Sprouts House

EARLY LEARNING CENTER

DAYCARE ENROLLMENT CONTRACT

ENROLLMENT CONTRACT

This is a child care agreement between:

SPROUTS HOUSE- EARLY LEARNING CENTER

AND:

Parent's name: _____

Contact number/s: _____

Parent's name: _____

Contact number/s: _____

Address: _____

_____

For the care of the following child(ren): List full name(s) and current age(s)

_____

_____

_____

Emergency contact (in the event a parent cannot be reached):

_____

_____

_____

OTHER NOTES:

REGISTRATION FORM

Date of Enrolment _____ Date of Unenrollment _____

CHILD'S INFORMATION

Child's Full Name _____

Date of Birth _____ Age _____ Gender _____

Primarily Language Spoken _____

Address _____

PARENT INFORMATION

Parent Full Name _____

Contact number/s _____

Email _____

Address _____

Parent Full Name _____

Contact number/s _____

Email _____

Address _____

_____ _____

Parent Signature/ date **Parent Signature/ date**

CHILD PICK-UP AUTHORIZATION

Name : _____

Address: _____

Relationship : _____

Phone # : _____

Additional persons who may pick up my child(ren) on a less frequent basis:

Name : _____

Address: _____

Relationship : _____

Phone # : _____

Name : _____

Address: _____

Relationship : _____

Phone # : _____

Any person(s) NOT authorized to pick up my child(ren) :

_____

_____

CUSTODY AGREEMENT

☐ **Yes** - If yes, please supply a copy of the custody order to the facility manager.

☐ **No**

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Parent Signature : _____ Date : _____

Parent Signature : _____ Date : _____

EMERGENCY / HEALTH INFORMATION

Child's Full Name_____

Care Card Number/ BC Services Card _____

Family Doctor / Clinic Name _____

Phone number_____

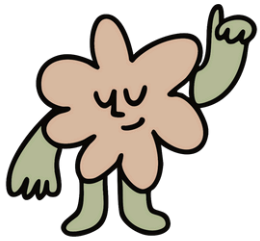
Address _____

CONSENT FOR EMERGENCY CARE

I _____
authorize the staff of Sprout House - Early Learning Center to call a medical practitioner or ambulance in the event of accident or illness of my child, If the parent cannot Immediately be reached at

_____

Parent Signature/ date



HEALTH INFORMATION

Regular medication(s) and reasons for them:

Medication: _____

Reason for medication: _____

Does your child have any allergies?

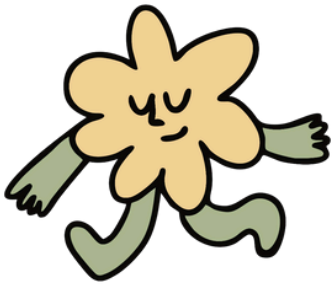
☐**Yes** - If yes, please fill out the Allergy Care Plan below ☐ **No**

ALLERGY CARE PLAN

Allergy: _____ Epipen: ☐Yes ☐ No

Symptoms	**Actions Taken**

ALL ABOUT MY CHILD



Child's Full Name _____

Age _____ Nickname _____

DOB _____ Primary language spoken _____

Has your child been in daycare before? ☐ Yes ☐ No

Is your child up to date on immunizations? ☐ Yes ☐ No

Emotional

How does your child react when left with unfamiliar people and/or places ?

Eating habits

Does your child have a special diet? ☐ Yes ☐ No

_____

_____

Does your child eat independently? ☐ Yes ☐ No

For infants, what brand of formula do you use?

_____

Sleeping habits

Does your child have regular bedtime schedule?

☐ Yes ☐ No

What time does your child usually wake up in the morning?

_____

What time does your child usually go to bed at night?

_____

Important Notes

EMERGENCY CARD

Child's Full Name _____ DOB _____

Address _____

Parent/Guardian 1 _____

Phone Number _____

Parent/Guardian 2 _____

Phone Number _____

Emergency Contact _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Allergies _____

Medication _____

Care Card Number _____

Sprouts House
EARLY LEARNING CENTER

Child's Picture

Consent Form

1. It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents
ana we need to get Immediate help for the child. Our proceaure Is to ensure that the child is taken to the nearest emergency service.
2. Please sign the consent below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to the emergency centre.
3.I hereby give consent for my child, _____
when ill/injured to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment to the child is the responsibility of the child's parent/guardian.
4. I hereby give consent for my child, _____
to receive medical treatment in case of injury while in care at Sprouts House- Early Learning Center, I hereby waive all claims against Sprouts House and the owner in excess of public liability insurance carried by the Centre.

_____ _____

Parent Signature : **Parent Signature :**

_____

Sprouts House - Early Learning Center

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