

**Application for Enrollment - Child  
Growing Together Family Resource Centre**

Admission Date: \_\_\_\_\_ Completion Date : \_\_\_\_\_ (office use only)

Child (first/ last name) \_\_\_\_\_

Birth Date \_\_\_\_\_

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

Child's Health Card Number (optional) \_\_\_\_\_

Anyone who may **NOT** pick up your child? (See custody action plan Yes  No ) \_\_\_\_\_

**Known Allergies:** yes \_\_\_\_\_ no \_\_\_\_\_ Name of Allergy \_\_\_\_\_

Medical Action Plan

Anaphylactic Plan (epi pen required)

Medication Authorization Form

Allergy Sheet

Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

Medication to be administered regularly and reason why:  
\_\_\_\_\_

Does your child have extra needs? If yes, please list what needs/agencies are involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Authorizations**

I \_\_\_\_\_ parent of \_\_\_\_\_ (child's name) grant permission for the following;

**Walks and Excursions**

Participation in field trips and excursions outside of Growing Together Child care as part of the children's program, while accompanied by the child care staff.

- I Do / Do not **(please circle)** give permission \_\_\_\_\_ (parent initials)

**Photographic Release**

Photographs and/or video tapes to be taken of activities and events surrounding his/her involvement with the Centre. These may be used for education, and or public relation purposes.

- I Do / Do not **(please circle)** give permission for "in centre" use such as learning stories, cubbies, etc. \_\_\_\_\_ (parent initials)
- I Do / Do not **(please circle)** give permission for "public publishing" such as newsletters, website, face book, instagram etc. \_\_\_\_\_ (parent initials)

**Non-medicated ointments:**

- I \_\_\_\_\_ (parent initials) give permission for GTFRC staff to apply non-medicated ointment supplied by myself if needed.

**Medical Treatment**

Authorization of a Growing Together staff member to initiate any and all medical, surgical, dental or hospital treatment for my child if required, due to an injury or accident while he/ she is in attendance at Growing Together FRC. Contact to the parents will be attempted. This is only in the event of an urgent, emergency situation. Any costs incurred with this would be the parents' responsibility. If medical attention is required, a serious occurrence will be completed and forwarded to the Ministry of Education Early Learning Division. If not an urgent emergency, parents will be made aware when first aid treatment is given. (An accident report will be completed, outlining details).

- I Do / Do not **(please circle)** give permission. \_\_\_\_\_ (parent initials)

## Application for Enrollment - Child

### Placement of Children for Sleep

- I give consent for my child \_\_\_\_\_(name), who is under the age of 18 months to sleep on a cot while at childcare.

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