



8551 Weston Road, Woodbridge, Ontario L4L 9R4

**APPLICATION FORM**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Cellular #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Emergency Contact Persons (only if parent(s) not available):  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child may be released to:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

School Attending/ Will Attend: \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor Signature

Date of Admission: \_\_\_\_\_  
Date of Withdrawal: \_\_\_\_\_  
Reason of Withdrawal: \_\_\_\_\_



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**CHILD'S HEALTH HISTORY FORM**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Date of Enrollment: \_\_\_\_\_  
Date of Withdrawal: \_\_\_\_\_

Immunization information: (please check off the following)

Immunizations are up to date: Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child had:

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Whooping Cough \_\_\_\_\_ Mumps \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Other Illnesses or Hospitalizations: \_\_\_\_\_

Does your child suffer from:

Headaches \_\_\_\_\_ Ear Aches \_\_\_\_\_ Stomach Aches \_\_\_\_\_ Colds \_\_\_\_\_ Flu \_\_\_\_\_  
Sore Throat \_\_\_\_\_ Other (specify) \_\_\_\_\_

(PUT IMMUNIZATION RECORD HERE FROM MCLC PARENT BOOK)

**DOES YOUR CHILD HAVE:**

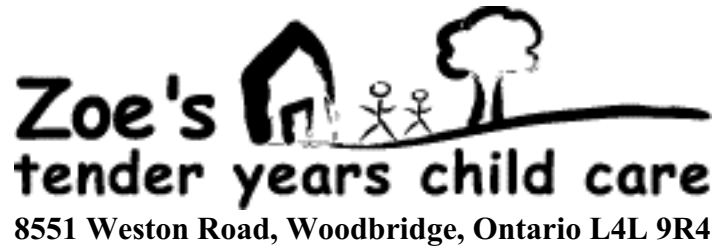
Allergies (food, medication, etc.)?

\_\_\_\_\_

A condition or behaviour that would require special attention, medication or special diet?

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian



**EMERGENCY RECORD**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Cellular #: \_\_\_\_\_ Cellular#: \_\_\_\_\_

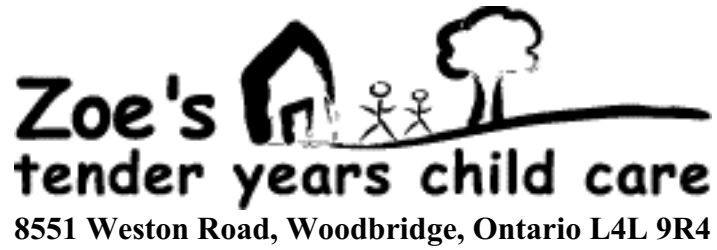
Emergency Contact Persons (only if parent(s) not available):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Dr. \_\_\_\_\_ Health # \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Allergies: \_\_\_\_\_

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Parent Signature for immediate Medical Attention

**ZOE'S TENDER YEARS CHILD CARE CENTRE**



**CONSENT FORM FOR OUTINGS**

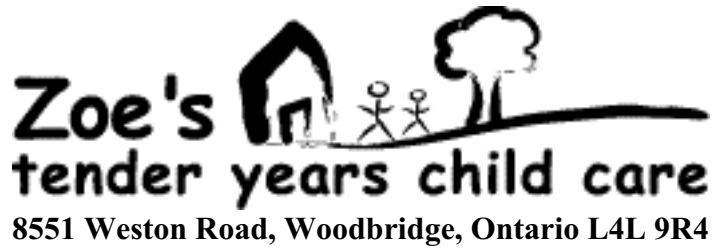
I, \_\_\_\_\_, hereby consent to have \_\_\_\_\_  
leave the premises from time to time to participate in excursions to places of interest,  
planned as part of the children's program.

It is understood that supervision will be provided by members of the staff.

\_\_\_\_\_  
Date

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

NOTE: Advanced notice will be given on planned field trips.



**PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE**

**I HEREBY GRANT PERMISSION FOR THE OPERATOR, OR DESIGNATE, OF THIS CHILD CARE CENTRE TO TAKE WHATEVER STEPS ARE NECESSARY WHEN ACCIDENTS, SUDDEN ILLNESSES, OR OTHER EMERGENCIES OCCUR. NECESSARY STEPS WILL BE TAKEN TO OBTAIN EMERGENCY MEDICAL CARE FOR YOUR CHILD IF WARRANTED.**

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_

The steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact child's physician.
3. Attempt to contact emergency contact person.

If we cannot contact parent/guardian, your child's physician or an emergency contact person will do any or all of the following:

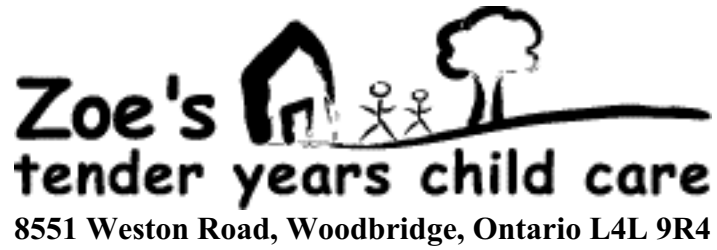
1. Call another physician.
2. Call an ambulance.
3. Have the child taken to the emergency department, in the company of a staff member.

Any expenses incurred under circumstances listed above will be borne by the child's family.

**THE CHILD CARE CENTRE WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLMENT.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Parent/Guardian

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_



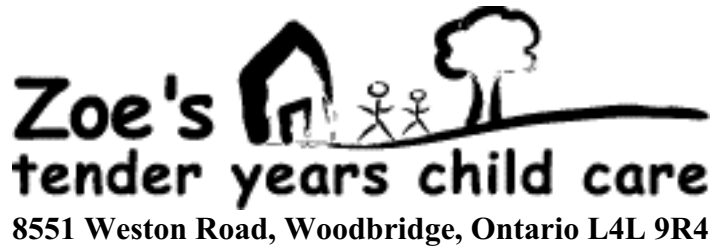
**CONSENT FORM FOR VIDEO AND PHOTOGRAPHS**

Re: \_\_\_\_\_  
Child's Full Name

I hereby give permission for Zoe's TYCC to use photograph's in any daycare related newsletters, bulletin boards and internet viewing (that is password protected at all times). Individual identities of all children will be kept strictly confidential.

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

\_\_\_\_\_  
Date



**CHILD'S PROFILE**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Nickname \_\_\_\_\_ I have \_\_\_\_\_ brothers \_\_\_\_\_ sisters – ages: \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Please list your child's favourite activities: \_\_\_\_\_

Please list your child's favourite toys: \_\_\_\_\_

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Has your child been in day care before? ( ) yes ( ) no

If yes, please give child's last Daycare Provider information:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Why was care terminated? \_\_\_\_\_

May I contact them for a reference? ( ) yes ( ) no

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Does your child have a regular bedtime schedule? ( ) yes ( ) no

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

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

Does your child have trouble sleeping? \_\_\_\_\_ Night Terrors? \_\_\_\_\_

Walk in sleep? \_\_\_\_\_ Trouble going to sleep? \_\_\_\_\_ Other \_\_\_\_\_

If Infant, how does your child sleep? (front, back, side) \_\_\_\_\_

What time does your child take an afternoon nap? \_\_\_\_\_

Are there any special dolls, blankets, etc. that your child needs to go to sleep?

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What is their disposition when waking up? (happy, grouchy, clingy, slow)

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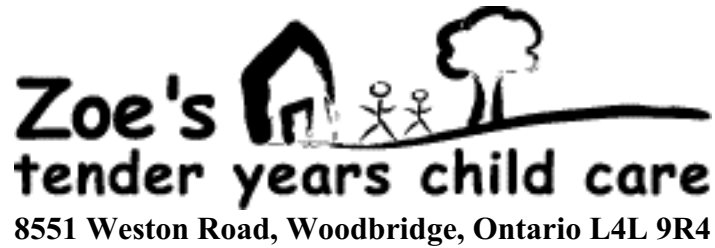
What are your child's eating habits? (times child usually eats, mind trying new things, etc.) \_\_\_\_\_

If your child is drinking formula, do they prefer it warm or cool? \_\_\_\_\_

Child's usual dining habits: (circle all that apply) High Chair, Booster Seat Feeds Self, Uses Utensils, Bottle, Sipper Cup, Regular Cup, \_\_\_\_\_

Favourite Foods: \_\_\_\_\_

Strong Dislikes: \_\_\_\_\_



**CHILDCARE CONTRACT**

This contract is made between

\_\_\_\_\_

Mother/Legal Guardian

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

And

\_\_\_\_\_

Father/Legal Guardian

Address : \_\_\_\_\_

Phone: \_\_\_\_\_

And

Zoe's Tender Years Child Care Centre  
8551 Weston Road  
Woodbridge, Ontario  
L4L 9R4

For the care of:

\_\_\_\_\_

Child's Name

Care to be provided for the following days:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_

I agree to pay \$ \_\_\_\_\_ per month for the care for my child(ren), due the 1<sup>st</sup> of each month. This fee will be charged for all contracted months regardless of holidays, sick days or other absences.

I agree to abide by the overtime policies and fees as set forth in the parent handbook.

TERMINATION: The termination of care, both parties agree to submit to the other: **A two week**, written notice stating date of termination, and you will be charged your normal child care fees during this period. Advanced payment is required for the entire two week period and is due upon childcares written termination.

I have received and read, understood and agree with the policies and procedures in Zoe's Tender Years Child Care Centre handbook.

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date