



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

Office Use Only	
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

Requested Start Date: _____ Actual Start Date: _____ Visit Dates: _____ Withdrawal Date: _____

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

Child's Name: _____	Date of Birth: _____
Address: _____	City: _____ Postal Code: _____

Parent Name: _____ Address: _____ City: _____ Postal Code: _____ Work Address: _____ Name of Employer: _____ Home Phone: _____ Cell: _____ Work Phone: _____ Ext: _____ Email address: _____	Parent Name: _____ Address: _____ City: _____ Postal Code: _____ Work Address: _____ Name of Employer: _____ Home Phone: _____ Cell: _____ Work Phone: _____ Ext: _____ Email address: _____
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Persons To Whom Child May Be Released (Other Than Parent)					
Name: _____	Phone # _____	Cell # _____	Work # _____	Relation: _____	
Name: _____	Phone # _____	Cell # _____	Work # _____	Relation: _____	
Name: _____	Phone # _____	Cell # _____	Work # _____	Relation: _____	

Nursery Two will not release children to anyone under 18 years of age.

Emergency Contact Person (Other Than Parent)			
Name: _____	Home Phone: _____	Work Phone _____	Relation: _____
Name: _____	Home Phone: _____	Work Phone _____	Relation: _____
Name: _____	Home Phone: _____	Work Phone _____	Relation: _____

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

Consent for:	Parent Signature:
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.	

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 when you signed your child(ren) up, please disregard this form.**

- 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.
- 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

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



NURSERY TWO CHILD CARE CENTRE

AGREEMENT

**Our parent manual is available on our website 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 agencies 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 EXECUTIVE DIRECTOR

SIGNATURE

DATED

Please include an
up to date Record of Immunizations with your
completed registration package.



**Request for Immunization Information
For Children in Schools or Child Care Centres
(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.** 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

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 health care providers to release this information. If you have any questions, please call a Vaccine Preventable Disease Program Nurse at (705)743-1000 ext. 131.

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	
Name and phone number of health care 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 health care provider to obtain this information and send it to the Health Unit <input type="checkbox"/> No vaccine record attached to this form → Reason:	