

John Ross Robertson Child Centre
Part-Day Preschool Child Information Form

(service available between the hours of 7:30 AM-3:00PM)

Admission Date _____ Withdrawal Date _____ Days per week (circle) M T W H F

Child's Name: _____

Birthdate: _____

Mother: _____ Father: _____

Address: _____ P.C. _____ Address if different : _____ 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(if any) 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: _____

3) 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-or Part Day Preschool____School Age(Grade 1-6)_____

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, Nursery School Handbook available on the centre's web site at 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: _____