

**DEEP ROOTS NATURE AND NURSERY  
SCHOOL**

**REGISTRATION FORM**

CHILD'S NAME

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DESIRED START DATE

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TYPE OF CARE REQUIRED

Full-time     Part-time     Occasional

Other: \_\_\_\_\_

HOURS OF CARE:

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY

**For Office Use Only**

Date of Admission:  
Date of Discharge:

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### CHILDS INFORMATION

Childs full Name:	DOB:
Gender:	Nicknames:
Home Address:	
Health Card#:	
Please list any dietary, exercise or restrictions:	
<b>PARENT/LEGAL GUARDIAN INFORMATION</b>	
Parents Name:	Parents Name:
Home Address: Same As Child <input type="checkbox"/>	Home Address: Same As Child <input type="checkbox"/>
Work#:	Work#:
Cell#:	Cell#:
Email:	Email:
Court Documents: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> IF YESp please explain	
Name(s) of custodial parent(s) permitted to access/pick up your child:	

**PICK-UP AUTHORIZATION**

The following additional individuals are authorized to pick up my child (A photo ID will be required to confirm identity before the child is released):

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

**EMERGENCY CONTACT**

The following additional individuals are authorized to be contacted in the event of an emergency (Photo ID will be required to confirm identity before the child is released):

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

### HEALTH INFORMATION

Vaccinations up to date                      Yes  No                       NA

Copy of Immunization Provided            Yes  No                       NA

Copy of Exemption on File                    Yes  No                       NA

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

Yes  No                       NA

If **YES**, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the childcare centre prior to the child's start date. Please explain:

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

Yes  No                       NA

If **YES**, an individualized plan for children with medical needs must be developed between the parent and the childcare centre before the child's first day of care. Please explain:

Does your child have any allergies that are not life-threatening (food or other substances)?

Yes  No                       NA

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

Yes  No  NA

If your child has had any history of communicable diseases, please list them below:  
(Chicken Pox, Measles, German measles, Mumps, Scarlet Fever, Whooping Cough etc.)

Yes  No  NA

Please list any chronic health issues relevant to your child's care. (Headaches, Stomach-aches, Prone to colds etc)

Yes  No  NA

Is your child currently taking any medications? If Yes a Medication Administration Form must be completed.

Name of Medication:

Instructions for the use of the above medication:

Yes  No  NA

Does your child currently wear Glasses

Yes  No  NA

### **PHYSICAL REQUIREMENTS**

Does your child use diapers? Yes  No

If no, my child:

Uses the washroom independently  Requires some assistance  Requires full

Please Provide relevant details:

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

Yes  No

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 APPLICATION OF NON-MEDICAL PRODUCTS**

**Name of CHILD:**

I authorize the administration of

- Sunscreen                       Diaper cream                       Insect Repellent  
 Hand Sanitizer                       Lip Balm                       Moisturizing Lotion  
 Other: \_\_\_\_\_

<b>Parent has agreed to provide:</b>	<b>Additional Parent Instructions:</b>	<b>Expiry Date:</b>

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child's name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

**SIGNATURE OF PARENT**

**DATE:**

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## **PARENTAL CONSENT FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION**

**Name of Child:**

While every effort will be made to reach parents in the event of a medical emergency, we require your permission to authorize any Doctor to give necessary treatment in the event of such an emergency.

I hereby grant permission to Deep Roots Nature & Nursery School to take whatever steps necessary to obtain emergency medical care. These steps may be included but are not limited to the following:

1. Attempt to contact parents and guardians.
2. Attempt to contact the Child's physician.
3. Attempt to contact emergency contacts on file.

If we cannot reach any of the above, we will call an ambulance and if necessary, have the child taken to the emergency department of the hospital, in the company of a Deep Roots Nature & Nursery School team member. Any expense incurred under the circumstances listed above will be paid by the child's family.

The CHILD CARE CENTRE will not be responsible for any incident that may occur because of false information given at the time of enrolment.

**SIGNATURE OF PARENT**

**DATE:**

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## PUBLICITY & PHOTOGRAPHS

**Name of Child:**

Parental Consent for Publicity and Photographs:

Parents are requested to give their consent to the appearance of their child in any publicity arranged for Deep Roots Nature & Nursery School through various media, newspapers, radio and other publicity or educational purposes.

Video and Photographs may also be included in newsletters or bulletin boards. Names, and identities of all children will be kept strictly confidential unless consent is provided.

	Yes	No
I permit my child to have his/her picture taken.		
I permit my child's picture to be printed in media without their name i.e. Local Newspaper		
I permit my child's picture to be taken and posted in the Centre with their names.		
I permit Deep Roots to use my child's picture without their name in advertisements, website, integral, twitter, face book.		
I permit Deep Roots Nature & Nursery School to upload my Childs picture to a secure Bright wheel account as a means of Daily Communication		

**SIGNATURE OF PARENT**

**DATE:**

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**DEEP ROOTS NATURE & NURSERY SCHOOL  
PERSONAL INFORMATION PRIVACY POLICY CONSENT FORM**

I understand that Deep Roots Nature & Nursery School has a personal Information Policy per the requirements of the Personal Information Protection and Electronic Documents Act (PIPEDA)

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my home telephone number and address and any emergency contact telephone numbers) by the purposes set out in the policy which include the following:

- to maintain complete and accurate client files and to comply with all requirements and legislation of the funding and licensing bodies.
- to provide services and to communicate effectively with our clients
- to bill for services and collect unpaid accounts
- to permit a potential transfer of this agency to carry out due diligence to confirm factual and other information about the organization
- to comply with all lawful requests for government agencies

**I understand that:**

- My personal information will not be used or disclosed for purposes other than those for which it was collected, except with my consent, or except where the use of disclosure is required by law
- I have the right to view my personal information and have it amended, if inaccurate or incomplete
- A copy of the policy will be provided upon request

**SIGNATURE OF PARENT**

**DATE:**

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## FIELD TRIP PERMISSION FORM

**Name of Child:**

Parental Consent for Field Trips:

I hereby consent to have my child leave the premises of Deep Roots Nature & Nursery School from time to time to participate in excursions to places of interest planned as part of the children's program. Walk in the area, local parks etc.

It is understood that supervision will be provided by members of the staff and that every precaution will be taken for the safety of my child.

I understand that I will be informed before field trips or excursions to enable me to decide at that time if I wish my child to participate.

**SIGNATURE OF PARENT**

**DATE:**

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## ONTARIO CHILD AND FAMILY SERVICES ACT (CFSA)

### Name of Child:

The Ontario Child And Family Services Act recognizes that each person has a responsibility for the welfare of children. It states clearly that members of the public, including professionals who work with children have an obligation to report promptly, to a Children's Aid Society (CAS); if they suspect that a child is or may be in need of protection. CFSA s.72(1) A child in need of protection is a child that has experienced physical, sexual and emotional abuse, neglect and risk of harm.

As professionals in the field of Early Childhood Education, we are obligated to contact the CAS if we have reason to believe that:

- The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's
  - a) Failure to adequately care for, provide for, supervise or protect the child or
  - b) Pattern of neglect in caring for, providing for, supervising or protecting the child
- There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's
  - a) Failure to adequately care for, provide for, supervise or protect the child, or
  - b) Pattern of neglect in caring for, providing for supervising or protecting the child.
- The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
- There is a risk that the child is likely to be sexually molested or sexually exploited.
- The child requires medical treatment to cure, prevent or alleviated physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment
- The child has suffered emotional harm, demonstrated by serious,
  - a) Anxiety
  - b) Depression
  - c) Withdrawal
  - d) Self-destructive or aggressive behaviour, or

e) Delayed development and there is reasonable grounds to believe that emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

- The child has suffered emotional harm and the child's parent(s) or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services of treatment to remedy or alleviate the harm.

Professionals who work with children have a responsibility to report their suspicions, therefore failure to report is an offense in accordance to CFSA s. 72 (4), (6.2)

Any professional who fails to report a suspicion that a child is or may be in need of protection duties, is liable on conviction to a fine of up to \$ 1000. The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional. CFSA s. 72 (7), (8).

If you have any questions or concerns about the Child and Family Services Act s. 72 (1) please feel free to speak to the owner, or contact your local Children's Aid Society.

Thank you for your understanding of our professional obligation.

Please sign below indicating you have read and understand the above Child and Family Services Act.

**SIGNATURE OF PARENT**

**DATE:**

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**DEEP ROOTS NATURE & NURSERY SCHOOL**

I HAVE READ, UNDERSTAND AND AGREE TO THE **POLICIES OF DEEP ROOTS NATURE & NURSERY SCHOOL** AS OUTLINED IN THE **PARENT HANDBOOK**.

Signing below confirms I have received an electronic copy for my review.

**SIGNATURE OF PARENT**

**DATE:**

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### EMERGENCY IDENTIFICATION

Childs full Name:	DOB:
Please list any dietary, exercise or restrictions:	
<b>Parent/Legal Guardian Information</b>	
Parents Name:	Parents Name:
Relationship to Child:	Relationship to Child:
Cell#:	Cell#:
Email:	Email:
Court Documents: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> IF YESp please explain	
Name(s) of custodial parent(s) permitted to access/pick up your child:	

### EMERGENCY CONTACT

The following additional individuals are authorized to be contacted in the event of an emergency (Photo ID will be required to confirm identity before the child is released):

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

**SIGNATURE OF PARENT**

**DATE:**

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## CHILD CARE CONTRACT

Childs full Name:	DOB:
CONTRACT to provide care for the above-named child between parties listed below	
Parents or Legal Guardians Name	Parents or Legal Guardians Name
AND	
Deep Roots Nature & Nursery School located at 19 Railway Street, Chalk River ON	
I agree to pay my Child Care Fees as outlined in our Parent Handbook and as invoiced via the Deep Roots Nature & Nursery School's app. Yes <input type="checkbox"/>	
I agree to pay my Child Care Fees as outlined in the Parent Handbook and agree to a biweekly payment schedule. I understand that this fee will be charged for all contracted months regardless of statutory & civic holidays, sick days, including personal holidays, other absences of unforeseen Centre closures. Yes <input type="checkbox"/>	
I agree to abide by the late fee as outlined in our Parent Handbook The late fee is \$1.00 for each minute for the first ten minutes, and \$5.00 per minute after that. Yes <input type="checkbox"/>	
I agree to abide by the late payment fee as outlined in our Parent Handbook The late fee is \$10.00 per day. Yes <input type="checkbox"/>	
I acknowledge that I am required to provide 1 months written notice to terminate my childcare contract. Yes <input type="checkbox"/>	
I agree to provide a two-week DEPOSIT to Deep Roots Nature & Nursery School in the amount of \$500 that will be applied to my final weeks of care should proper notice be provided. Yes <input type="checkbox"/>	
I agree to provide a registration fee to Deep Roots Nature & Nursery School in the amount of \$50 Yes <input type="checkbox"/>	
<b>PARENT SIGNATURE</b>	<b>DATE</b>
<b>PARENT SIGNATURE</b>	<b>DATE</b>
<b>Deep Roots SIGNATURE</b>	<b>DATE</b>

## GETTING TO KNOW YOUR CHILD

Are any additional resources required for your child upon enrollment?

How does your child react to sounds? (overreact, lack of response etc.)

Tell us about your child's daily routine.

Describe past and present fears of your child?

How does your child relate to new situations?

Is there anything else that you could communicate to us about your child?

*Your answers to the following questions will help us greatly in our efforts to develop and incorporate your child's home and community experiences into our early childhood setting.*

Name some interests and activities that have meaning to your child and family (such as reading, music, etc.)?

What special days do you celebrate (such as religious holidays, birthdays etc.)? How do you celebrate them?

Is there anything else that you can tell us about your child and your family?