

# Gerrard Early Learning Centre

163 Gerrard Street East Toronto, Ontario M5A 2E4 Tel: 416-926-2208 Fax: 416-926-9086

Child's name:	Birth date:	File #
Parent/ Guardian's name		Parent/ Guardian's name
E-Mail address:		E-Mail address:
Home address and postal code		Home address and postal code
Home phone #		Home phone #
Cell /Pager #		Cell /Pager #
Work / School address and postal code		Work / School address and postal code
Work/ School phone #		Work/ School phone #
Doctor's name		Doctor's phone #:
Doctor address		Doctor's postal code
Hand Sanitizing: YES    NO	Photograph consent: YES    NO	Security Password:

Does your child have any allergies? \_\_\_\_\_  
 E.g. Food, clothing, animals, play materials, drugs, other

Treatment for Allergy \_\_\_\_\_ Epi pen required? \_\_\_\_\_

Medical or other conditions: \_\_\_\_\_

Court/Custody Order on File:        YES \_\_\_\_\_ NO \_\_\_\_\_

**FIRST PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN THE PARENT/GUARDIANS)**

Name	Relationship to child	Home Phone #
------	-----------------------	--------------

Address	Postal Code
---------	-------------

Business/School address	Postal Code	Business/School phone
-------------------------	-------------	-----------------------

Other people authorized to pick up

Name	Phone	Relationship
------	-------	--------------

Name	Phone	Relationship
------	-------	--------------

Parent's/Guardian's signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Date of admission:** \_\_\_\_\_ **Date of withdrawal** \_\_\_\_\_ **Deposit paid** \_\_\_\_\_ **Reg. Paid** \_\_\_\_\_ **Daily Fee** \_\_\_\_\_

# Gerrard Early Learning Centre

163 Gerrard Street East Toronto, Ontario M5A 2E4 Tel: 416-926-2208 Fax: 416-926-9086

## INITIAL PARENT/GUARDIAN INTERVIEW

Child Name: \_\_\_\_\_ Birthmarks: \_\_\_\_\_

Child's Disposition: \_\_\_\_\_ Sleeping Patterns: \_\_\_\_\_

Does your child have a security item? \_\_\_\_\_

(e.g. Blanket, bear, pacifier, sucking thumb)

Feeding: General information about eating habits or food restrictions: \_\_\_\_\_

Circle what the child eats: Water, Fruits, Vegetables, Meat, Cereal

Diapering Instruction: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Is your child talking, comprehending? \_\_\_\_\_

Circle the activities the child enjoys: Toys/ Games/ Music/ Stories/ Books/ Dramatic play/ Songs

What method of discipline do you use in your home? \_\_\_\_\_

What previous childcare arrangement has your child had? \_\_\_\_\_

Does your child have any specific fears: \_\_\_\_\_

Reaction to fear: \_\_\_\_\_ How do you handle it: \_\_\_\_\_

What frustrates your child: \_\_\_\_\_

How do you deal with these frustrations: \_\_\_\_\_

## MEDICAL AND HEALTH CARE INFORMATION (MEDICAL RELEASE)

### PARENTS CONSENT FOR MEDICAL TREATMENT

In the event of a medical emergency such as an accident or sudden illness, I, the parent/guardian of (child's name) \_\_\_\_\_ authorize a qualified staff, supervisor or director of the Centre to transport my child by ambulance and/or taxi to a hospital and/or licensed physician's office and authorize immediate medical treatment if required, including anesthetic, by them.

**Parent's/ Guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

General Health: \_\_\_\_\_

Please specify any symptoms, signs to look for: \_\_\_\_\_

Is your child asthmatic? \_\_\_\_\_ Is your child using a puffer? \_\_\_\_\_

Date of last examination: (y/m/d) \_\_\_\_\_ Current weight: \_\_\_\_\_

At the present time is the child free of communicable diseases? \_\_\_\_\_

List previous history of any communicable diseases? \_\_\_\_\_

Please describe special requirements for diet, rest or exercise, if applicable: \_\_\_\_\_

# Gerrard Early Learning Centre

163 Gerrard Street East Toronto, Ontario M5A 2E4 Tel: 416-926-2208 Fax: 416-926-9086

## CHILD'S DAILY SCHEDULE

Please complete the child's morning and afternoon routine and schedule. By providing this information staff will have a better understanding of your child's day (i.e. naps, play schedule, eating schedule and time spent out doors)

**MORNING:**

**AFTERNOON:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PLAYGROUND SAFETY

All parents must make sure that all playground gates and doors are ALWAYS closed and locked behind them upon entering and exiting the playground. This will ensure the safety of all the children and staff from unwanted visitors. Repeated failure to comply with this policy may result to your child's withdrawal.

I, the parent/guardian of (child's name) \_\_\_\_\_ have read and understand and will comply with the Playground Safety Policy.

\_\_\_\_\_  
**Parent/Guardian's signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## DIAPERING, SUN BLOCK AND HAND SANITIZING

I, the parent/guardian of (child's name) \_\_\_\_\_ authorize the staff at Gerrard Early Learning Center to use the following diapering and sun block products on my child when required.

Sun block to be used: \_\_\_\_\_

Diapers, wipes, and creams to be used: \_\_\_\_\_

\_\_\_\_\_  
**Parent/ Guardian's signature:**

\_\_\_\_\_  
**Witness:**

\_\_\_\_\_  
**Date:**

I, the parent/guardian of (child's name) \_\_\_\_\_, give my permission to the Centre's teachers to use Sanitizer provided by the day care to sanitize my child's hands when water is not available (trips, parks, playgrounds).

\_\_\_\_\_  
**Parent/Guardian's signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## MEDICATION

The Centre will administer only prescription medication as required. All medication must come in the original container with the prescription label. The Centre will document all medication on the appropriate consent form and parents/guardians must sign this form before the medication is administered to their child.

## PHOTOGRAPH CONSENT & AUTHORIZATION

I, the parent/guardian of (child's name) \_\_\_\_\_ hereby consent to have my child's photograph taken by staff of the Centre for use of the Centre (activities, displays and identification).

\_\_\_\_\_  
**Parent/Guardian's signature:**

\_\_\_\_\_  
**Witness:**

\_\_\_\_\_  
**Date:**

# Gerrard Early Learning Centre

163 Gerrard Street East Toronto, Ontario M5A 2E4 Tel: 416-926-2208 Fax: 416-926-9086

## AUTHORIZATION FOR RECREATIONAL WATER PLAY

I, the parent/guardian of (child's name) \_\_\_\_\_ hereby give my consent for him/her to participate in water play (no swimming or wading pools) under the supervision and guidance of the Centre staff. We permit the use of splash pads, sprinklers and water table

\_\_\_\_\_  
**Parent/Guardian's signature:**

\_\_\_\_\_  
**Witness:**

\_\_\_\_\_  
**Date:**

## DISCLOSURE OF INFORMATION POLICY

Consent for sharing information among professionals involved in a child's day enhances educational and family support. Consent for sharing information is a necessary legal and ethical practice and must be obtained. In order to provide quality care for children, there are times when it is appropriate for the Child Care Centre, the School, Toronto Children's Services and the Family Resource Programs to exchange information. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation or behaviour.

## CONSENT FORM

I, the parent/guardian of (child's name) \_\_\_\_\_ hereby consent to the Centre and/or Resource teachers and/or Toronto Children's Services for the reciprocal exchange of information about my child.

\_\_\_\_\_  
**Parent/ Guardian's**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## TRAVEL CONSENT PARENTS AUTHORIZATION

I, the parent/guardian of (child's name) \_\_\_\_\_ hereby consent to him/her leave the premises of Centre under the teacher's supervision to participate in daily outings, trips to parks, playgrounds, school and libraries. I allow my child to go on these outings on foot, by bus, taxi, TTC.

\_\_\_\_\_  
**Parent/ Guardian's / signature:**

\_\_\_\_\_  
**Witness:**

\_\_\_\_\_  
**Date:**