

John Ross Robertson Child Care Center  
Jk \_\_\_\_\_ Sk \_\_\_\_\_ Schoolage \_\_\_\_\_

Services available from 7:30 am-6:00pm

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

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

**PLEASE PRINT CLEARLY**

Full Name of Child: \_\_\_\_\_

Name Usually known by: \_\_\_\_\_

Birthdate:

\_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY

Parent/Guardian \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work#: \_\_\_\_\_

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

Address (if different from child's) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell phone # \_\_\_\_\_

Email: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work#: \_\_\_\_\_

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

Address (if different from child's) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell phone # \_\_\_\_\_

Email: \_\_\_\_\_

Persons allowed to pick up child anytime without further verification from  
parents (if applicable)

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

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

Cell# \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

Cell# \_\_\_\_\_

Email: \_\_\_\_\_

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

Emergency Contact: this may be a person other than the parent who may be contacted by the Center 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.

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

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

Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_

Email: \_\_\_\_\_

**Family/Child Information**

Please share some family information with us so that we may better program for your child's individual needs. Parents may add any information that will confidentially assist staff in providing the best quality service to your family. Please circle the yes or no. Please fill out those that apply to your child.

Does your child live in a two-parent home? Yes or No

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

Please provide a legal document if applicable.

Does your child have any siblings? Yes or No

How many siblings? \_\_\_\_\_

How old are they? \_\_\_\_\_ Do they live in the same house? Yes or No

Do you have any household pets? What kind?

\_\_\_\_\_

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

Does your child have any fears? (I.e. dark, loud noises)

\_\_\_\_\_

Does your child speak another language besides English? Yes or No If yes which one? \_\_\_\_\_

Favourite Foods? \_\_\_\_\_

Do you celebrate any holidays or special observances that we can teach all the children about? What holidays do you celebrate? (optional)

\_\_\_\_\_

What is your child interested in? What do they like to do at home?

\_\_\_\_\_

\_\_\_\_\_

Is there anything else that you would like to tell us about your child or your family situation? Please add a page if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctors Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Non-Medical Food Restrictions (Vegetarian, Religious)

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

Detail Current Health/Behavioral/Emotional Issues:

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

Detail ongoing medication to be taken at the childcare throughout the year \_\_\_\_\_

(Medication dispensing form will be filled out with staff)

Medical Restrictions: i.e. no running

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

Does your child carry an Epinephrine (EpiPen) or asthma inhaler?  
(Detail)

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

If applicable where will the EpiPen or asthma inhaler be kept?

\_\_\_\_\_

We recommend 1 EpiPen be kept by our staff and 1 on the child's person if old enough to carry his/her own

Other instructions regarding diet, health, special needs of child (attach page if needed) \_\_\_\_\_



## Emergency Medical Consent

In case of sudden illness or injury to my child  
\_\_\_\_\_, I hereby grant  
my 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 Inhalers

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

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

Dosage: \_\_\_\_\_

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

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

What type of anaphylactic reaction is the Epinephrine (EpiPen) for?

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

If your child requires assistance please provide further information:

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

Will you also provide an EpiPen or Inhaler to be kept by JRRCC or the JRR Public School? (Details)

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

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

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

**If your child is exempt from vaccines please attach notarized document to registration package.**

**Please attach a photocopy of the front and back of your child's immunization form or bring it to the child care on your first day.**



John Ross Robertson Child Care Center  
Daily Excursion Form

The children at John Ross Robertson Child Care Center may be taking routine excursions in the local neighbourhood on an ongoing basis. Nature walks around the neighbourhood including the local ravine located behind Glenview School and may take place at the teachers discretion (due to COVID-19 excursions maybe limited as per protocols)

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

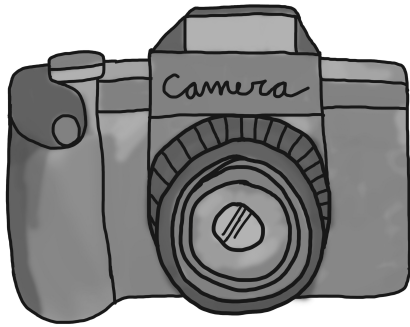
Parent/Guardian of: \_\_\_\_\_  
Print your child's name above

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 center.

PARENT OR GUARDIAN SIGNATURE:

\_\_\_\_\_

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



John Ross Robertson Child Centre Photo Release Form:

I, \_\_\_\_\_ hereby give consent to my child being, photographed, filmed, recorded, interviewed and videotaped by the staff at John Ross Robertson Child Center for the purpose of display within the center.

Name of child:

\_\_\_\_\_

Signature of (parent/guardian)

\_\_\_\_\_

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



John Ross Robertson Child Care Center  
Admission Agreement

I agree to follow all policies and procedures of the John Ross Robertson Child Care Center as indicated in the Parent Handbook and on the Centers website at [www.jrrcc.ca](http://www.jrrcc.ca). I also understand that non-compliance with center policies may result in withdrawal of service. I also agree to pay in advance a deposit for the last month's fee for service. I also agree to provide the correct amount of payment that I owe the center through Pre Authorized Debit.

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

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

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

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

Member of the John Ross Robertson Child Care Center

Please note that John Ross Robertson Child Care Center is a non-profit corporation governed by a Board of Directors comprised of seven parents or guardians of children enrolled at the center.

Our By-laws state that all adults who pay fees in respect of a fully enrolled child (two per household maximum) are General Members of the JRRCC Corporation and one of these members may be eligible for election or appointment as a Board Member. Elections are held at the AGM (Annual General Meeting).

I, \_\_\_\_\_ Parent/Guardian

I, \_\_\_\_\_ Parent/Guardian

of \_\_\_\_\_,  
and \_\_\_\_\_

Children's names printed above

understand my/our responsibility as members of the JRRCC Corporation and will endeavor to attend the Annual General Meeting and any other General Meetings of Members that may be scheduled on a monthly basis.

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

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

