

# Guelph Outdoor Preschool Enrolment Package

ADMINISTRATIVE USE ONLY

ENROLMENT DATE \_\_\_\_\_

WITHDRAWAL DATE \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy)

Home address \_\_\_\_\_

Parent/Guardian 1: Name: \_\_\_\_\_

Home address ( if different ): \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Work address: \_\_\_\_\_

Parent/Guardian 2: Name: \_\_\_\_\_

Home address (if different ): \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Work address: \_\_\_\_\_

Alternate Emergency Contacts (To be called in the event that the parents/guardian's cannot be reached)

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone#(s) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Medical conditions or allergies: \_\_\_\_\_

Does child require an Epipen Yes or No? If yes, please complete Individual Anaphylaxis Form

Alternate people approved to pick up child (other than parents/guardians)

\_\_\_\_\_

## Health Information

If your child is (or has ever been) under treatment or supervision for a health problem, (physical, emotional, vision, hearing, speech or chronic illness such as asthma) please provide details:

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If your child had any communicable disease, ( such as Chicken Pox, Pertussis), please describe:

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Should there be any restrictions to your child's activities, diet or rest? (circle) **Yes** or **No**  
If yes, please describe:

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Does your child require medication to be administered on a daily basis by the staff of the Guelph Outdoor Preschool? (circle) **Yes** or **No**  
If yes, please describe and fill out a separate Medication Form

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## Emergency Medical Treatment Consent

In the event of illness or accident involving my child and every effort has been made to reach us and if neither parent/guardian nor alternates can be reached, I hereby authorize the administration of any medical procedures deemed necessary by the child's physician or Hospital Emergency Staff. I also give permission to Guelph Outdoor Preschool staff to transport my child to the Emergency Department of the hospital. (circle) **YES** or **NO**

**Parent/Guardian**

**signature:**

**Date**

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## Developmental History

Siblings (names and ages):

What foods does your child like or dislike?

What signs/symptoms does your child typically display upon ill health (fatigue, fever, hives.)?

What activities does your child

enjoy?

Is your child afraid of any particular person or thing (dogs, storms, loud noises, etc.)? Guelph Outdoor  
Preschool Enrolment Package

Do you have any concerns about your child's development (social/emotional, physical,  
cognitive, language)?

Is there any other information not covered in this form that would help us better understand your child or  
that you would like to share about your child?

Parent/Guardian

Signature:

Date:

**CONFIDENTIAL**

**Permission to Take Part in Field Trips**

I hereby give permission for my child to take part in walks, field trips and other excursions on the Ignatius Jesuit Centre property, provided he/she is supervised at all times by a qualified staff member. I understand that I will be notified in advance of any major activity that requires my child to leave the Ignatius Jesuit Centre property and when the field trip requires transportation.

Parent/Guardian Signature:

Date:

**Publicity Consent**

I hereby give permission for my child to participate in any publicity arranged for the Guelph Outdoor Preschool through various media such as newspapers, photographs, television, slide presentations and videos. I understand that, whenever possible, I will be notified prior to the event and, when this is not possible, I will be notified after the event.

Parent/Guardian Signature:

Date:

**Parent Contract**

I have read the Guelph Outdoor Preschool's Parent Handbook and understand and agree to all its' policies, terms and conditions.

Parent/Guardian Name:

Signature:

Date:

Witness Signature:



**PLEASE NOTE:**

The *Day Nurseries Act and Immunization of School Pupils Act* requires that students have up to date immunizations for **Tetanus, Diphtheria, Polio, Measles, Mumps, Rubella (German measles), Meningococcal disease (Meningitis), Pertussis (Whooping cough), and Varicella (Chickenpox).**

In order to attend licensed child care in Wellington-Dufferin-Guelph, you must provide one of the following:

- A complete history of your child's immunizations to Public Health (Medical Officer of Health)
- A valid written exemption if you decide not to immunize your child because of medical, religious, or philosophical reasons. PLEASE NOTE: at the time of school entry a signed medical exemption form from your physician or nurse practitioner or a statement of conscience or religious belief affidavit signed by a commissioner of oaths will be required.

It is the responsibility of the parent/guardian to maintain up to date immunization records for their child(ren). When additional immunizations are given please report them to Wellington-Dufferin-Guelph Public Health by calling **1-800-265-7293 ext: 4396** or ask to speak to "Immunization Records".

**If you are unable to complete this form or cannot locate your child's immunization record, please contact your health care provider for further assistance.**

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.