



Office Use Only - DATE SUBMITTED:

**NURSERY TWO CHILD CARE  
REGISTRATION FORM**  
(705) 745-7553  
FAX (705) 745-7571  
nurserytwocc@gmail.com

<b>Office Use Only</b>	
Registration form <input type="checkbox"/>	Reg. Fee <input type="checkbox"/>
Picture Sharing <input type="checkbox"/>	
Sunscreen <input type="checkbox"/>	
Deposit Agreement <input type="checkbox"/>	Deposit <input type="checkbox"/>
Outside Food Policy <input type="checkbox"/>	
Website <input type="checkbox"/>	No to Allie <input type="checkbox"/>
Immunizations & Form <input type="checkbox"/>	
Parent Manual signed <input type="checkbox"/>	
On Sandbox <input type="checkbox"/>	
Copy for Emergency Files <input type="checkbox"/>	

Please circle which program your child will be attending:

N2 @ St. John • N2 @ St. Alphonsus • N2 @ Otonabee Valley • N2 @ St. Joseph's • **N2 @ Keith Wightman**  
(care provided at St. Alphonsus)

Requested Start Date: \_\_\_\_\_ Actual Start Date: office use only Visit Dates: office use only Withdrawal Date: office use only

<b>Child's Schedule: Please circle days and fill in needed times</b>					
Monday	Tuesday	Wednesday	Thursday	Friday	
_____	_____	_____	_____	_____	

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

Parent Name: _____ Address: _____ City: _____ Postal Code: _____ Work Name & Address (incl. city & postal code): _____ _____ Home Phone: _____ Cell: _____ Work Phone: _____ Ext: _____ Email address: _____	Parent Name: _____ Address: _____ City: _____ Postal Code: _____ Work Name & Address (incl. city & postal code): _____ _____ Home Phone: _____ Cell: _____ Work Phone: _____ Ext: _____ Email address: _____
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<b>Persons To Whom Child May Be Released To/ Emergency Contacts (Other Than Parent)</b>			
Name: _____	Phone # _____	Work # _____	Relation to Child: _____
Name: _____	Phone # _____	Work # _____	Relation to Child: _____
Name: _____	Phone # _____	Work # _____	Relation to Child: _____
<i>Nursery Two will not release children to anyone under 18 years of age.</i>			

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

<b>Consent for:</b>	<b>Parent Signature:</b>
The children will be going on impromptu walks and 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. (See Parent Manual for more details) – please sign to indicate consent.	

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

*Please include custody forms if applicable.*



## Sharing Pictures Release Form

Often our staff take pictures of the children throughout the day and have them on display for everyone to enjoy. From time to time staff would like to share these photos with you and your child in journals, picture sharing and on cards that can be taken home. Most photos have multiple children in them. In order for Nursery Two to send these photos home with your child(ren) and their friends, we need your permission.

Therefore:

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**

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): \_\_\_\_\_ - **onward** \*

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

Dosage: **apply to all exposed skin for any outdoor time**

Times to be given: **before outdoor time**

\_\_\_\_\_  
Signature of Parent/Guardian

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



## Nursery Two Child Care

### Deposit Agreement

The following is an agreement between yourself and Nursery Two Child Care, to hold a child care space for your child. **If you did not discuss holding a space with a deposit when you signed your child(ren) up, please disregard this form, and do not fill it in.**

- All deposits for child care space will reflect two weeks of the care you require. Ex. If your child will be attending three days every week, you will be required to pay a deposit for six days of care, based on your child's age.
- I (name) \_\_\_\_\_ have paid \$\_\_\_\_\_ to Nursery Two Child Care as a deposit for my child (name) \_\_\_\_\_.
- I understand that this will hold my child's spot, and the deposit amount (\$\_\_\_\_\_) will be taken off of my first child care bill. I understand this deposit is **non-refundable** if I do not end up taking the child care spot, and the deposit is **non-transferable** between Nursery Two locations.
- I have also paid a non-refundable \$40.00 Registration Fee.  (Check box if reg. fee paid)
- **Start date:** \_\_\_\_\_
- **Nursery Two location:** (please circle) St. John, St. Alphonsus, St. Joseph's, Otonabee Valley, Keith Wightman (*care provided at St. Alphonsus*)

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

Staff Signature: \_\_\_\_\_

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



**Nursery Two Child Care**

## **No Outside Food Policy**

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: \_\_\_\_\_



## Website Picture Release Form

Often our staff take pictures of the children throughout the day and have them on display. Occasionally our website is 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 website.

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

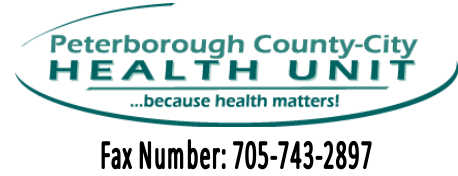
Dated: \_\_\_\_\_

\* names of children will not be put on our website

*Please feel free to check out our website before  
signing this form, to see how we display our pictures throughout:*

[www.nurserytwochildcare.com](http://www.nurserytwochildcare.com)

**Request for Immunization Information  
For Children in Schools or Day Nurseries**



**Confidential when Completed**

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.**

Under the Immunization of School Pupils Act and the Child Care and Early Years Act, the Health Unit 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 Day Nurseries, you may have to provide an additional copy of your immunization information directly to the Day Nursery.) **Please ensure that the name and birthdate of the child is also included on the immunization record.**

It is up to the parent/guardian to provide proof of the child’s immunization to the Health Unit, as the Acts do not require family doctors or nurse practitioners to provide this information. For more information or if you have any questions, please call a Vaccine Preventable Disease Program Nurse at (705)743-1000.

Child’s Last Name	
Child’s First Name	
Other First Names Used	
Other Last Names Used	
Birthdate (YYYY/MM/DD)	
Gender	
Name of School or Day Nursery	
Ontario Health Card Number	
Address	
City	
Postal Code	
Contact--Phone Number(s)	
Contact--Email	
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 health care provider obtain this information and send it to the Health Unit <input type="checkbox"/> No vaccine record attached to this form → Reason:	

This information is collected and used by Health Unit 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 the Health Unit 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) 748-885

**Child Care Programs Waitlist Sharing Consent**

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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





## 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 may also be required – please inquire with the Registration Coordinator (the staff who set up your child’s enrollment) about whether or not the space requires a deposit.

Nursery Two Child Care accepts the following for payment methods:

- Cheque
- Money order
- E-transfer
  - Send all e-transfers to [nurserytwochildcare@gmail.com](mailto:nurserytwochildcare@gmail.com)
  - You **MUST** include your child’s first and last name in the memo line
  - 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 as a method of payment.*



**NURSERY TWO CHILD CARE**

**CENTRE AGREEMENT**

**Our parent manual is available on our website [www.nurserytwochildcare.com](http://www.nurserytwochildcare.com) Please review the parent manual before signing below.**

I/We have read and agree to the policies described within Nursery Two Child Care's Parent Manual. 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**

\_\_\_\_\_  
**RELATION TO CHILD**

\_\_\_\_\_  
**NAME OF NURSERY TWO STAFF**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATED**