



JUST RIGHT CHILD CARE

15143 Hwy 1, Wilmot (902)242-3080

www.justrightchildcare.com

SCHOOL AGE APPLICATION

Tell Us About Your Child...

Name of Child: _____ Male ___ Female

Date of birth: _____ School Attending: _____

Date of Admission: _____ How did you hear about JRCC? _____

Date of Withdraw: _____ Reason for Withdraw: _____

Child's Home & Mailing Address: _____

_____ Family email: _____

Guardian 1 Name: _____

Guardian 2 Name: _____

Home Phone: _____

Home Phone: _____

Cell/Work Phone: _____

Cell/Work Phone: _____

Person(s) to be contacted in case of emergency (Other than yourself): _____

Phone Number: _____

Relationship to child (Relative/Friend): _____

Note: I am willing for my child _____ to go on outside expeditions and walk to and from the bus stop locations for transportation to public school with adequate adult supervision.

Tell Us About Your Child:

Interests: _____

Favorite Foods: _____

Favorite Books/Games: _____

Does your child has any allergies: _____

How do you discipline your child for corrective behavior? Please explain. _____

Signature of parent(s) or guardian(s) _____

I have access to the JRCC Parent Policy Handbook and a staff member or the director has reviewed the Behavior Policy with me at time of enrollment.

Signature of parent(s) or guardian(s) _____

Signature of Staff Member _____

Payment Frequency: Monthly or Bi-Weekly

Note: In the event that a payment is returned due to non-sufficient funds or is not paid within one week of due date, an administration fee will be charged to your account, \$40 for NSF or late fee (15% on the balance) for non-payment and your child's enrollment will be suspended until paid in full. Your child will then be put on the waiting list until a spot becomes available.

**JRCC
AUTHORIZATION FORM**

I hereby give authorization for the following person(s) to pick up my child

_____ from *Just Right Child Care* in the event that I am not able to.

Name Relationship to child Phone number

Name Relationship to child Phone number

Name Relationship to child Phone number

Name Relationship to child Phone number

Signature required

Date

Child's Health Questionnaire
To be completed by parent(s)/guardian(s)

Name of Child: _____ Date: _____

Provincial Health Care number: _____

Physician and/or clinic

Name: _____

Address: _____ Telephone: _____

* Please attach a photo copy of your child's immunization record to this application form as per Daycare Act regulation 31 (1) (d). _____ INIT

Does your child have any health concerns, disabilities or allergies we should be aware of? _____ Yes _____ No
Explain: _____

I _____ give my consent not to be contacted **until pick up** for Notable Situations requiring a form to be filled out that would include minor situations such as scrapes, minor cuts, bruises, bites, insect bites or stings (unless my child has an allergy), bumps, minor falls/trips etc. I do realize though that I will be notified immediately, regardless of this note, for serious injuries or incidents such as head injuries and anything involving emergency care.

Signature of parent(s) or guardian(s): _____

Note: I am willing for my child to have medical attention and be taken to hospital in the case of an emergency, if I/we cannot be reached.

Signature of parent(s) or guardian(s): _____

- If I pick up my child after closing hours (5:30 p.m.), a late pick up fee will be issued.
- I am responsible for payment of fees and any other expenses incurred by my child.
- I, as the parent or guardian, of the herein named child, release JRCC, directors and staff from any loss, personal injury, accident, misfortune or damage of the herein named child or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein named child. Each child must be covered by their provincial health plan or equivalent medical insurance.
- By providing personal information I understand, agree with & have been familiarized with JRCC's Parent Policy & Behavior Policy as outlined at www.justrightchildcare.com.

Tax receipts are provided end of year upon request.

I have read and understand the conditions of *Just Right Child Care* and my involvement therein.

Signature

Date

Please keep a copy for your records.