



**NURSERY TWO CHILD CARE
REGISTRATION PACKAGE**

Office Use Only		
<input type="checkbox"/> Reg Form	<input type="checkbox"/> Reg. Fee	<input type="checkbox"/> Deposit
	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Picture Sharing
<input type="checkbox"/> Deposit agreement	<input type="checkbox"/> Outside food policy	<input type="checkbox"/> Subs form sent
	<input type="checkbox"/> Immunizations & Form	<input type="checkbox"/> Website form
<input type="checkbox"/> PM signed	<input type="checkbox"/> on Parent App	<input type="checkbox"/> scanned to PA
		<input type="checkbox"/> Copy for emergency files

PLEASE SELECT WHICH NURSERY TWO LOCATION:

N2 @ St. John N2 @ St. Alphonsus N2 on Monaghan
N2 @ Otonabee Valley N2 @ Keith Wightman (care provided at St. Alphonsus)

ALL FORMS must be filled in prior to enrollment

Start Date: _____ *office use only* **Visit Dates:** _____ *office use only* **Withdrawal date:** _____ *office use only*

Child's Name (First & Last): _____	Date of Birth (mm/dd/yyyy): _____
Address: _____	City: _____ Postal Code: _____

Parent Name: _____
Relation to Child: _____
Address: _____
City: _____
Postal Code: _____
Work Name & Address (incl. city & postal code) _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext.: _____
Email address: _____

Parent Name: _____
Relation to Child: _____
Address: _____
City: _____
Postal Code: _____
Work Name & Address (incl. city & postal code) _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext.: _____
Email address: _____

**** up to date email addresses for both parents are required for billing purposes – we cannot accept work/school emails ****

People to Whom Child May Be Released/Emergency Contacts (OTHER THAN PARENTS LISTED ABOVE)			
Name: _____	Phone # _____	Work # _____	Relation to Child: _____
Name: _____	Phone # _____	Work # _____	Relation to Child: _____
Name: _____	Phone # _____	Work # _____	Relation to Child: _____

**** Nursery Two will not release children to anyone under 18 years old ****

Doctor Name: _____	Address (Incl. Postal Code): _____	Phone #: _____
Allergies: _____	Health/Medical Concerns: _____	
Dietary Restrictions: _____		

Consent for:	Parent Signature:
The children will be going on impromptu walks & field trips within walking distance of the child care centre – please sign to indicate consent.	
The news, media, and special guests visit the child care centre from time to time. We would appreciate your permission to allow your child to be photographed and/or filmed for internal use and for media or publicity – please sign to indicate consent.	
In case of emergency I hereby give permission for my child to be taken to the hospital and/or give medical treatment if necessary – please sign to indicate consent.	
In case of emergency evacuation, I hereby give permission for my child to be transported via school bus/Nursery Two transportation vehicle to the designated evacuation site (Please see Parent Manual for more details) – please sign to indicate consent.	

Parent Signature: _____ **Date:** _____

Please include custody forms if applicable.



Sharing Pictures Release Form

all forms must be filled in prior to enrollment

Our staff take pictures of the children throughout the day to document their learning, and we would like to share these photos with your family. Due to the group care setting, photos typically include multiple children from within your child's group. Some ways photos are shared from our programs include but are not limited to:

- Parent Communication Apps - Lillio, Seesaw, Parent App, depending on your child's age group
- Posted in rooms & bulletin boards for a visual representation of the children's learning
- During activities - cards for sick friends, special occasion gifts for parents, etc.

In order for us to share photos of your child's learning through play, relationships & their day, please complete the bottom of this form:

I _____ give permission for Nursery Two Child Care to share my child _____'s photo with other children and families associated with their organization.

Parent Signature: _____

Dated: _____



Permission to Administer
NON PRESCRIBED Medication

SUNSCREEN

all forms must be filled in prior to enrollment

I hereby give my permission to the staff of Nursery Two Child Care to apply sunscreen to my child _____ according to the instructions printed on the ORIGINAL container.

From: (Child's Start Date): office only - onward *

Name of Medication: Nursery Two Sunscreen - Various Sunscreen brands, minimum 30 SPF

Dosage: apply to exposed skin for any outdoor time

Times to be given: before outdoor time

ATTN: *This form does not apply to School Age children enrolled in our Before/After School Program(s). Please have your own protocols in place to keep your child protected from the sun throughout their day. Nursery Two **does** provide school age children with sunscreen for PA Days/Summer Care during the appropriate seasons.*

Signature of Parent/Guardian

* this form is effective until the above mentioned child's withdrawal date.



Nursery Two Child Care

No Outside Food Policy

all forms must be filled in prior to enrollment

Due to various allergies and health concerns, children are not allowed to bring any outside food into our programs*. Children will not be allowed to have food that is not prepared at our facility while in any of our Programs. We provide children with snacks throughout the day as well as a full meal at lunch time, depending on the care your child has.

***Exceptions apply to infants enrolled in our Infant Program, in regards to bringing in breast milk, formula, etc.**

By signing below you are stating that you understand this policy, and will not bring outside food into any of Nursery Two Child Care's programs.

Signature: _____

Date: _____



Social Media/Website Photo Release

Form

all forms must be filled in prior to enrollment

Often our staff take pictures of the children throughout the day and have them on display. Occasionally our social media pages are updated with pictures from our programs. We need your permission to post pictures that have your child(ren) in them:

I _____ give permission for Nursery Two Child

Care to post my child _____'s picture on the Nursery Two social media pages.

Parent Signature: _____

Dated: _____

*** names of children are not put on our website/social media**

*** faces of children are not shown on our Instagram/Facebook/website unless parental permission is given on a case by case basis**

Please feel free to check out our social media pages before signing this form, to see how we display our pictures throughout:

www.nurserytwochildcare.com

Facebook: [Nursery Two Child Care](https://www.facebook.com/NurseryTwoChildCare) (please Like & Follow for updates)

Instagram: [@nurserytwochildcare](https://www.instagram.com/nurserytwochildcare) (Please follow to see our fun activities)

all forms must be filled in prior to enrollment
Request for Immunization Information
For Children in Schools or Child Care Centres
(CONFIDENTIAL when Completed)

Office Use Only: sent to Health Unit on
 date: _____ initials: _____



Immunization is the best way to protect your child from vaccine preventable diseases. **Please complete this form and ATTACH A COPY OF THE CHILD’S IMMUNIZATION RECORD.** Please ensure that the name and birthdate of the child is also included on the immunization record. This information can be returned by:

- ✓ Fax: 705-743-2897
- ✓ Mail: Peterborough Public Health, 185 King Street, Peterborough, Ontario K9J2R8
- ✓ Phone: 705-743-1000, ext. 139
- ✓ Or immunization information can be entered on line at www.peterboroughpublichealth.ca and search ‘update immunization record’

Under the Immunization of School Pupils Act and the Child Care and Early Years Act, Public Health ensures that all children in the Peterborough County and City have adequate immunization against tetanus, diphtheria, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chicken pox). A valid exemption is needed for those who choose not to immunize. (NOTE: For children in Child Care Centres, you may have to provide an additional copy of your immunization information directly to the Centre.)

It is up to the parent/guardian to provide proof of the child’s immunization to Public Health, as the Acts do not give permission to healthcare providers to release this information. If you have any questions, please call a Vaccine Preventable Disease Program Nurse at 705-743-1000, ext. 139.

Child’s Last Name		Other Last Names Used	
Child’s First Name		Other First Names Used	
Birthdate (YYYY/MM/DD)			Gender
Name of School or Child Care Centre			
Ontario Health Card Number			
Address			PO BOX
City		Postal Code	
Contact - Phone Number(s)			
Contact - Email			
Name and phone number of healthcare provider who could provide clarification of immunization information if needed			
Parent/Guardian Full Name			
Parent/Guardian Signature			
Date (YYYY/MM/DD)			
Please check one of the following below:			
<input type="checkbox"/> Vaccination record is attached			
<input type="checkbox"/> I will call my healthcare provider obtain this information and send it to Peterborough Public Health			
<input type="checkbox"/> No vaccine record attached to this form ⇒ Reason:			

This information is collected and used by Public Health programs under the authority of Sections 2 and 5 of the Health Protection and Promotion Act and Ontario Reg. 585/94 under the Health Cards and Numbers Control Act 1991, and Section 11 under the Immunization of School Pupils Act, R.S.O. 1990 and the Child Care and Early Years Act, S.O. 2014. For further details regarding the collection, contact Peterborough Public Health at 705-743-1000.



City of
Peterborough

Children's Services

178 Charlotte Street, P.O. Box 4138
Peterborough, ON K9J 8S1
Phone: (705) 748-8830
Fax: (705) 748-8858

Child Care Programs Waitlist Sharing Consent

I, _____
(print full name of parent or guardian)

of _____
(Address)

Hereby consent to the collection & release of information concerning my child care fee subsidy status between & related to

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Children's Services, City of Peterborough and representatives of the following child care programs: _____
(Child Care Program)

for the purpose of administering child care fee subsidy & billing.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Once signed, this consent form will be valid for the period of one year, and that you may withdraw your consent at any time by giving notice to either the Child Care program or to the Children Services Department, Social Services, City of Peterborough at 175 Charlotte St., P.O. Box 4138, Peterborough On, K9J 8SJ at 705-748-8830.

Please send the signed consent form to your Children's Services Case Manager either by fax or through email.

This information is collected under the legal authority of the Day Nurseries Act, 1990, for the purpose of administering the services and programs prescribed or authorized under this act. Questions about this collection, use or disclosure should be addressed to the Manager of Children's Services, Social Services, City of Peterborough at 175 Charlotte St. P.O. Box 4138, Peterborough ON K9J8SJ at 705 748 8830. If this information is required in an accessible format, please contact 705 748 8830 ext.3226



About My Family and Culture

Our family/families are from:

In our home, we speak:

Games we enjoy playing together:

Outdoor activities we do together:

Some traditional recipes/food we enjoy together:

Music we enjoy listening to together:

Some of my family traditions are:

We like to celebrate special days such as: (holidays/birthdays)

Please list all members of the household:

	Name	Relationship to child	What does the child call the family member
1.			
2.			
3.			
4.			
5.			

Please remember we are partners in your child's learning. Our goal in gathering the information on this form is to better provide for your child's unique and individual needs. None of the information will be shared with anyone other than those identified in the care of your child. Thank you for sharing your child with us!



Nursery Two Child Care

Payment Information

A one-time non-refundable Registration Fee is required before a child can start with Nursery Two. Registration Fee is per family, not per child.

A non-refundable, non-transferable deposit is also required before your child can start. Please speak with the staff member who set up your enrollment regarding this. Deposits are non-refundable if you choose to not take the spot, however when you do take a spot, the deposit is deducted from your first invoice with us.

You will be invoiced for your Registration Fee once your child's information is entered into our billing system, Parent App. You must set up either direct bank or credit card payments through Parent App to pay this invoice, before your child can start. Instructions will be provided upon enrollment. For questions about Parent App please email our Administrative Supervisor, at nurserytwocc@gmail.com

- **FOR DEPOSITS ONLY:**
- Send deposit e-transfers to nurserytwocc@gmail.com
- You **MUST** include your child's first and last name in the memo line
- Please use the following question & answer:
- Security question: Where is N2?
- Security answer: peterborough
- **Your e-transfer will not be accepted if the answer is not peterborough**

Nursery Two Child Care does not accept cash or cheques



Nursery Two Child Care

NURSERY TWO CHILD CARE

CENTRE AGREEMENT

all forms must be filled in prior to enrollment

Our parent manual is available on our website www.nurserytwochildcare.com Please review the parent manual before signing below. *It is each parent's responsibility to keep up to date with Nursery Two's policies and procedures. Updates are posted to our website, and all policies and information are subject to change.* Another great way to keep up to date with announcements is to follow our Facebook page, www.facebook.com/nurserytwochildcare You do not need a Facebook account to view public business pages.

I/We have read and agree to the policies described within Nursery Two Child Care's Parent Manual, as well as all Covid-19 policies (listed & updated on website). I also understand that Nursery Two will inform me of any changes to policies that would pertain to my child's care. I further understand that not all of the agency's policies and procedures have been listed in the Parent Manual. However, the policies and procedures that pertain to my child's day to day care have been made available to me.

NAME OF CHILD (please print)

SIGNATURE OF PARENT/GUARDIAN

If you are emailing the completed registration package, you must bring in your original copy prior to your child's start date. Nursery Two requires original signatures to be kept on file.

RELATION TO CHILD

NAME OF NURSERY TWO STAFF

SIGNATURE

DATED