

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

APPLICATION INFORMATION (FORM A)

Child's First Name	Other Names	Child's Last Name	Apt #:	Street #:	Street Name	Postal Code	Home Tele	Birth Date dd/mmm/yy	Boy/Girl

CUSTODY/ACCESS

Please note: information, visitation rights or pick-up will only be granted to those who have signed as a parent/guardian on the bottom of page 2 of this form.

If an unauthorized person requests access to your child, CECC will immediately call you or, your listed emergency contacts. If we are unable to contact you or your emergency contacts, depending on the situation, we may call the police.

PARENT/GUARDIAN INFORMATION

Last Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Apartment No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postal Code	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
E-mail Address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Work Address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Work Postal Code	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Home Phone	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>
Work Phone	<input style="width: 70%;" type="text"/>	<input style="width: 70%;" type="text"/>
Cell Phone	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>

Please confirm if you are willing to share the below information with parents/guardians in your child's class (Yes or No)

E-mail address	<input style="width: 100%;" type="text"/>
Home Phone No.	<input style="width: 100%;" type="text"/>
Cell Phone No.	<input style="width: 100%;" type="text"/>

Date **Parent/Guardian Signature** **Parent/Guardian Signature**

Note: There must be a signature from each of the Parent/Guardians listed above

For Office Use only Date of Admission: Date of Withdrawal:

EMERGENCY and RELEASE CONTACTS (FORM B)

Child's Full Name

EMERGENCY CONTACTS - 2 contacts, other than parents who MUST reside in Toronto

These persons will be able to act on your behalf if CECC is unable to reach you in an emergency situation.

Full Name	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Address	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Postal Code	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Home Phone	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Work Phone	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Cell Phone	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Email Address	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Relationship to Child	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Please place parents and emergency contact names in the order which you would like us to call (1,2,3 or 4) , and tell us if they may pick up your child at any time (Yes or No).

Name	Order we should call	May adult pick up your child?

RELEASE CONTACTS

In addition to the above, a further 6 contact names MAY be added

The following person(s) have permission to pick up your child from CECC at any time.

	Name	Preferred phone #
Contact 1		
Contact 2		
Contact 3		
Contact 4		
Contact 5		
Contact 6		

Please let pick-up persons know that they may be asked for photo identification.
 CECC can not release your child to anyone other than the above, without your written or verbal permission.

Date	Parent/Guardian Signature	Parent/Guardian Signature
-------------	----------------------------------	----------------------------------

Note: There must be a signature from each of the Parent/Guardians listed above

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Date of Admission:

Date of Withdrawal:

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EMERGENCY MEDICAL TREATMENT (FORM C)

Child's Full Name

PERMISSION

If I/we, as listed below, cannot be reached in the event of an accident or other medical emergency, I/we give permission for the staff of CECC to obtain immediate qualified, medical assistance for my/our child named above.

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 to the driver, staff, school or CECC.

PARENT/GUARDIAN INFORMATION

Parent/Guardians

DOCTOR DETAILS

Title	First Name	Last Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suite	Street No.	Street Address	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Emergency No.
			<input type="text"/>

CHILD HEALTH DETAILS

Health Card No:

* Optional

If we do not have your child's Health Card and have to take him/her to a medical centre and we are unable to contact you, CECC will pay applicable fees, with the understanding that you will reimburse CECC in full.

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 - ask CECC for the Treatment Plan form.

Medical Conditions and
Non-food allergies
Medication
Food Allergies
Food Allergy Symptoms
Food Allergy Medication
Dietary Restrictions
Special Diet

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

A CECC Treatment Plan form is required for a child when any medication must be administered by CECC staff. Please discuss with CECC staff.

Child's previous history of communicable diseases - please indicate Yes/No if your child has had:

Measles Mumps Rubella Pertussis Diptheria ChickenPox Other

Date

Parent/Guardian Signature

Parent/Guardian Signature

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FEES, DEPOSITS and WITHDRAWAL (FORM E)

Child's Full Name

PARENT/GUARDIAN INFORMATION

Parent/Guardians

FEES and DEPOSITS

Nursery and Regular (Preschool, Kindergarten and School Age) Programmes

The following is required upon registration:

Deposit:

A deposit is payable upon registration and will be held in CECC's non-interest bearing account. It will be returned to you provided proper notice is given (see Notice of Withdrawal).

Fees:

Cheques dated for the 1st of each month, from date of entry to the following June, made payable to CECC.

NOTICE of WITHDRAWAL

If you have any outstanding fees at the time of withdrawal, some or all of the funds will be deducted from your deposit. Any post-dated cheques will be returned to you or, under your instruction, shredded by CECC. Please remember that if you withdraw your child from programme and then wish to return to CECC, a space is not guaranteed. If there is no space available at the desired time, your child's name will be placed on our waiting list.

To withdraw from CECC without penalty, you must give one full month's written notice. If sufficient notice is not given, you will forfeit your full deposit.

The following exception applies to new families:

You will still need to give one month's notice to withdraw from CECC, but if you leave within 3 months of your start date, regardless of whether you have given one full month's notice, an administration charge of \$100 will be deducted from your deposit.

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

Date

Parent/Guardian Signature

Parent/Guardian Signature

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CECC'S POLICIES AS PER THE FAMILY HANDBOOK (FORM F)

Child's Full Name

PARENT/GUARDIAN INFORMATION

Parent/Guardians

ACKNOWLEDGEMENT OF UNDERSTANDING

I/We have read CECC's Family Handbook.

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

ACKNOWLEDGEMENT OF CODE OF CONDUCT

Below is an extract from our Code of Conduct policy within the Family Handbook: Please read carefully and acknowledge your understanding below.

Concerns you wish to communicate to CECC staff must be done in private, not in front of children or other parents. If you have spoken with a member of the staff and feel your concerns are not being heard, please notify the Director.

If you have a concern regarding a situation that includes other children or their parents/guardians, you must speak directly with a staff member, not with the child or children involved or with their parents/guardians.

Abuse of staff, children or other adults, will not be tolerated, including any form of threat, shouting, accusation or intimidation. The situation, in accordance with CECC's Suspension and Withdrawal Policy and under careful consideration by CECC's Board of Directors, may be cause for withdrawal from the Centre. If this happens, your child/children may remain in care for the four week notice of withdrawal period, but you will have to find another person to pick-up and drop-off. Remaining fees will be reimbursed.

ACKNOWLEDGEMENT OF UNDERSTANDING

I/We have read CECC's Code of Conduct Policy.

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

Date

Parent/Guardian Signature

Parent/Guardian Signature

Note: There must be a signature from each of the Parent/Guardians listed above

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COMMUNITY EXCURSION FORM (FORM G)

Child's Full Name

PARENT/GUARDIAN INFORMATION

Parent/Guardians

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 local community. While we make every effort to inform you of such outings, they may occur at the discretion of the childcare staff.

I/We understand that CECC cannot be held liable for any accidents or injuries that may occur as a result of these excursions.

Date

Parent/Guardian Signature

Parent/Guardian Signature

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APPLICATION OF SUNSCREEN and HAND SANITIZER (FORM H)

Child's Full Name

PARENT/GUARDIAN INFORMATION

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

Parent/Guardians

SUNSCREEN

Please read, select your option, and sign the following:

I/We select the following regarding sunscreen application at CECC:

Current Response on File

Either CECC or Own -----General or Own	<input type="text"/>
Sunscreen will be provided to CECC from HOME ----- OWN	<input type="text"/>
Sunscreen will be provided by CECC ----- GENERAL	<input type="text"/>
Any Other Requirement ----- PLEASE COMMENT	<input type="text"/>

Date

Parent/Guardian Signature

Parent/Guardian Signature

HAND SANITIZER

CECC 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/We :

Current Response on File

GIVE permission to CECC to apply hand sanitizer -----	<input type="text"/>
Do NOT GIVE permission to CECC to apply hand sanitizer -----	<input type="text"/>

Date

Parent/Guardian Signature

Parent/Guardian Signature

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PERMISSION TO SHARE INFORMATION (FORM I)

Child's Full Name

PARENT/GUARDIAN INFORMATION

Parent/Guardians

Ongoing communication amongst all adults involved in your child's day enhances their educational and care experiences. Therefore, in order to best serve the needs of your child, it is helpful for CECC and School to have opportunities to exchange information.

CECC would appreciate if you complete and sign this permission form allowing these exchanges to take place.

PERMISSION

I/We hereby give consent for the staff of CECC/Eglinton Public School or 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, named above.

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

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

Current Response on File:

I/We consent to receive email notices from CECC containing advertising of special events and fundraising ventures, etc. CECC will continue to send all other non-commercial information via email (as per Canada Anti-Spam Legislation).

CASL agreement on file:

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.

Date

Parent/Guardian Signature

Parent/Guardian Signature

Note: There must be a signature from each of the Parent/Guardians listed above

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PERMISSION FOR MEDIA USE (FORM J)

Child's Full Name

PARENT/GUARDIAN INFORMATION

Parent/Guardians

From time to time, CECC may take photographs, use videos, or make recordings of your child. The photographs etc. will be used for activities, portfolios or displays in our classrooms, and for our emergency field trip binders. The name of your child will not be associated with his or her picture. The photos will not be used for any other reason, without your permission.

Please note: When your children are under CECC's supervision, i.e in the classroom or playground, you may not take photographs etc. of any of the children other than your own. It is understood that at special events you may take photographs or videos of the performance or activity.

Please see section 7, Page 17 of CECC's Family Handbook (During the Day).

PERMISSION

There may be occasions when we include images of CECC's children in our promotional materials and website. Please indicate below if you grant us permission to include your child.

I/We give CECC permission to use images of my/our child in CECC's promotional materials and website.

Current Response on File

I/We do NOT give CECC permission to use images of my/our child in CECC's promotional materials and website.

By signing below, I/We understand that CECC, as part of regular programming, will complete developmental screens and assessments. Please see Family Handbook for further details.

Date

Parent/Guardian Signature

Parent/Guardian Signature

Note: There must be a signature from each of the Parent/Guardians listed above

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CHILD'S BACKGROUND INFORMATION (FORM K)

Child's Full Name

PARENT/GUARDIAN INFORMATION

First Name

Last 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 nap routines _____

Special comfort toy, bottle, blanket, etc. _____

Other comments _____

Feeding routines (Nursery School, Pre-school/Kindergarten)

Does your child feed him/herself? _____

Please describe any special feeding/eating routine _____

Does your child:

- take part in out-of-school activities? (please list) _____
- have special hobbies/interests? (please describe) _____
- have any pets? (species and name) _____

What other info would help us integrate your child into CECC _____

NAME OF CHILD CARE CENTRE

Information Sharing Consent

Ongoing communication among professionals involved in your child's day enhances your child's educational and child care experience. In order to best serve children's needs, there are times when it is appropriate for the School and the Child Care Centre to exchange information about the children participating in both programs. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation, or behaviour.

Shared written information will be kept confidential and will be shared only during the time in which the child is enrolled in the Child Care Centre, or upon the request of the parent.

In the event that it is necessary to refer to clinical records or Ontario Student Record (OSR) documents, parents will be asked to sign the appropriate consent form before such information is disclosed.

Your consent will give permission for the exchange of information between the School and the Child Care Centre.

I/we give permission to _____
Name of Child Care Centre

and _____
Name of School

for the reciprocal exchange of information about my child _____
Name of Child

Date of Birth [yy/mm/dd]

Name of Parent/Guardian (*Please print*)

Signature of Parent/Guardian

Witness

Date

The Municipal Freedom of Information and Protection of Privacy Act, 1989, Subsection 32 (b) states: "An institution shall not disclose personal information in its custody or under its control except, if the person to whom the information relates has identified that information in particular and consented to its disclosure".

Copy to: School
 Parent/Guardian