



<input type="checkbox"/>	Registration Fee Paid
<input type="checkbox"/>	First Month's Fee Paid
<input type="checkbox"/>	Last Months Deposit Fee
<input type="checkbox"/>	Immunization Record Provided
Date of Withdraw: _____	
Notice Provided: _____	

Please print clearly and fill out ALL information including addresses

Child's Surname _____			First name _____			Nickname (if any) _____		
Street Address: _____				City _____		Postal Code: _____		
Birth date		Gender: M__ F__		Start date				
DD	MM	YY		DD	MM	YY		
Program: Toddler _____			Preschool _____			Preschool Montessori _____		
Full Day (7:00 – 6:30)			Shortened Day (9:00 – 3:00)					
KG/SA		Before and After school _____		Afterschool Only _____		School Name: _____		
Parent/Guardian #1								
Surname			First name			Relationship to Child		
Lives at Same Address as Child: Yes NO			<i>(if no, please fill out address below)</i>					
Street address:			City:			Postal Code:		
Cell Phone:			Email					
Business address								
Business phone								
Parent/Guardian #2								
Surname			First name			Relationship to Child		
Lives at Same Address as Child: Yes NO			<i>(if no, please fill out address below)</i>					
Street address:			City:			Postal Code:		
Cell Phone:			Email					
Business address								
Business phone								
Emergency Contacts (other than parents)								
Full Legal Name			Relationship to child			Primary Phone		
Full Legal Name			Relationship to child			Primary Phone		
Are these people also authorized to pick up child? YES NO If no, please fill out next section								
People Authorized to Pick up Child (other than parents)								
Full Legal Name			Relationship to child			Primary Phone		
Full Legal Name			Relationship to child			Primary Phone		
Parent/Guardian # 1 Signature: _____								
Parent Guardian #2 Signature: _____								



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Child's Health Information

Does your child have a life-threatening allergy (e.g. anaphylactic to peanuts or bee stings)

Yes No

IF Yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed before the child can be enrolled.

Does your child have any allergies that are NOT life -threatening (food or substance)? YES NO

Please describe their allergy including symptoms and treatment. *please note any medications must be prescribed by doctor.

Does your child have any medical needs that require additional support? (for example - Hearing Aids, Diabetes, Febrile Seizure, Asthma)

Yes No

If yes, an individualized plan for medical needs including emergency procedures must be developed before the child can be enrolled.

Please Describe:

Does your child have any known special need? (for example ASD, Down Syndrome)

YES NO

IF yes, an individual support plan will be developed.

Please describe:



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Does your child have any special feeding arrangements

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

SLEEP REQUIREMENTS

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

If yes, please provide relevant details below:



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TOILETING

Does your child use diapers? YES NO

If no, my child:

- Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Has your child ever had a communicable Disease: YES NO

Please describe below what communicable disease your child has had, and the dates
Example: chicken pox, hand foot and mouth, tuberculosis etc

Disease	Date

Immunization Record

Please attach a photocopy of your child's immunization form to this application.

Signature of Parent/Guardian _____



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Authorization for Non-Prescription Skin Products

The following non-prescription items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen
- Diaper Creams/Ointment
- Skin Lotion
- Lip balm
- Hand Sanitizer
- Other : _____

I have agreed to supply the center with the cream labelled with my child's name and understand that it is to be kept out of the reach of children within the center and therefore will not be kept in my child's cubby/backpack. The center will store my child's non-medicated products and will only use the item on my child as per the directions on the container.

Parent/Guardian Signature: _____



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Trip and Activities Permission Form

I hereby permit my child _____ to participate in local walking educational trips or activities under the supervision of Apple Blossoms Center staff. I understand that all trips will follow the guidelines as outlined in the Center's Policies and Procedures Manual.

These walking trips may include;

1. Local parks/playgrounds
2. Local business demonstrating what they do e.g. bakers, eye doctors, dentists

Such permission remains in effect until the withdrawal of my child from Apple Blossoms Center

I understand that trips/outings requiring travel outside of the community will be addressed by a separate permission form.

Signature of Parent/Guardian

Date

PHOTO/VIDEO APP RELEASE PERMISSION FORM

Apple Blossoms Center will be taking pictures and videos of the children as part of the program. These pictures and videos will be posted on the center's communication app and only sent to the email given for each child. There will also be group photos and/or videos posted for all the parents of that class to see. These photos will not be used for anything other than our program and will not be shared with those outside of the center for inappropriate reasons.

Please indicate below if we have your permission to include your child in these photos/videos.

YES, I hereby give permission for Apple Blossoms to take photos/videos of my child _____ for their programming and post it on the app.

NO, I hereby DO NOT give permission for Apple Blossoms to take photos/videos of my child _____ for their programming and post it on the app.

Signature of Parent/Guardian

Date



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PARENT OBLIGATION

I, _____, will NOT upload any photos and/or videos that I am
 Parent/Guardian
 sent on the communication app. I understand it is my **legal obligation** to not upload photos/videos of other children on social media (**Ex. Facebook, Instagram, Wechat, etc.**) Posting photos/videos online of other children is **ILLEGAL** without permission from their parents. By signing below, I am acknowledging that I am held responsible if myself or anyone I share the photos with uploads them for public to see.

WEBSITE/MEDIA PERMISSION

Yes! I grant Apple Blossoms Center permission to post photos of my child _____ on the Apple Blossoms Center website.

No. I do not grant Apple Blossoms Center permission to post photos of my child _____ on the Apple Blossoms Center website.

 Signature of Parent/Guardian

 Date



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Parental/Guardian Agreement

The conditions of the agreement provide protection for parents as well as for Apple Blossoms Center. This agreement is a parental guarantee that you have read and understood the "Parent Handbook" and all the policies contained therein.

I (We) agree:

- To pay our agreed child care fee on or before the first working day of each month unless other arrangements have been made with the Supervisor
- To pay deposit equal to the monthly fee at the time my child enters Apple Blossoms. This deposit will be applied to last month that my child attends
- To pay a non-refundable registration fee of \$100 per child for the appropriate programs
- To pay an administrative fee of \$45 for any returned cheques or any late fee payment.
- In case of withdrawal of my child I will give 30 days **written notice** or lose my deposit payment. **Withdrawal can only occur on the 1st of a month.**
- To give Apple Blossoms staff the authority, in case of serious illness or accident deemed to be an emergency, to seek and secure medical attention for my child. This may include treatment as recommended by the physician caring for my child., transportation to the nearest hospital via ambulance, payable by the parent/caregiver.
- To give Apple Blossoms the authority to retain a copy of and follow any court order limiting an individual's access to my child.
- That should the Supervisor in his/her discretion determine that the center cannot meet the needs of my child and/or that my child is unable to adjust to the daycare's program, my child will be withdrawn within 30 days of receipt of written notice
- That if the Supervisor determines that I as a parent have not fully adhered to the terms of this agreement and the parental responsibilities explained in the "Parent Handbook" my child will be withdrawn from Apple Blossoms Center within 30 days of receipt of written notice, and this agreement will be terminated.
- Due to the operational and staff costs incurred when a parent/ guardian is late, a late fee will be charged. From 6:30 to 7 p.m. the late fee is \$1.00 per minute. At 7 p.m., if we have not heard from you or we have not been able to reach you or your emergency contacts, we will call the appropriate Children's Aid Society
- Follow all policies outlined in Parent Handbook

Child's full name

Name of Parent/Guardian #1

Signature of Parent/Guardian

Name of Parent/Guardian # 2

Signature of Parent/Guardian

Name of Supervisor

Signature of Supervisor