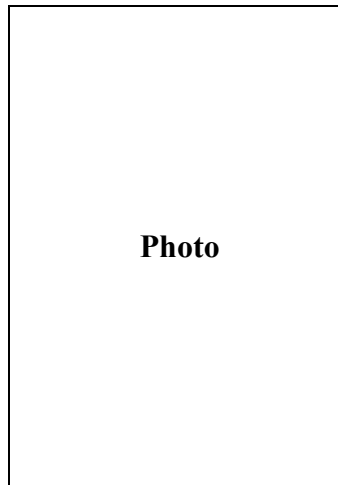




**ENROLMENT FORM**

For Office Use Only	
Enrolment No.	
Date of Enrolment	
Date of Discharge	
Staff	



**CHILD'S INFORMATION**

Name	
Date of Birth	
Gender	
Address	
Telephone	
Email	

**ATTENDANCE SCHEDULE**

Government Subsidy (please circle): Yes / No

Day	Timing
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	



**PARENT/ GUARDIAN INFORMATION**

Name of Parent	
Home Address and Telephone	
Mobile	
Email	
Occupation	
Office Address and Telephone	

Name of Parent	
Home Address and Telephone	
Mobile	
Email	
Occupation	
Office Address and Telephone	

**Custody Arrangement**

Are there any legal documents pertaining to this child which will prohibit specific individuals from picking up the child? Yes / No (please circle)

(If yes please provide a copy of the documents for the child’s file since it is required to restrict a parent from picking up the child.)

**Alternate Pick-up Arrangement/ Emergency Contact**

I authorize only the following individuals to pick up my child from the program (all of whom are over 18 years of age) or act as an emergency contact in the event that I cannot be reached. Under no circumstances will your child be released to anyone not listed here.

	Name	Relationship	Address & Phone numbers
1.			
2.			
3.			
4.			
5.			



## HEALTH & MEDICAL INFORMATION

Has your child been immunized against any of the following? Please tick					
Diphtheria	Pertussis	Tetanus	MMR	Polio	Hib
Varicella	Hepatitis A	Hepatitis B			

Please list a history of communicable diseases, such as? Please tick				
Diphtheria	Pertussis	Tetanus	Mumps	Measles
Rubella	Polio	Chickenpox	Tuberculosis	Rheumatic fever
Asthma				

Does your child suffer from any allergies, phobias or any other condition we should know about?	
Does your child have any special dietary requirements including food allergies?	
Is your child on any regular medication? If yes, what and why?	
Sleeping habits	

Does your child have any additional needs? Please circle.	
Hearing	Yes/ No
Speech	Yes/ No
Vision	Yes/ No
Behavior	Yes/ No
Physical	Yes/ No
Other (please specify)	Yes/ No

(If Yes, please provide details)

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## CONSENT

	Please initial that you have read and agree
I/We agree to read the policy manual of Market Lane ELC and follow policies set out in it.	
I/We will bring our child into the classroom and greet the teacher at drop off and pick up times, in order to exchange pertinent information and ensure supervision.	
I/We will keep Market Lane ELC staff informed of changes in information relevant to my child, i.e. file information such as telephone numbers and address, change in the child's health, unusual happenings at home, etc.	
I/We will keep payments current and up to date and paid in advance. Fee is due for statutory holidays and any other absent days (for illness or any other reason) and any closure of the center in the event of emergency.	
I/We allow my child to use all the play equipment and participate in all of the activities of the program. I/We grant permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks.	
I/We hereby consent to have my child leave the premises of the Market Lane ELC from time to time, to participate in excursions to places of interest, planned as a part of the program. It is understood that members of the staff will provide supervision and every precaution will be taken for the safety of the child. Parents will also receive a written notification prior to a full day fields trip/ excursion to enable them to decide at that time.	
I/We grant permission to the Market Lane ELC to take any necessary steps to obtain emergency medical care if warranted. A detailed outline of the emergency procedures, policies and practices is mentioned in the manual. Any expenses incurred during an emergency will be the responsibility of the child's family.	
Any parent/guardian who arrives to pick up the child after their pre-determined scheduled time will be required to pay a late fee. In the event that the parent/guardian is late to pick up their child on more than two occasions, the family may be withdrawn from the program.	
I/We hereby consent to take photographs of my child during nursery activities to be used in my child's learning journey and to track my child's progress and use photographs that may contain my child in other children's learning journey.	
If my child performs in a nursery play I am happy for my child to be photographed by other parents/ caregivers.	
I/We give consent for the appearance of my child in any publicity arranged by the Market Lane ELC through various media, newspapers, radio, television, slide presentation and other publicity/ educational methods. This publicity may be in the form of photographs, videos, writing pieces and artwork with the child's first name. It is felt that it is important for the community to be kept informed of the activities of the program.	
The Market Lane ELC reserves the unilateral right to cancel any arrangements, if policies are not followed by the child/parent.	
The Market Lane ELC will not be responsible for any incident that may occur as a result of false information given at the time of enrolment. I/We understand that my child's enrolment is contingent on all information outlined in these forms to be full and accurate.	

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship with the child \_\_\_\_\_ Date \_\_\_\_\_