



JUST RIGHT CHILD CARE

15143 Hwy 1, Wilmot (902) 242-3080

www.justrightchildcare.com

APPLICATION

Tell Us About Your Child...

Name of Child: _____

Date of Admission: _____

Days you would like for enrollment (Circle preferred days): M T W T F

Date of Withdraw: ___/___/_____ Reason for Withdraw: _____

Date of birth: _____

How did you hear about us? _____

Child's Home & Mailing Address: _____

Email: _____

Guardian 1 Name: _____

Home Phone: _____

Work Phone: _____

Guardian 2 Name: _____

Home Phone: _____

Work Phone: _____

Guardian 1 Address: _____

Guardian 2 Address: _____

Note: I am willing for my child _____ to go on outside expeditions with adequate adult supervision.

Parent/guardian is required to provide the following items: diapers; care products i.e. creams, powder; infant formula; pacifiers; favorite blanket or pillow; change of clothes; favorite comfort item; indoor and outdoor shoes; sunscreen; sunhat; appropriate outdoor clothing, according to weather; tissue box; splash pants.

**JRCC
AUTHORIZATION FORM**

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

Phone Number(s): _____

Relationship to child (Relative/Friend): _____

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
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_____ Name	_____ Relationship to child	_____ Phone number
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_____ Name	_____ Relationship to child	_____ Phone number
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_____ Name	_____ Relationship to child	_____ Phone number
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Signature required

Date

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

Name of Child: _____ Date: _____

Provincial Health Care number: _____

IN CASE OF EMERGENCY

Adult to be contacted if you cannot be reached:

Name: _____ Relationship: _____

Telephone (Work): _____ (Home): _____

Physician and/or clinic

Name: _____

Address: _____

Telephone: _____

IMMUNIZATION RECORD: ATTACH A COPY or SIGN WAIVER _____INT

Does your child have any allergies: Yes _____ If so please describe in detail and what procedure must be taken

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): _____

Tell Us about Your Child

Child's favorite toy, books, activities: _____

Child's favorite foods/likes or dislikes: _____

Diet restrictions (cultural/religious): _____

Does your child take naps: Y N (any objects he/she prefers at nap time?): _____

Is your child toilet trained?

Yes _____ (if so when does your child normally go?)

No _____ (if not, what times would you recommend we try)

Has your child had previous experience with childcare? (Daycare/Nursery School)

How would you describe your child's emotional, physical and social growth development to this point?

Are there any special requirements we would need to know about for the well being of your child?

Payment Frequency: Monthly or Bi-Weekly (Circle your preference)

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 and a late fee (15% of the balance owing) for non-payment and your child's enrollment will be suspended until paid in full. This may result in your child losing his/her spot and being put on our waiting list until a spot opens up.

Signature

Date

A one week deposit is required by means of an email money transfer or cash upon your child's first week of attendance. If the amount goes unpaid, then the enrollment spot for your child will be rejected.

Meal plan and programming will be posted daily. *Just Right Child Care* will provide a.m. snack, lunch and p.m. snack.

Vacation time is granted once a child has been in attendance for **10 months consecutively**. After that time period, you will be eligible for the amount of days during a week your child normally attends to use as vacation days. (Ex. 5 days in attendance = 5 days vacation)

Just Right Child Care will be opened year round except designated holidays and week ends. If a holiday falls on the Saturday or Sunday, the following Monday will be taken.

Just Right Child Care is conscious of travel that's why we will be opened from 7 a.m. to 5:30 p.m. If you are late picking up your child a fee of will be issued. **Regular arrival and departure times are important for your child's routine and the centre, since child/teacher ratios must be met at all times. Due to child/teacher ratio we cannot accept child who arrive after 9:30 a.m. .**

We value parental input. *Just Right Child Care* encourages parents and care givers to drop by anytime without an appointment or call or email to check in on your child. We know how anxious a parent feels leaving their child so please feel free to drop in.

Tax receipts are provided end of year if requested.

I have read and understand the conditions of *Just Right Child Care* and my involvement therein. **The *Just Right Child Care Behaviour Policy* has been reviewed with me and I understand the conditions therein. I have access to the Parent Policy through the daycare, a personal copy or digital copy from the JRCC Website.**

Signature

Date

Staff Member

Date