

The Elephant Room
Registration Form

Last Name:	
First Name	Middle Name:
Birth Date:	Start Date:
PARENTS OR GUARDIANS	
(1) Last Name:	First Name:
Relationship to Child:	
Address and City:	
e-mail address:	Postal Code:
Home Phone:	Work/Cell Phone:
Employer:	
Work Address:	
(2) Last Name:	First Name:
Relationship to Child:	
Address and City:	
e-mail address:	Postal Code:
Home Phone:	Work/Cell Phone:
Employer:	
Work Address:	
OTHER EMERGENCY CONTACT	
Name:	Relationship to Child:
Address:	
Home Phone:	Work Phone:
Name:	Relationship to Child:
Address:	
Home Phone:	Work Phone:

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Address	Phone
.	.	.
.	.	.
.	.	.

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor:	Office Phone:
Address:	
City:	Postal Code:
Health Card#:	
Allergies:	
Medical Information:	
Medication:	

ADDITIONAL INFORMATION (including, asthma, dietary requirements):

IMMUNIZATION: The Day Nursery requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your Doctor.

COMMUNICABLE DISEASES (check those that your child has had):

- CHICKEN POX:
- MEASLES
- GERMAN MEASLES
- PNEUMONIA
- RHEUMATIC FEVER
- WHOOPING COUGH
- FIFTH DISEASE
- FREQUENT COLDS
- BRONCHITI
- MIDDLE EAR INFECTION
- TONSILITIS
- SCARLET FEVER

DROP OFF AND PICK UP TIMES

	DROP OFF	PICK UP
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

It is understood that my child will be expected to be involved in all aspects of the program to the best of his/her ability while at The Elephant Room. Such involvement includes, but is not limited to, centre based play, indoor and outdoor gross motor activities and rest time. If your child is unable to function within our classroom environment, due to illness, we may ask that he/she remain at home. I understand the above statement and agree to keep my child home when ill. I am aware that I will be expected to make arrangements for early pick up if my child is ill during the day.

Signature of Parents: _____ Date: _____

Signature of Supervisor: _____ Date: _____

DAYCARE USE ONLY

Room Registered:	Days Registered:	
Start Date:	End Date:	
Registration Received:	Deposit Received:	Deposit Returned:
Immunization Received:		

PARENT CONSENT FORM

CHILD'S NAME: _____

FIELD TRIPS

I hereby give consent for my child to participate in excursions, within walking distance of the centre, under the guidance for the staff and volunteers of The Elephant Room.

_____ My child may participate in the above field trips.

_____ My child may not participate in the above field trips.

MEDICAL ATTENTION

In the event of an emergency, I understand and agree that my son/daughter, will receive:

- Whatever first aid is available
- Whatever additional medical assistance is required and available
- Such other emergency assistance as may be required to safeguard life and/or prevent injury

I understand further that I will be informed of the situation as soon as possible and that initial contact will be attempted by calling the telephone number(s) noted in the registration form.

_____ I give consent for my child to be transported by transportation arranged by The Elephant Room (ambulance, taxi, etc...) as required.

_____ I do not give consent for my child to be transported by transportation arranged by The Elephant Room (ambulance, taxi, etc...) as required.

VIDEOTAPE/PHOTO CONSENT FORM

From time to time, staff will videotape or photograph the children at The Elephant Room. Both the photos and videos are useful for staff training and community and educational awareness purposes. Occasionally, they may appear in the newspapers. Please indicate ONE of the following choices.

_____ I give consent for The Elephant Room staff to use videotapes/photos of my child(ren) for classroom and day-care use only.

_____ I give consent for The Elephant Room staff to use videotapes/photos of my child(ren) for uses inside and outside the day-care.

_____ I do not give consent for videotapes/photos to be taken of my child in any capacity.

PARENTAL CONSENT FOR ADMINISTRATION OF POTASSIUM IODIDE PILLS

CHILD'S NAME: _____

Dear Parents,

In the event of a serious accident at the Pickering Nuclear Generating station, radioactive material may escape from the station. One type that may be released is radioiodine. If radioiodines are inhaled, they are absorbed by the thyroid gland. The ingestion of potassium iodide (KI) pill will minimize the amount of radioiodine taken up by the thyroid.

It is expected that there will be plenty of time to close our centre and evacuate your child before any radiation exposure occurs. However, a decision has been made to pre-distribute potassium to all childcare centres within a 10 k.m. radius of the Nuclear Generating Station.

There may be some reaction to the KI pills in individuals allergic to iodine. For this reason it is imperative for parents to notify us if they suspect or know their child may have an allergic reaction. The use of the KI pills is voluntary; therefore we request that you confirm your wishes regarding administration of them to your child on the form below and return it promptly to The Elephant Room.

If directed by the Province of Ontario or Emergency Measures Ontario,

I GRANT permission for my child _____ to be given the prescribed dose of potassium iodide (KI).

I DO NOT GRANT permission for my child _____ to receive potassium iodide (KI).

My child _____ is allergic to iodine.

Signature of Parents: _____ Date: _____

EMERGENCY CLASSROOM RECORD

Name of Child:

Health Card Number:

Date of Birth:

Mother's Name:	Father's Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Work Address:	Work Address:
Work Phone:	Work Phone:

Doctor's Name:
Doctor's Address:
Doctor's Phone:

Emergency Contacts

Name:	Name:
Home Address:	Home Address:
Work Phone:	Work Phone:
Home Phone:	Home Phone:

Allergies and/or Special Medical/Additional Information:

Added to ALLEGY ALERT POSTING

YES

NO

Symptoms of Ill Health

Staff Initials	Date	Symptoms	Contact

PROGRAM FEES

Infant Program	
Full Time \$280.00 per week	N/A
Toddler Program	
Full Time \$225.00 per week	Part time \$48.00 per day
Preschool	
Full Time \$215.00 per week	Part Time \$45.00 per day
Before and After School	
Before and After School \$23.00 per day	After school only \$20.00 per day

Child care fees are payable to The Elephant Room on the first of every month. There is a late fee charge of \$5.00 per day effective on the 1st day of the month. If fees are not submitted by the 10th day of the month, a letter will be issued which states that child care service will be terminated immediately. The charge for NSF cheques is \$25.00.

An invoice will be issued on or before the first of the month. Six (6) post dated cheques will be required.

REGISTRATION FEE

\$50.00 (per child)

DEPOSIT

\$100.00 (per child)

Parents are required to provide two (2) weeks' written notice of withdrawal. Failure to provide adequate notification will result in the forfeiture of the deposit paid at the time of registration.

I have read and understand THE ELEPHANT ROOM's fee payment and agree to abide by the policy

Signature of Parents: _____ Date: _____

Signature of Supervisor: _____ Date: _____

The Elephant Room Daycare
SUNSCREEN CONSENT AND RECORD

Research shows that sun exposure during childhood and adolescence is strongly linked to the development of skin cancer later in life. Infants and children have thinner skin than adults, making them more sensitive to ultraviolet rays.

The Elephant Room staff is hereby authorized to administer sunscreen.

CHILD'S NAME

DATE:

SIGNATURE OF PARENT/GUARDIAN
