

Central Eglinton Children's Centre  
223 Eglinton Avenue East  
Toronto, Ontario  
M4P 1L1  
416 440-0383  
[centraleglinton@rogers.com](mailto:centraleglinton@rogers.com)  
[www.centraleglintonchildrenscentre.com](http://www.centraleglintonchildrenscentre.com)

**Application and Emergency Information**

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day Month Year  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Home \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Subsidy Family File #** (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Telephone Business \_\_\_\_\_ Ext. \_\_\_\_\_  
Work Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Cellular \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Telephone Business \_\_\_\_\_ Ext. \_\_\_\_\_  
Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Cellular \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

**Emergency Contact (if you cannot be reached)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Telephone Business \_\_\_\_\_ Ext. \_\_\_\_\_  
Cellular \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

**Emergency Contact (if you cannot be reached)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Telephone Business \_\_\_\_\_ Ext. \_\_\_\_\_  
Cellular \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Parent/Guardian Signature**                      **Date**  
For Office use only: Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

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

Previous experience in child care \_\_\_\_\_

\_\_\_\_\_

Special comments about your child (temperament, abilities etc) \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? (Please describe) \_\_\_\_\_

\_\_\_\_\_

Does your child have any brothers or sisters? (Names and ages) \_\_\_\_\_

\_\_\_\_\_

Languages spoken at home \_\_\_\_\_

If your child's first language is not English, please complete the attached list of key words to help us communicate with him/her

Special holidays or festivals celebrated \_\_\_\_\_

Sleep routines (Pre-School/kindergarten)

Does he/she nap \_\_\_\_\_ usual length of nap \_\_\_\_\_ please describe any special naptime routines \_\_\_\_\_

Special comfort toy, bottle, blanket etc \_\_\_\_\_ other comments \_\_\_\_\_

\_\_\_\_\_

Feeding routines (Nursery School, Pre-School and Kindergarten)

Does your child feed him/herself \_\_\_\_\_ please describe any special feeding/eating routines \_\_\_\_\_

\_\_\_\_\_

Does your child...

Take part in any out of school activities? (Please list) \_\_\_\_\_

\_\_\_\_\_

Have any hobbies? (Please describe) \_\_\_\_\_

Have any pets? (Names and species) \_\_\_\_\_

Any other comments \_\_\_\_\_

\_\_\_\_\_

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**Release Information**

I/We \_\_\_\_\_, give my permission for the following  
Name of Parent(s)/Guardian(s)

person(s) to pick-up my/our child/children: \_\_\_\_\_,  
Name of child

from Central Eglinton Children's Centre, "Anytime."

*Please include first and last name*

- 1 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Pick-up Person's Phone Number)
- 2 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Pick-up Person's Phone Number)
- 3 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Pick-up Person's Phone Number)
- 4 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Pick-up Person's Phone Number)
- 5 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Pick-up Person's Phone Number)
- 6 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Pick-up Person's Phone Number)

For the safety of my child/children, I/We realize that CECC cannot release him/her/them to anyone without my written or verbal permission (in person or via telephone).

Please let the pick-up person, he/she may be asked for photo identification.

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

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

\_\_\_\_\_  
Date

Please sign even if you and your spouse are the only people picking-up your child

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**Permission for Emergency Medical Treatment**

If I/We \_\_\_\_\_, cannot be reached in the event of an accident or other  
Name of Parent(s)/Guardian(s)  
medical emergency, I/We give permission for the staff of Central Eglinton Children's Centre to obtain immediate  
qualified medical assistance for my/our child \_\_\_\_\_.  
Name of child

Treatment may include: administration of drugs, anaesthetics, blood transfusions, injections, or any other  
treatment as noted to be recommended by the physician caring for my/our child. It is understood that every  
effort will be made to contact me/us immediately and, that there will be no liability on the driver, staff, school or  
Centre.

Health Card Number (Optional) \_\_\_\_\_

*If we do not have your child's health card number and we have to take him/her to a medical centre and we are  
unable to contact you, we will pay any applicable fees, with the understanding that you will  
reimburse the Centre, in full.*

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

**Does your child have any:**

Medical Conditions? \_\_\_\_\_

Allergies? \_\_\_\_\_

**Anaphylaxis:** If your child's Allergy requires an EPI pen or other medication, please include a Doctor's note describing the signs,  
symptoms and dosage - Please provide the medication with the Doctor's note/prescription.

Symptoms of Allergic Reactions? \_\_\_\_\_

Medication? \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

Special Diet? \_\_\_\_\_

Child's previous history of communicable diseases - please check if you child has had any of the following:

Measles  Mumps  Rubella  Pertussis  Diptheria  Chicken Pox  Other

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

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

\_\_\_\_\_  
Date

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### Excursion Permission Form

Outdoor excursions are an important aspect of our child care programme. Therefore, throughout the year, we frequently take supervised groups of children on walks within the community. For your child to participate, we require your authorization.

I/We, \_\_\_\_\_, give permission for my/our  
Name of Parent(s)/Guardian(s)

Child: \_\_\_\_\_ to participate in these outings. I/We  
Name of child

understand that the Centre cannot be held liable for any accidents or injuries that may occur as a result of these excursions.

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

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

\_\_\_\_\_  
Date

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**Permission to Share Information**

Ongoing communication amongst all adults involved in your child's day enhances his/her educational and care experiences. Therefore, in order to best serve the needs of your child, it is helpful for the Child Care Centre and School to have opportunities to exchange information. We would appreciate if you would complete and sign this permission form allowing these exchanges to take place.

I/We \_\_\_\_\_, hereby give consent for the staff of Central  
Name of Parent(s)/Guardian(s)  
Eglinton Children's Centre - Eglinton Public School and St. Monica's Satellite Programme -  
St. Monica's Catholic School to communicate information to each other that relates to the  
cognitive, physical, emotional and social development of my/our child \_\_\_\_\_.

Name of child

I/We understand that any written communication will be kept in my child's file in the School  
and Child Care offices and may be viewed by me and the staff of CECC/Eglinton Public  
School/St. Monica's Satellite Programme/St. Monica's Catholic School.

I/We further understand that this waiver applies for the period of time my child is enrolled  
in Central Eglinton Children's Centre-Eglinton Public School/St. Monica's Satellite  
Programme - St. Monica's Catholic School.

Please note: The City of Toronto and the Province of Ontario, during their annual visits, may randomly check your child's file to ensure information on his/her application form includes start date, permission for emergency medical treatment, release information, excursion permission, permission to share information etc.

Comments \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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## **SUBSIDY ABSENCE INFORMATION**

If you receive a fee subsidy from the City of Toronto, please read!

CECC must submit attendance sheets to the City of Toronto to report the number of days each child attends per month. In order to do this, we must have accurate information regarding the time your child is absent from his/her programme.

The following is a review of **The City of Toronto's Policy** on attendance

- You are entitled to take up to thirty five days (35) off in one calendar year, January - December.
- The absent days include: Sick, Vacation or Absence for any other reason.
- You may take no more than twenty (20) days consecutively.
- You are still responsible to pay your daily fee (if applicable) when your child is absent.

**If your child is absent for more than 35 days, you will have to pay CECC's full fee rate for the extra days**

Pre-School	= \$44.50 per day	
Eglinton Kindergarten	= \$36.25	Full Day = \$44.50 (PD day or summer)
St. Monica Kindergarten	= \$34.80	Full Day = \$44.50 (PD day or summer)
School Age	= \$20.25	Full Day = \$40.00 (PD day or summer)

Families with children who have special needs or a prolonged illness may appeal to Children's Services if they exceed the allotted 35 days. The appeal process is not a guarantee; therefore, the family will still have to pay the full fee rate until the City makes a decision.

**PLEASE KEEP THE ABOVE FOR YOUR RECORDS**

**SUBSIDY ABSENCE INFORMATION**

**Acknowledgement Form**

Please sign and return to CECC's office

I have read the City of Toronto's "Subsidy Absence Information" and agree to pay CECC, at the full daily rate, if I use more than my allotted number of days.

\_\_\_\_\_  
Name of Child/Children

\_\_\_\_\_  
Subsidy File Number

\_\_\_\_\_  
Parent/guardian signature

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

\_\_\_\_\_  
Date

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Key Words for Children for English is a Second Language

Child's name \_\_\_\_\_

Language/Dialect spoken \_\_\_\_\_

Please try to write words phonetically (how they sound)

Hello	_____
Good-bye	_____
Mommy's coming soon	_____
Daddy's coming soon	_____
It's okay!	_____
Please	_____
Thank you	_____
Yes	_____
No	_____
Wash your hands	_____
Bathroom	_____
Do you want to use the toilet?	_____
Are you hungry?	_____
Eat	_____
Sleep time	_____
Are you tired?	_____
Sit down	_____

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**PERMISSION FOR USE OF PHOTOGRAPHS/VIDEOS ETC.**

CECC regularly uses cameras, video and tape recordings to document activities in our classrooms and to record how children play.

The following requests your permission to use photographs, video clips and or recordings in our classrooms, on our website and in other promotional materials.

I \_\_\_\_\_, **do / do not** give permission to Central Eglinton Children's  
Please circle  
Centre/St. Monica's Satellite Programme to use photographs, video clips and or recordings of  
my child \_\_\_\_\_ on its website: [centraleglintonchildrenscentre.com](http://centraleglintonchildrenscentre.com) as well  
child's name  
as other promotional materials. The photographs etc. will be of children participating in  
activities at CECC and on field trips. The name of your child will not be associated with  
his or her picture.

Parents/guardians may not take photographs of any of the children.

\_\_\_\_\_  
Signature of Parent/Guardian      Signature of Parent/Guardian      Date

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**Application of Sunscreen and Hand Sanitizer**

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

To comply with an order from the Ministry of Children and Youth Services CECC must seek permission from parents/guardians so we may apply sunscreen and hand sanitizer.

**Sunscreen**

Please read and sign the following:

I **give** **do not give** permission to CECC to apply sunscreen  
(please circle)

\_\_\_\_\_  
Parent/Guardian signature                      Parent/Guardian signature                      Date

**Please ✓ A or B**

- A** CECC may apply generic sunscreen
- B** I have supplied my own sunscreen labelled with my child's name

**Hand Sanitizer**

We use hand sanitizer with an alcohol content of no less than 60%.  
It is used with hand wipes when we do not have access to soap and water.  
It is also used when we have an outbreak of illness.

I **give** **do not give** permission to CECC to apply hand sanitizer  
(please circle)

\_\_\_\_\_  
Parent/Guardian signature                      Parent/Guardian signature                      Date

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### Fees and Deposits

#### Regular and Nursery Programmes

The following is required upon registration:

#### Deposit

A deposit equal to 2 week's fees

#### Fees

A series of post-dated cheques equal to each monthly fee, Dated for the 1<sup>st</sup> of each month.

### Notice of Withdrawal

If you wish to withdraw your child from CECC, you must give **four weeks** notice in writing to CECC's Director. If required notice is given and there are no outstanding fees owed, the two week deposit and any post-dated cheques on file will be returned. (Under review CECC Board of Directors -2009/10)

Please remember that if you withdraw your child from his/her programme and then wish to return the Centre, a space is not guaranteed. If there is not a space available, your child's name will be placed on our waiting list.

I have read and understood CECC's Withdrawal and Forfeit of Fees.

\_\_\_\_\_  
Signed Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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ACKNOWLEDGEMENT OF UNDERSTANDING OF CECC'S POLICIES AS PER THE FAMILY HANDBOOK

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Name of Child

I/We \_\_\_\_\_, have read CECC's Family Handbook.

Signature of Parents/Guardians

I/We understand and accept the Policies of Central Eglinton Children's Centre and agree to abide by them.

---

Signature of Parent/Guardian

---

Signature of Parent/Guardian

---

Date

---

Signature of Witness

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Date / Month / Year

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian Telephone (Day) \_\_\_\_\_ Night \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW**

Vaccine	Diphtheria	Pertussis (Whooping Cough)	Tetanus (Lockjaw)	Polio*	Haemophilus B (HIB)	Measles	Mumps	Rubella (German Measles)	Varicella (Chickenpox)**	Pneumococcal**	Meningococcal C**	Hepatitis B**	TB Skin Test Results**	BCG**	Comments, other immunizations or tests

**NOTE:** \*Polio: If oral polio vaccine was given, indicate with an "O".     \*\* Not Mandatory

The personal health information on this form is used by Toronto Public Health for the purpose of maintaining an immunization record for children attending Licensed Child Care Programs and for taking appropriate action to prevent certain vaccine preventable diseases. For information on the way we protect confidentiality of health information, please visit our web site at [www.toronto.ca/health](http://www.toronto.ca/health).

Please see other side

