



NURSERY SCHOOL

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
- ❑ Cheques for September to June
- ❑ Signed Parent Manual Form

PARENTAL INITIALS:

NURSERY SCHOOL

Name of Child: _____

(PLEASE CIRCLE)

Mondays 9-11:30

Wednesdays 9-11:30

Fridays 9-11:30

In order to ensure a smooth transition for your little one our Nursery School uses a **staggered entry approach**. This is for both returning members and new members. The first 2 weeks of September parents will meet with the teacher one on one so that the teacher can explain the program, expectations, and goals to you and you may discuss any queries that you may have. It will give your child a chance to play in our centre along with meeting their teacher one on one. The third week they start full time.

I understand that Tiny Hoppers firmly believes in a staggered entry approach and my child will not be starting full time until week 3.

Parents Signature: _____

PRICES:

1 day a week \$85 monthly

2 days a week \$160 monthly

3 days a week \$235 monthly

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:



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: