



PLAY, LEARN, GROW ACADEMY ENROLMENT FORM

Child Information

Full Legal Name:

Preferred Name:

Date of Birth (dd/mm/yyyy):

Age (years, months):

Home Address(es):

Language(s) Spoken at Home:

Other children in the family enrolled in the centre (list names, if applicable):

Parent Information

Parent/ Guardian 1:

Relationship to Child:

Primary Phone Number:

Business/Work Name:

Email address:

Business/Work Phone number:

Home Address:

Business Address:

☐ Same as Child

Parent/ Guardian 2:

Relationship to Child:

Primary Phone Number:

Business/ Work Name:

Email address:

Business/ Work Phone number:

Home Address:

Business Address:

☐ Same as Child

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child?

YES NO

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

Name(s) of custodial parent(s): _____

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

Type of Child Care Required

☐ Full-time ☐ Part-time ☐ Occasional ☐ Other:

Age Group Placement at Time of Enrolment:

☐ Toddler ☐ Preschool

Hours of Care:

MON	TUES	WED	THURS	FRI

For Office Use Only

Date of Admission:

Deposit amount:

Date paid:

Initial:

Date of Discharge:

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
☐ Authorized to pick-up child	☐ Authorized to pick-up child	☐ Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

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

YES NO

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

Allergy Information

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

YES NO

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

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

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Additional Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Immunization Records

Please provide a copy of your child's immunization record to the centre prior to your child's first day of care.

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

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

YES NO

If yes, please provide relevant details:

Sleep Arrangements

How many naps does your child typically have each day?

At what times does your child typically nap?

How long does your child usually nap?

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

☐ Uses the washroom independently ☐ Requires some assistance ☐ Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container and has been provided by the parent(s).

Name of Item	YES/NO	Parent Initial
Sunscreen		
Hand sanitizers		
Diaper Cream/ Ointment		

Date:(dd/mm/yyyy) _____

Signature of Parent:



Permission Form – Community Walks

Dear Parents/Guardians,

Play, Learn, Grow Academy will be taking the children on a supervised community walks. Community walks provide children with valuable opportunities to explore their surroundings, develop an awareness of their community, practice road and pedestrian safety, and build social skills through shared experiences. These outings also encourage physical activity, support curiosity and learning through real-world experiences, and help children develop confidence and independence in a safe, supervised environment.

All walks will be supervised by staff, all staff-to-child ratios and every reasonable safety measure(s) will be taken to ensure the children's well-being.

Parents/guardians will receive at least 24 hours' notice before any scheduled community walk.

Parent/Guardian Permission

I, _____, give permission for my child,

_____,

to participate in the supervised community walks.

☐ Yes, my child may attend ☐ No, my child may not attend.

Parent/Guardian Signature: _____

Date: _____



Social Media Permission Form

We would like your permission to capture and use photographs and/or video recordings of your child for promotional and informational purposes on our social media platforms, website, and other marketing materials.

Full Name: _____

Date of Birth _____

I give permission to **Play, Learn, Grow Academy** to photograph and/or record video of my child and to use these images and recordings for promotional purposes, including but not limited to:

- Social media platforms (e.g., Facebook, Instagram, TikTok, LinkedIn)
- Organization website
- Printed marketing materials
- Newsletters
- Advertisements
- Other promotional or educational content

I understand that:

- My participation is voluntary.
- I will not receive compensation for the use of these images or recordings.
- The organization may edit or crop images or videos as needed, provided the content is not misleading or defamatory.
- Once content is published online, it may be shared by others and may not be possible to remove it completely from the internet.
- I may withdraw my consent for future use by submitting a written request to the organization. This withdrawal will not apply to materials already published or distributed before the request was received.

Consent for Social Media

- ☐ **I GIVE permission** for the use of my child's photographs and/or video recordings.
- ☐ **I DO NOT GIVE permission** for the use of my child's photographs and/or video recordings.
- ☐ **I GIVE permission** for the use of my child's photographs and/or video recordings for the purpose of **Bright Wheel Communication only**

Parent/Guardian Consent (Required if participant is under 18)

I am the parent/legal guardian of the participant named above and have the authority to grant this permission.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Relationship to Participant: _____