



Aurora Early Learning Centre Registration Form



REGISTRATION PACKAGE

In order to secure enrolment at Aurora Early Learning Centre, all forms must be completed, signed and submitted prior to your child's first day of attendance.

Checklist:

1. Enclose a non-refundable **\$100 registration fee** (cheque or cash) along with a **deposit of \$250**. This deposit will be credited to your account and will be used towards your last months of fees, provided the appropriate notice is given.
2. Complete and sign all forms
3. Attach a copy of your child's Immunization Record
4. Read and understand Parent Handbook, including all release/consent forms.

If you have any questions or would like to come for a tour at our Centre, please call (905) 713-1122. Completed packages can be dropped off at either Centre or mailed to: **Aurora Early Learning Centre, 138 Street, Aurora, ON L4G 1K1**



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CHILD INFORMATION Full Name :	START DATE:	
PROGRAM:	FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> DAYS :	
	Gender:	Child's Birth Date:
Full Address:		
Mother/Legal Guardian:	Father/Legal Guardian:	
Address if different than above:	Address if different than above:	
Phone:	Phone:	
Email:	Email:	
Place of Work:	Place of Work:	
Work Address (or alternate location):	Work Address (or alternate location):	
Phone (include extensions):	Phone:	
Cellular:	Cellular:	
Custody Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the custody order		

PERSON(S) AUTHORIZED TO PICK UP CHILD		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

ALTERNATE PERSON TO CONTACT IN EMERGENCY		
Please list persons other than parents. Parents will be contacted first in the case of an Emergency. Please list in order you wish to be contacted.		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:



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PERSON(S) NOT AUTHORIZED TO PICK UP CHILD		
If applicable, supply a copy of the Custody Order		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

PEDIATRICIAN OR FAMILY DOCTOR	
Family Doctor/Clinic Name:	Phone:
Doctor/Clinic Address:	

CHILD'S IMMUNIZATION STATUS					
(Please record dates (year/month/day) or attach a copy of your child's immunization schedule)					
Is your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Diphtheria	Pertussis	Tetanus	Polio	MMR (Measles/Mumps/Rubella)	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	Comments:	
4.	4.	4.	4.		
5.	5.	5.	5.		

CHILD'S HEALTH HISTORY				
Does your child have any known health problems? <i>Please check all that apply</i>				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Earaches	<input type="checkbox"/> Mumps	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Eczema	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Polio	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Frequent colds
<input type="checkbox"/> Croup	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Measles	<input type="checkbox"/> Influenza	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Chicken Pox	Other _____		
Allergies: (Name all) 1) _____ 2) _____ 3) _____				
Does your child required an Epi Pen <input type="checkbox"/> yes <input type="checkbox"/> No What is the Allergen :				
Dietary Restrictions: <input type="checkbox"/> yes <input type="checkbox"/> No (If yes list them all)				
Reaction to Bug Bites or Stings? Please describe				
Does your child have any physical disabilities? Please describe				
Do you have any concerns about your child's development? i.e. Behaviour, vision, speech, language, mobility				



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Does your child have any regular and/or occasional medication? If so, please list reasons and symptoms that would indicate their need.

Please list any information regarding your child's past medical history that may enable us to work more effectively with him/her

FAMILY AND GENERAL HOUSEHOLD INFORMATION

Please list names of the significant people in your child's life (e.g. siblings, grandparents, pets)

Primary language in the home:

English speaking contact (if applicable):

Other languages:

Phone:

PERMISSION TO ADMINISTER

I authorize **Aurora Early Learning Centre** to apply any over the counter products, such as sunscreens, diaper cream, lip balms, etc. as needed or verbally instructed. This does not apply to OTC medications such as Tylenol.

Parent or Guardian Signature

Date

PERMISSION FOR OUTINGS/FIELDTRIPS

I hereby give permission for **Aurora Early Learning Centre** to take my child, for local outings within the community. I understand these outings will follow the proper student to teacher ratio and travel will be by foot or local bus. (Large fieldtrips will require separate signatures on Fieldtrip form)

Parent or Guardian Signature

Date

PERMISSION FOR PICTURE TAKING

I hereby give my permission for **Aurora Early Learning Centre** to take pictures of my child to be used for events, announcements or online publicity *Copyright © Small Steps Early Learning Centre, All rights reserved. Check all that apply:*

General record keeping

Documentation in the Centre

Advertisement of the Centre

Parent or Guardian Signature

Date



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PERMISSION FOR EMAIL

I hereby give permission for **Aurora Early Learning Centre** to send me emails with information regarding upcoming events or related to the centre. *Copyright © Aurora Early Learning Centre, All rights reserved.*

Parent or Guardian Signature

Date

EMERGENCY CARE

I authorize **Aurora Early Learning Centre** to obtain the following services for my child if necessary: Public Health Nurse, Medical Practitioner, and or Ambulance. (All healthcare cost and ambulance fees are the responsibility of the parent/guardian.)

Parent or Guardian Signature

Date

PARENT HANDBOOK

I have read and understand all the policies and procedures in the Parent Handbook. I agree to follow by these guidelines and by not doing so it may lead to termination.

Parent or Guardian Signature

Date

I completed this Registration Form to the best of my knowledge, without knowingly withholding any relevant or important information pertaining to my child.

Parent or Guardian Signature

Date

CENTRE USE ONLY

Aurora Early Learning Centre STAFF PERSON REVIEWING FAMILY'S DOCUMENTS:

Signature:

Print name:

Date:

Location:

Child's Withdrawal Date:

Reason For Withdrawal:

Deposit Received

Registration fee received

DIVERSITY EDUCATION PROGRAM reflecting the rich diversity of our dynamic region.

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<http://www.smallstepscentre.ca> E-mail: info@auroralearningcentre.ca Tel. 905-713-1122
 138 Centre St. Aurora, ON L4G 1K1



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Emergency Contact Information and Consent Form

Child's Name: _____ Birth date: _____

Start date: _____

Home Address _____

Parent/Guardian: Name: _____

Telephone: Home _____ Work _____ Cell _____

Address (work) _____

Parent/Guardian: Name: _____

Telephone: Home _____ Work _____ Cell _____

Address (work) _____

Emergency Contacts (to whom child may be released if guardian is unavailable)

Name _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Name _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Physician

Name: _____

Address: _____ Telephone: _____

Special Conditions, Allergies or Medical Emergency Information (use reverse)

Does your child need Epi-pen? Yes No

Parent Handbook and Policies

I have

read and understood the policies in the Parent Handbook. I agree to follow these guidelines and not doing so may lead to termination.

Signature _____ Date _____

Parent/Guardian Consent and Agreement for Emergencies

As parent/guardian, I consent to have my child receive first aid by Small Steps Early Learning Centre and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.

I have completed this registration form to the best of my knowledge, without knowingly withholding any relevant or important information pertaining to my child.

Parent/Guardian

Signature _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____