



JK SK

And

REC Centre

FOR OFFICE USE ONLY

- Package Complete
- Postdated Chqs
- 2 copies of immunization records
- File Created
- Entered in accounting books
- Give parents handbook/curriculum
- Add to Emergency List

PARENTAL INITIALS:



PARENTAL CHECKLIST

Packages will not be accepted unless they are accompanied by the following items. Please note if you hand in an incomplete package it will NOT BE ACCEPTED and A SPOT WILL NOT BE RESERVED.

- ❑ 2 copies of up to date immunization
- ❑ Complete City of Ottawa immunization form
- ❑ Completed Allergy and Asthma forms
- ❑ Completed Daycare application with appropriate signatures
- ❑ Completed member contract form
- ❑ Each page MUST BE INITIALED
- ❑ Non refundable down payment of \$100 which will be taken off your September Cheque
- ❑ Cheques for September to June
- ❑ Signed Parent Manual Form
- ❑ Signed Bagged Lunch Form
- ❑ Signed Outdoor Permission Form

3 registration options: includes all taxes

Option 1 \$700 7-9 and 11:30-5:30 pm or 7-9,9-11,3-5:30pm
Option 2 \$590 11:30-5:30 pm or 9-11, 3-5:30pm
Option 3 \$375 7-9 and 3-5:30pm (Only offered at Riverside South
location - recreation centre only)

PARENTAL INITIALS:



Member Info

Name of Child: _____

(PLEASE CHECK MARK ALL THAT APPLY)

	Mon	Tue	Wed	Thur	Fri
7-9					
9-11, 3-5:30					
12-5:30					
7-9 and 3-5:30					
3-5:30					

Name of School Attending: _____

Have you made arrangements for bus service? _____

Meet the teacher night will take place in August, we will inform you by July 15th of the date, if you do not receive an email to confirm the meet and greet night by July 15th please call the centre.

PARENTAL INITIALS:



Day Care Application Page 1

Child's Name: _____ **Date of Birth:** ___/___/___
Nickname: _____

Address: _____ **Phone #:** _____

Mother's Name: _____
Address: _____ **Phone #:** _____
Work Place : _____ **Phone #:** _____

Father's Name: _____
Address: _____ **Phone #:** _____
Work Place : _____ **Phone #:** _____

Emergency Contacts:

- 1. Name:** _____ **Relationship:** _____
Address: _____ **Phone #:** _____
Work: _____ **Phone #:** _____
- 2. Name:** _____ **Relationship:** _____
Address: _____ **Phone #:** _____
Work: _____ **Phone #:** _____

School Attending:

Alternate Persons Authorized to Pick Up Child:

- 1.** _____ **Phone #:** _____
- 2.** _____ **Phone #:** _____
- 3.** _____ **Phone #:** _____

Medical Information:

Ontario Health Insurance Number (Optional): _____ - _____ - _____ **Initials:** _____

Physician's Name: _____
Address: _____
Phone #: _____

Other persons in the household:

Name: _____ *Relationship:* _____ *Age (if a child):* _____

PARENTAL INITIALS:



Day Care Application Page 2

Previous Communicable Diseases:

Date: _____

Date: _____

Previous Illnesses or Injuries:

Date: _____

Date: _____

Special Medical Conditions or Known Allergies:

Record of Immunization: *(or attach copy of child's "yellow card")*

Diphtheria	_____ / _____ / _____	Rubella	_____ / _____ / _____
Pertusis	_____ / _____ / _____	Mumps	_____ / _____ / _____
Tetanus	_____ / _____ / _____	Measles	_____ / _____ / _____
Polio	_____ / _____ / _____		

OR

Immunization Exemption: *(circle one and attach appropriate documentation)*

Reason(s): Medical Religious Conscience

Medication Administered Regularly: *(specify details)*

Special Diet Requirements:

Please comment on your child's development, giving information that will be useful to the teachers in the provision of care, such as: habits, fears, favourite activities, likes, dislikes, etc:

I have read and understood the Policies and Procedures as detailed in the Parent's Handbook and agree to abide by them.

Signature of Parent (or Guardian): _____

Signature of Supervisor: _____

Date: _____

Date of Admission: _____

Date of Withdrawal: _____

PARENTAL INITIALS:



ALLERGIES FORM

Child's Name: _____

My CHILD **HAS ALLERGIES** PLEASE FOLLOW INSTRUCTIONS BELOW
Signature of Parent: _____ Date: _____

My CHILD **DOES NOT HAVE ANY KNOWN ALLERGIES**
Signature of Parent: _____ Date: _____

Symptoms of my child's attacks:

Allergens or irritants that are particularly bothersome to my child:

Specific Instructions if my child has an ANAPHALCTIC attack

MEDICATIONS:

<i>Date:</i>	<i>Time of Dose:</i>	<i>Amount Given</i>	<i>How to administer</i>

I authorize the TINY HOPPERS to administer the medication named above in the manner described. **Signature:** _____

PARENTAL INITIALS:



ASTHMA FORM

Child's Name: _____

My **CHILD HAS ASTHMA** PLEASE FOLLOW INSTRUCTIONS BELOW
Signature of Parent: _____ Date: _____

My **CHILD DOES NOT HAVE ASTHMA**
Signature of Parent: _____ Date: _____

Symptoms of my child's attacks:

Allergens or irritants that are particularly bothersome to my child:

Specific Instructions if my child has an asthma episode, including when to go to the hospital emergency department, how to administer and possible side effects

MEDICATIONS:

<i>Date:</i>	<i>Time of Dose:</i>	<i>Amount Given</i>	<i>How to administer</i>

I authorize the TINY HOPPERS to administer the medication named above in the manner described. Signature: _____

PARENTAL INITIALS:



**Permission Form
Outdoor Play
Tiny Hoppers**

This permission form will allow the teachers at Tiny Hoppers' JK/SK Program, to walk your child to the Park. Your child will engage in supervised outdoor play at the park at the teachers' discretion. This permission form is valid from July 1, 2010 – August 31, 2011.

As parent or guardian of _____, I give permission to Tiny Hoppers, JK/SK Program, to walk my child to the park where they will engage in daily, supervised outdoor play. My child may accompany the Tiny Hoppers' staff to the park at any time between July 1, 2010 – August 31, 2011.

Parent's Signature

Date Signed

PARENTAL INITIALS:



All correspondence are done VIA EMAIL, please provide an email for each:

MOM: _____

DAD: _____

If you change email addresses it is your responsibility to advise us of the change

PARENTAL INITIALS: