

**SWANSEA KIDS PLACE/ SWANSEA KINDER KIDS
REGISTRATION PACKAGE**

APPLICATION FORM

CHILD'S NAME: _____

DATE OF BIRTH: (dd)_____ (mm)_____ (yr)_____ SEX: ___ M ___ F ___

HOME ADDRESS: _____ POSTAL CODE _____

HOME TEL. #: _____ CELL # _____

E-MAIL ADDRESS: _____

PARENT ONE NAME: _____

ADDRESS IF DIFFERENT FROM CHILD: _____

HOME TEL. #: _____ CELL# _____

NAME AND ADDRESS OF WORK: _____

WORK TEL. #: _____

PARENT TWO NAME: _____

ADDRESS IF DIFFERENT FROM CHILD: _____

HOME TEL. #: _____ CELL# _____

NAME AND ADDRESS OF WORK: _____

WORK TEL. #: _____

CUSTODY ARRANGEMENTS (IF APPLICABLE)

Are there custody arrangements pertaining to legal right of access to your child? **YES** or **NO**

If **YES**, please provide a copy of the appropriate legal documentation (e.g., court order).

NAME(s) of custodial parents(s): _____

NAME(s) of individuals prohibited from accessing/picking up your child: _____

SIBLINGS

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

EMERGENCY CONTACT IF A PARENT CANNOT BE REACHED:

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone #:	Primary Phone #:	Primary Phone #
Alternate Phone#:	Alternate Phone#:	Alternate Phone#:
Home Address:	Home Address:	Home Address:
Authorized to Pick-up child _____	Authorized to Pick-up child _____	Authorized to Pick-up child _____

PERMISSION TO PICK UP MY CHILD

I the undersigned, parent of _____ give permission to the following persons to pick up my child from **Swansea Kids Place Kinder Kids** in my absence. If it is the first time that this person will be picking up my child, I will notify the Daycare staff ahead of time so that they may follow through with the proper procedures of asking for identification.

First and Last Name	Relationship to Child	Primary Phone

Parent's Signature: _____ Date: _____

ALLERGY INFORMATION

ALLERGY INFORMATION:

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

YES _____ or NO _____

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care center prior to the child's start date. Please ask supervisor for Anaphylactic Forms.

Does your child have any allergies that are not life-threatening (food or other substance (e.g., latex)?
PLEASE CHECK

YES _____ or NO _____

IF **YES**, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required.

PLEASE LIST ANY ALLERGY INFORMATION (Life-threatening or not)

DIETARY REQUIREMENTS AND RESTRICTIONS:

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

YES _____ OR NO _____ If **YES** please provide details:

Parent's Signature _____ Date _____

Health and Physical Requirements

HEALTH INFORMATION:

Has your child been Immunized, please check: **YES**____ or **NO**____

If your child has had any history of communicable diseases (e.g. chicken pox, measles), please list them below:

Does your child have any medical needs(s) that requires additional support (e.g., Diabetes, Seizures, Asthma)?

YES____ or **NO**____

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care center prior to the child's first day of care. Please ask Supervisor for Individualized Plan.

Please list and describe Medical need :

PHYSICAL NEEDS:

Does your child require any additional support or accommodation with respect to physical activity, such as Physical Disabilities, Lengthy Illness, Vision or Hearing Problems? Please check:

YES____ or **NO**____

If yes please provide relevant details:

ADDITIONAL INFORMATION:

Please indicate any additional information that is relevant to the care of your child that you would like to share with the daycare.

Parent's Signature _____ Date _____

**PERMISSION TO PARTICIPATE IN SKP/SKK ACTIVITIES
AND TO
RECEIVE EMERGENCY MEDICAL CARE**

I hereby grant permission for my child to use all of the play equipment, and participate in all of the activities of the Daycare, to leave the Daycare premises under the supervision of the staff members for a neighborhood walks or field trips in authorized schools buses. I understand that I will be notified of these trips in advance.

I hereby grant permission for my child to be transported by ambulance in case of serious emergency, if I am not available to pick up my child. I grant permission for the Director/Supervisor to take whatever steps necessary to obtain emergency medical care. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, or the persons listed on the emergency information sheet.
2. If we cannot contact you we will do one or both of the following;
(a) Call 911
(b) Have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under #2 above will be borne by the child's family.
4. The Daycare will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed: _____ Date: _____
(Parent 1 or legal guardian)

Signed: _____ Date: _____
(Parent 2 or legal guardian)

MEDICAL AUTHORIZATION AND RELEASE FORM

MEDICAL AUTHORIZATION FOR: _____
(Child's name)

The undersigned, who are the parents or guardians having legal custody of the above minor, hereby authorize Swansea Kids Place, into whose care the above minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the laws in Ontario, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the laws of Ontario.

The undersigned further authorizes Swansea Kids Place to have the above named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY IN EXTREME EMERGENCY, when said parents or guardians cannot be contacted AND/OR are unavailable to be reached.

Signed: _____ Date: _____
(Parent 1 or legal guardian)

Signed: _____ Date: _____
(Parent 2 or legal guardian)

PLEASE READ AND SIGN THIS AGREEMENT

I have read the Parent Handbook, and Parent Contract available online at www.swanseakidsplace.com, I hereby agree to abide by its terms and conditions and comply with the rules and regulations of Swansea Kids Place and Swansea Kinder Kids regarding fees, attendance, health, and other items specified. I am aware of the scheduled days that Swansea Kids Place and Swansea Kinder Kids is closed. There is no refund or deduction in fees for the days your child is sick or absent, statutory holidays and when Swansea Kids Place and Swansea Kinder Kids is closed.

As indicated in the Contract which I have signed, I hereby agree to notify Swansea Kids Place and Swansea Kinder Kids in writing of withdrawal one month in advance should such event occur.

I accept the enrollment rules and agree to pay the following:

- (a) To provide a Pre-Authorized Debit form for monthly fees to be withdrawn the 5th day of each month.
- (b) To ensure any changes or updates to this enrolment package will be provided by email to the supervisor of Swansea Kids Place immediately of the change.

CHILD'S NAME	
FIRST DAY OF ATTENDANCE	
DATE OF WITHDRAWAL	
PARENT 2 SIGNATURE	
PARENT 2 SIGNATURE	
DATE	