

Alef-Bet Daycare Inc. Application Form

CHILD'S NAME: (Please Print) _____
(Last) *(First)*

Date of Birth: ____/____/____ Age on First Day: ____/____ SEX (Circle): Male / Female
Month Day Year *Years Months*

Check One: Full Time M, W, F T, TH Other: _____ (With Approval)

Home Address: _____ Apt. # _____

City: _____ Postal Code: _____ Res. Phone# _____

	<u>Mother's Information</u>	<u>Father's Information</u>
Name		
Occupation		
Employer		
Employer's Address		
Bus. or Cell Phone		
E-mail address		

Marital Status: _____ Family Rabbi/Synagogue Affiliation: _____

Child's Health Card #: _____ Doctor's Name: _____

Doctor's Address: _____ Phone: _____

Emergency Contact *(If We Are Unable To Contact You)*

1. Name: _____ Phone: _____ Relation to Child: _____

2. Name: _____ Phone: _____ Relation to Child: _____

Persons Authorized To Pick-Up Child From Centre:

1. Name: _____ Phone: _____ Relation to Child: _____

2. Name: _____ Phone: _____ Relation to Child: _____

Parent's Signature: _____ Date: _____

(Office Use Only)

Registration Fee: _____ Date Paid: _____ Ref. _____

Deposit (Semi-Monthly) _____ Date Paid: _____ Ref. _____

Semi-Monthly @ \$ _____ **Check One:** Full Time M, W, F T, TH Other: _____

First Day Date: _____ Exit Date: _____ Approval: _____

Health Information

General Health: _____

Has Child even been hospitalized? _____ If so, for what reason? _____

Other Vital Medical Information: _____

Food Allergies: _____

Does your child regularly take medications? _____ If yes, please describe: _____

I authorize an ECE certified staff member, Director, or Supervisor of *Alef-Bet Daycare Inc.* to administer a doctor's prescribed medication when required.

Signature: _____ Date: _____

Other information you would like us to know about your child (use additional sheet if necessary) :

Terms of Admission:

1. Alef-Bet Daycare Inc. reserves the right to accept or reject this application.
2. Tuition fees are payable in the form of a registration fee, deposit and post-dated cheques for the duration of the school year.
3. The child is enrolled for the duration of the school year and the parents are therefore liable for all fees owing.
4. Tuition fees are non refundable after the school accepts the student's application. There will be no reduction or refund of all or part of the tuition fees for reason of absence, cancellation, non-attendance, or school closure.
5. The school reserves the right to make such policies and guidelines as are appropriate for its operation. It is a condition of attendance that these policies and guidelines are observed. See "*The Parent's Handbook*" for current written policies.
6. This application must accompany a signed "*Policies and Guidelines Commitment Agreement*", "*Immunization Record*", "*Permission to Receive Medical Care*" form, registration fee, deposit, and tuition fees for duration of term to be complete.

I have read and agree to the above terms of admission and wish to apply for admission for my child.

Parents' Signatures: _____ Date: _____

_____ Date: _____

Alef-Bet Daycare Inc.
**Permission to Receive
Emergency Medical Care**

Consent Form

I hereby grant permission for the operator, or designate, of *Alef-Bet Daycare Inc.* to take whatever steps are necessary to obtain medical care if warranted.

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

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

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

1. Call another physician.
2. Call 911 for emergency response.
3. Have the child taken to an emergency department of a hospital in the company of a staff member.

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

Alef-Bet Daycare Inc. will not be responsible for any incident that may occur as a result of false information given at the time of enrollment.

Signed: _____
(Parent/Guardian)

Date: _____

Witness: _____

Date: _____

Alef-Bet Daycare Inc.

Trip Permission and Transportation

Full Name of Child: _____

Address: _____

Trip Permission:

I give permission for my child: _____ to go on field trips and outings under the supervision of Alef-Bet personnel during the 2006/2007 school year. It is understood that I will be notified in advance of each special trip. If I wish for my child not to participate in the planned outing, I will make other arrangements for the care of my child during that time.

Transportation Waiver:

I give permission for my child: _____ to travel to and from the planned outing in a school bus hired by B'nai Shalom. I understand and agree that neither Alef-Bet Daycare Inc. nor its staff will be held responsible for any incident that may occur on the road while traveling to or from the planned outing.

Signature of Parent/Guardian

Date

Please note : Only children 3 years of age or older can travel on a school bus.