

**Growing Together Family Resource Centre**  
**Application for Enrollment – Family**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Parent/Guardian Home Phone # Cell Phone # extended hrs contact# if applicable

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

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Parent/Guardian Home Phone # Cell Phone # extended hrs contact# if applicable

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address \_\_\_\_\_

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

Name of emergency person given permission to pick up child (notify office the day(s) this will happen)

Name	Relation to Child	Phone # (home & work)
1.		
2.		
3.		

o No alternate emergency contact listed \_\_\_\_\_ (initial)

Family Physician: \_\_\_\_\_

Physician Address \_\_\_\_\_ Physician Phone # \_\_\_\_\_

**TERMS OF SERVICE**

- o I have completed the enrolment procedure.
- o I agree to adhere to all policies of Growing Together Family Resource Centre listed in my policy package. Please note that a complete copy of the policy and procedures are available to view on site. Board of Director meeting minutes are posted monthly for viewing. Parents are invited to attend the Annual General Meeting held annually.
- o I agree to comply with the scheduled hours of attendance, scheduling weekly protocol before noon on Wednesdays and fee structure.
- o I agree that GTFRC is not liable for loss/damage to my child's or family's property whilst on these premises. (e.g. clothing, toys, electronics)
- o I acknowledge and agree that I am responsible for the child from the time he/she leaves my home or school (if applicable) until he/she arrives at the centre and after he/she leaves the centre and arrive at home or school.
- o I further agree that if, for any reasonable cause, suspension or withdrawal of the child from the centre should become necessary at any time, to comply with the centre's request to suspend or withdraw the child from enrolment.

**RELEASE OF INFORMATION**

I authorize the child care staff to release information regarding my child to other professionals/agencies when required to assist in the development of my child. I understand agencies that may partner with Growing Together will provide their own release of information.

Yes

No

**Parent/Guardian**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_  
\_\_\_\_\_