



ENROLMENT FORM

DATE OF AMISSION: _____

ABOUT THE CHILD

Full Name _____ Date of Birth _____

Address _____
City _____ Prov _____ Postal Code _____

Initial Schedule Mon Tue Wed Thu Fri Language(s) spoken at home _____

PARENT INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Full Name _____

Relationship to Child _____

Home Address Same as child above

No. and Street _____

City and Postal Code _____

Primary Phone # _____

Secondary Phone # _____

Email Address _____

If there are any alternative custody arrangements or court orders regarding custody of the child, please discuss them with Better Than Home and provide a copy of the associated legal documents (e.g. court order, separation agreement).

EMERGENCY CONTACTS

Emergency Contact 1

Emergency Contact 2

Full Name _____

Relationship to Child _____

Primary Phone # _____

Secondary Phone # _____

AUTHORIZED INDIVIDUALS WHO CAN PICK UP YOUR CHILD *(in addition to parents/emergency contacts)*

Full Name	Relationship to Child	Primary Phone #	Secondary Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My child may not be released to: _____

If a parent is listed here, please provide a copy of the accompanying court order.



ENROLMENT FORM

CHILD'S NAME: _____

CHILD'S HEALTH INFORMATION

Is your child immunized? Yes, attach Immunization Record No, attach Exemption

Does your child require medication to be administered at the home daycare?

No Yes, please complete an Administration of Medication Form

Does your child have any allergies? No Yes, please list below

Allergy	Is it life-threatening?	Does it require an Epi-Pen?
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

If your child requires an Epi-Pen, an Individual Anaphylaxis Plan and an Administration of Medication Form are required.

Does your child have any dietary restrictions? No Yes, please list below

In addition, please complete a Dietary Accommodation Form

Does your child have a medic alert bracelet or necklace? No Yes

Please describe any special medical or additional information that would be helpful in an emergency.

Does your child have any medical, physical, cognitive, emotional, or behavioural limitations/challenges that require assistance or accommodations in day-to-day activities or special events? No Yes

If yes, please explain below to help us develop an Individualized Plan for your child to ensure that they can participate fully and safely in all activities.

INFORMED CONSENT: Please provide your initials where you do give consent

_____ I give permission for _____ to apply sunscreen on my child that I agree to provide.
_____ I give permission for _____ to apply topical lotions/ointments (diaper cream, moisturizer, lip balm) if applicable, and provided by me.

I am the legal guardian of the child and I have the authority to enter into this agreement. I verify that the information on this form is true and correct. I understand that it is my responsibility to ensure that the individuals whose personal information I am providing on this form have consented to this disclosure. I understand that it is my responsibility to keep Better Than Home informed of any changes to information within a reasonable timeframe.

Signature of Custodial Parent _____ Date _____ Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Date of Admission _____ Image Release Outdoor Play Form
Last Day in Attendance _____ Immunization Records Additional Forms