



473-5261

(613)

Student Enrollment Form

Child's Name: _____ Date of Birth: _____
Address: _____

Mother's Name: _____ email: _____
Mother's Address: _____ P.O.
Box# _____
Mother's Phone Numbers: Home: _____ Work: _____ Cell: _____
Mother's Employer: _____
Employer's Address: _____

Father's Name: _____ email: _____
Father's Address: _____
Father's Phone Numbers: Home: _____ Work: _____ Cell: _____
Father's Employer: _____
Employer's Address: _____

In case of an emergency, when neither parent can be reached, please contact:

Name: _____
Relationship: _____
Address: _____
Phone Number: _____

Name of persons to whom child may be released:

Family Physician's Name: _____
Address: _____ Phone: _____

Does your child have any previous history of communicable diseases, or conditions requiring medical attention?

Instructions concerning any special requirements in respect of diet, rest or exercise (e.g. allergies) (for children under one year we require written instructions as to feeding and rest, and all food and bottles must be labelled with your child's name)

Any other information about your child which will help us to get to know him/her?

Please list the dates of the record of your child’s immunization:

Age	DPTP Hib	Pneumo C	MMR	Men. C Conjugate	Varicella
2 mo.					
4 mo.					
6 mo.					
12 mo.					
15 mo.					
18 mo.					
4 - 6 years					

I have read the Parent Handbook and have reviewed the Behaviour Management Policies and Procedures and my responsibility to pay fees of Central Hastings Early Education and Childcare and would like to apply to have _____ enrolled in Central Hastings Early Education and Childcare.

Parent’s Signature: _____ Date: _____

I give my consent to Central Hastings Early Education and Childcare to display my child’s photograph and work, along with his/her name in the local media (e.g. newspaper articles, radio interviews, TV news, promotional displays).

Yes _____ No _____

I give my consent to Central Hastings Early Education and Childcare to display my child’s photograph and work, along with his/her name on CHEEC Facebook Page.

Yes _____ No _____

Parent’s Signature: _____ Date: _____

Date of Admission: _____

Date of Discharge: _____

Revised November 2012