tapes to be taken of activities and events surrounding their involvement with the Centre. These may be used for education, and or public relation purposes.

- I Do / Do not **(please circle)** give permission for "in centre" use such as learning stories, cubbies, etc. _____ (*parent initials*)
- I Do / Do not **(please circle)** give permission for "public publishing" such as Lillio, website, face book, instagram etc. _____ (*parent initials*)

Non-Prescription Ointments:

- I _____ **(parent initials)** give permission for GTFRC staff to apply non-prescription ointments such as sunscreen, lotion, lip balm and diaper cream, which **I would supply if needed.** (Parents can also sign a separate sunscreen form to allow their child to use Growing Together's sunscreen if they choose.)

Medical Treatment

Authorization of a Growing Together staff member to initiate any and all medical, surgical, dental or hospital treatment for my child if required, due to an injury or accident while they attend Growing Together FRC. Contact to the parents will be attempted. This is only in the event of an urgent, emergency situation. Any costs incurred with this would be the parents' responsibility. If medical

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attention is required, a serious occurrence will be completed and forwarded to the Ministry of Education Early Learning Division. If not an urgent emergency, parents will be made aware when first aid treatment is given. (An accident report will be completed, outlining details).

- I Do / Do not **(please circle)** give permission. _____ (parent initials)

Placement of Children for Sleep

- I give consent for my child _____(name), who is under the age of 18 months to sleep on a cot while at childcare.

Parent/Guardian Signature: _____ **Date:** _____