



10288 Yonge St. Unit #7 (lower level)  
Richmond Hill, Ontario L4C 3B8  
**(905) 883-9373**  
[kiddieskorner@bellnet.ca](mailto:kiddieskorner@bellnet.ca)

## CHILD CARE ENROLMENT FORM

**Date of Admission:**

**Date of Discharge:**

### Child's Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

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

Health Card # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

Does your child have any allergies, medication required or any health or behavioural related issues? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

Immunization record received: Yes\_\_\_\_\_ No\_\_\_\_\_

Parent/ Guardian Information:

Full Name:\_\_\_\_\_

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

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

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

Full Name:\_\_\_\_\_

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

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

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

Emergency Contact:\_\_\_\_\_

Relation to Child:\_\_\_\_\_

Phone #1:\_\_\_\_\_

Phone #2:\_\_\_\_\_

Your child will only be allowed to leave Kiddies Korner with the parties listed below or with the written/ verbal consent of a guardian and upon inspection of ID.

**The following people are able to pick up my children:**

**Child's name:** \_\_\_\_\_

**Please mark below to indicate your enrolment:**

Days of attendance:

Monday

- Morning (9-11:30)
- Afternoon (12:30-3)
- Lunch (11:30-12:30)
- Flexible Day (up to 6 hours incl. Lunch)

Tuesday

- Morning (9-11:30)
- Afternoon (12:30-3)
- Lunch (11:30-12:30)
- Flexible Day (up to 6 hours incl. Lunch)

Wednesday

- Morning (9-11:30)
- Afternoon (12:30-3)
- Lunch (11:30-12:30)
- Flexible Day (up to 6 hours incl. Lunch)

Thursday

- Morning (9-11:30)
- Afternoon (12:30-3)
- Lunch (11:30-12:30)
- Flexible Day (up to 6 hours incl. Lunch)

Friday

- Morning (9-11:30)
- Afternoon (12:30-3)
- Lunch (11:30-12:30)
- Flexible Day (up to 6 hours incl. Lunch)

Other important information that you would like us to know about your child (ie. Diet/ Rest/ exercise requirements/ likes/ family, etc.):

***I have reviewed and understand the philosophy, policies and procedures in Kiddies Korner Parent Handbook and agree to adhere to the policies contained in this document.***

Name (PLEASE PRINT):	SIGNATURE:	DATE:

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**Staff use only:**

Deposit received: \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_

Registration fee: \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_

Payment method: \_\_\_\_\_

**Kiddies Korner is in full compliance with the Ontario Personal Information Protection and Electronic Documents Act (PIPEDA).**

**Acknowledgement & Consent for Photos/Videos**

By signing below, you are indicating your consent for your child to take part in the following:

During the course of the program, photographs and videotaped movies of the children are sometimes taken. This may be for special days (i.e. parties, etc.), for advertising of the program, use on the Kiddies Korner website or by a parent or student at a class visit or party.

Dated this \_\_\_\_ day of \_\_\_\_\_ in 20\_\_

\_\_\_\_\_Signature

\_\_\_\_\_Print name

Walking Excursion Consent form:

**Dear Parent/Guardian:**

From time to time, students are engaged in non-high-care curricular activities that occur off Kiddies Korner property in the immediate community, but within walking distance of our facility. Some examples of these activities are walking to the library, the local park, and the local store. The supervisor will approve these excursions, and teacher supervision will be provided at all times. Whenever possible, parents/guardians will be notified in advance by one or more of the following methods:

- class newsletter,
- a note,
- the notice board.

**Please sign and below if you consent for your child to take part in these activities.**

**PERMISSION FOR WALKING EXCURSION – IMMEDIATE COMMUNITY**

In signing this form, I give permission for my child,

\_\_\_\_\_

to participate in those curricular activities that occur off school property in the immediate community and within walking distance of the school.

Dated this \_\_\_\_ day of \_\_\_\_\_ in 20\_\_

\_\_\_\_\_Signature

\_\_\_\_\_Print name