

### John Ross Robertson Child Centre Kindergarten Child Information Form

**Before and After School** \_\_\_\_\_ **After School Only** \_\_\_\_\_ **Before School only** \_\_\_\_\_

**Admission Date** \_\_\_\_\_ **Withdrawal Date** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_ Address : \_\_\_\_\_ P.C. \_\_\_\_\_

Hm. Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work No. \_\_\_\_\_ Ext. \_\_\_\_\_ Work No. \_\_\_\_\_ Ext. \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

**Persons allowed to pick up child at any time without further verification from parents**

1)Name: \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Hm. Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Hm. Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Please add other names, addresses and phone numbers if required below or add a separate sheet

**Emergency Contact:** this may be a person **other than the parent** who may be contacted by the Centre to pick-up the child due to illness, or emergency in the rare event that a parent cannot be reached. This person may or may not be the same as the one mentioned previously for pick-up without further verification.

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal.C. \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Address: \_\_\_\_\_ Postal.C. \_\_\_\_\_

\*\*\*\*\*

Dr's. Name: \_\_\_\_\_

Dr's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Non Medical Food restrictions ie. vegetarian, religious: \_\_\_\_\_

Detail Current Health/Behavioral /Emotional Issues: \_\_\_\_\_

\_\_\_\_\_

Detail ongoing medication to be taken at  
Childcare throughout the year

\_\_\_\_\_

(Medication dispensing form will be filled out with staff)

Medical Restrictions: ie no running \_\_\_\_\_

Is Epipens or asthma inhaler carried by child?  
(Detail) \_\_\_\_\_

If applicable where will Epipens or asthma inhaler be kept? \_\_\_\_\_

*We recommend one Epipens be kept by our staff and one on the child's person if old enough to carry his/ her own*

Other Instructions regarding diet, health special needs of child: \_\_\_\_\_

**Emergency Medical Treatment Consent**

In case of sudden illness or injury to my child \_\_\_\_\_, I hereby grant permission for JRRCC Staff to arrange emergency medical treatment for my child and to share with medical practitioners, necessary health information contained in my child's files. This permission is granted until my child withdraws from care at JRRCC or is otherwise revoked by me in writing.

Parent / Guardian Signature: \_\_\_\_\_

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

**Medication Authorization for Epipens or Asthma Inhaler**

*This form informs John Ross Robertson Child Centre staff that you are authorizing your child to carry an Epipens and to carry and take an asthma inhaler as prescribed by either a Nurse practitioner or Medical Doctor. Annual retraining of your child's staff is required.*

Child's Name: \_\_\_\_\_

Group: Nursery\_\_\_\_\_Kindergarten\_\_\_\_\_All day preschool\_\_\_\_\_School Age\_\_\_\_\_

Name of Medication:\_\_\_\_\_

Dosage if Applicable:\_\_\_\_\_

Expiry Date:\_\_\_\_\_

Prescribed by:\_\_\_\_\_

***Children may carry Epipens or Asthma inhalers on their person***

What type of anaphylactic reaction is the Epipens for?\_\_\_\_\_

Can your child use the medication alone?\_\_\_\_\_

If your child requires assistance please provide further information:\_\_\_\_\_  
\_\_\_\_\_

Will you also provide extra Epipens or Inhaler to be kept by the centre and or JRR Public School?  
Details\_\_\_\_\_

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

Please provide any further treatment information that you feel is relevant for staff to know (ie give Benadryl first)

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

Parent Signature:\_\_\_\_\_Date:\_\_\_\_\_

JOHN ROSS ROBERTSON CHILD CENTRE  
ADMISSION AGREEMENT

I agree to follow all policies and procedures of the John Ross Robertson Child Centre as delineated in the Parent Handbook, available on the centre's web site at [www.jrcc.ca](http://www.jrcc.ca) or as communicated by newsletter or notes throughout the year. I also understand that non-compliance with centre policies may result in withdrawal of service. I agree to pay or have already paid in advance the first and last month fee for service and understand that these are non-refundable fee deposits. I am aware that the last month deposit may only be used for the month of June and is not applied to any other month if withdrawing prior. I also agree to provide the centre's administrators a series of post-dated cheques for all other months enrolled prior to the first applicable month of service.

Signed: \_\_\_\_\_

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



### Family/Child Information (Optional)

*Please share some family information with us so that we may better program for your child's individual needs. The questions below are only an optional guide. Parents may add any information that will confidentially assist staff in providing the best quality service to the children in our care.*

Does child live in a two parent home? \_\_\_\_\_

If "no" detail typical living arrangement \_\_\_\_\_  
\_\_\_\_\_

If parents are separated, who has legal custody? \_\_\_\_\_

Does your child have siblings? \_\_\_\_\_

How old are they? \_\_\_\_\_ Do they live in the same house? \_\_\_\_\_

Do you have any household pets? What kind? \_\_\_\_\_

Does your child have a favourite comfort object? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears ( i.e. darkness, must have night light)?  
\_\_\_\_\_

Favourite foods? \_\_\_\_\_

Hated Foods? \_\_\_\_\_

Favourite sports and games? \_\_\_\_\_

Do you celebrate any holidays or special observances that we can teach all the children about? \_\_\_\_\_

What types of subjects other than computer games really pique your child's interest ? (ie. Dinosaurs, rockets etc.)  
\_\_\_\_\_

What else would you like us to know about your child or family situation? Please add a page if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

JOHN ROSS ROBERTSON CHILD CENTRE

**History of Communicable Diseases**

(Measles, Mumps, Rubella, Diphteria, Chicken Pox, Hepatitis etc.)

Please answer **N/A** if child has not had any of these types of illnesses

Child's Name: \_\_\_\_\_

Disease: \_\_\_\_\_ Approx Date: \_\_\_\_\_

\_\_\_\_\_ Approx Date: \_\_\_\_\_

\_\_\_\_\_ Approx Date: \_\_\_\_\_

\_\_\_\_\_ Approx Date: \_\_\_\_\_

Additional information

(If applicable)

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

John Ross Robertson Child Centre  
130 Glengrove Ave. West Toronto ON M4R 1P2

## *Daily Excursion Form*

The children enrolled at John Ross Robertson Child Centre may be taking routine excursions in the local neighbourhood on an ongoing basis. Nature walks around the neighbourhood to collect insects, acorns etc may take place at the teachers' discretion. Other local trips to buy pumpkins at Sheridan Nursery, visits to homes, local parks, libraries and stores are typical examples of pre-planned neighbourhood trips that will be part of our written program plans, monthly calendars or emails but that do not require separate excursion waivers.

**(Trips out of the neighbourhood involving the use of commercial transportation will be covered by separate, individual waiver forms in advance of a planned event.)**

I, \_\_\_\_\_,  
Print parent name above

Parent/guardian of: \_\_\_\_\_,  
Print child's name above

enrolled at JRRCC, do hereby consent to allow my child to participate in all local excursions in the surrounding neighbourhood accompanied by JRRCC staff for as long as my child remains enrolled in the child centre.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_