



# The Kids Place Early Childhood Centre

Limestone Advisory for  
Child Care Programs

## Registration

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Day

Month

Year

Parent/Guardian Information	Mother	Father	Guardian
Name			
Home Address			
Home Phone			
Work Phone and/or Cell phone			
Work Place Address			

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## AUTHORIZED PERSON(S) TO PICK UP CHILD

Name: _____
Name: _____
Name: _____
Name: _____

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_



## Child Health Information

Child's Name:
Family Physician's Name:
Family Physician's Address:
Family Physician's Telephone #:

### Immunizations:

All children entering and/or attending a Day Nursery must be immunized against Diphtheria, Pertussis, Tetanus, polio, Measles, Mumps, Rubella and Haemophilus influenza b. (Health Promotion and Protections Act, 1983)

Please give your child's immunization card to a day nursery staff member to photocopy OR complete the Child Immunization Record attached.

### Previous Illnesses or Injuries:

(Including communicable diseases, chronic diseases, etc.)

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### Special requirements:

(for diet, rest or exercise)

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### Medications or Treatments:

(to be administered at the Day Nursery)

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### Allergies and Reactions:

(Food, medication or environment)

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Parent's Name	Parent's Signature	Date
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## LIMESTONE ADVISORY FOR CHILD CARE PROGRAMS

### Medical & Outings Consent Form

**NAME OF CHILD:** \_\_\_\_\_

#### **Medical**

In the event of an accident, sudden illness or emergency involving my child when I cannot be reached, I give permission for any emergency procedures deemed necessary by a physician in a hospital to be administered. Any expenses incurred for such a treatment are the parent's responsibility.

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

#### **Outings**

I give my child permission to leave the daycare on outings to places of interest. It is understood that my child will be supervised at all times during such trips and that every protection will be taken to ensure his/her safety. Ratios must be met and exceeded if possible.

It is understood that the daycare cannot assume liability for any injury or loss of personal belongings that may occur during such trips.

I understand that such excursions which may require my child to use vehicular transportation (public transportation, bus rental), I will sign before the outing. Caregivers using their own vehicles must have at least 1 (one) million dollars liability. Car seats must physically fit the child and must meet CAA guidelines. They must also be properly installed, including tether strap.

All outings to area parks, provided by Limestone Advisory for Child Care Programs must ensure that the park of choice meets the new CSA guidelines for public playgrounds.

If parents do not wish their child to attend field trips, parents will make alternate arrangements for the period of time in question, however the normal fees must be paid.

I understand that the daycare is not responsible for escorting my child to and from school. It is the parent's responsibility to make these arrangements.

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**Day Nursery Immunization Record - Cover Sheet**

Child's Name:	Sex: <b>M F</b> Date of Birth (y/m/d)
Address/Postal Code:	Telephone Number:
Day Nursery Name:	
Parent/Guardian (Signature):	Parent /Guardian Name (print)
Work Phone No.	Date:

**Please attach a photocopy of your child's immunization record to this form and give these documents to your childcare provider.**

**NOTE:**

This information is collected under the authority of section 2 and 5 of the **Health Protection and Promotion Act**, the **Health Cards and Numbers Control Act**, Ont. Reg. 585/94 and the **Day Nurseries Act (1990)** R.R.O. 1990, Reg.262,s.33(1). Acceptance into a licensed Day Nursery is dependent upon your child's immunization records are current. For more information call KFL&A Public Health-Immunization at 1-800-267-7875 or 613-549-1232 ext. 1451.