



339 Vermilyea Rd  
 Belleville, Ontario  
 K8N-4Z5  
 Ph: (613) 962-1412  
 www.noshdaycare.com

INFANT  TODDLER  PRESCHOOL  SCHOOLAGE

Office Use Only

Registration Fee:	START DATE MM / DD / YYYY	END DATE MM / DD / YYYY
-------------------	------------------------------	----------------------------

CHILD'S NAME				BIRTH DATE MM / DD / YYYY		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS			CITY		PROVINCE	STATE	POSTAL CODE
PARENT(S) / LEGAL GUARDIAN	<input type="checkbox"/> MOTHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> PARTNER <input type="checkbox"/> LEGAL GUARDIAN			<input type="checkbox"/> FATHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> PARTNER <input type="checkbox"/> LEGAL GUARDIAN			
	NAME			NAME			
	ADDRESS			ADDRESS			
	HOME Ph#		CELL Ph#		HOME Ph#		CELL Ph#
	Business Name, Address, Phone #			Business Name, Address, Phone #			
	OCCUPATION		EMAIL		OCCUPATION		EMAIL
CONTACTS	<b><u>EMERGENCY CONTACTS (OTHER THAN PARENTS)</u></b>						
	1. NAME		Address		Relationship	Ph#	Cell Ph#
	2. NAME		Address		Relationship	Ph#	Cell Ph#
	<b><u>AUTHORIZED PEOPLE TO PICK UP CHILD</u></b>						
	NAME:			Relationship		Ph#	Cell Ph#
	NAME:			Relationship		Ph#	Cell Ph#
	NAME:			Relationship		Ph#	Cell Ph#
NAME:			Relationship		Ph#	Cell Ph#	
Parent / Legal Guardian Signature				Parent / Legal Guardian Signature			

HEALTH HISTORY	DOCTORS NAME		ADDRESS					
	Ph#		EMAIL					
	ALLERGIES (FOOD, MEDICATION, ENVIRONMENT)		REACTION					
	1.							
	2.		REACTION					
	HEALTH PROBLEMS							
	MEDICATIONS							
	1.		2.					
	Immunization Record Attached?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>(Record Must be submitted prior to attending daycare)</i>			
	Previous Communicable Disease							
	1. Year:		4. Year:					
	2. Year:		5. Year:					
	SPECIAL DIET?		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
	SPECIAL CONDITIONS: (e.g.: Seizures, Bee Stings, Diabetes, Bleeding Disorder, Other) - PLEASE EXPLAIN							
MEDICATION OR TREATMENT REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Note:				
SPECIAL REQUIRMENTS AND/OR NEEDS		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Note:				
CHILDCARE NEEDS	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	HOURS: From	To
	<input type="checkbox"/> PART TIME	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	HOURS: From	To
	If School Age, What School Does Child Attend?				Address & Ph# of School			
	NAME IN TAX RECEIPTS							
HABITS & FAVORITES	FAVORITE TOY(S)		PET(S) AT HOME?		PET(S) NAME			
	FAVOURITE ACTIVITIES: <input type="checkbox"/> ART <input type="checkbox"/> BLOCKS <input type="checkbox"/> MUSIC <input type="checkbox"/> BOOKS <input type="checkbox"/> PUZZLES <input type="checkbox"/> ACTIVE PLAY <input type="checkbox"/> OUTDOOR <input type="checkbox"/> OTHER_____							
	FAVORITE FOOD			FOOD DISLIKE			GOOD EATER?	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
	TOILET TRAINED?		WORD(S) USED FOR BATHROOM ROUTINE?				DRESS HIM/HERSELF?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE CHILD TEMPERAMENT				GENERAL METHOD OF DISCIPLINE				
NOTES								



339 Vermilyea Rd  
Belleville, Ontario  
K8N-4Z5  
Ph: (613) 962-1412  
www.noshdaycare.com

**EMERGENCIES:**

I hereby grant permission to the Staff of this Daycare to take whatever step necessary to obtain emergency medical attention in the event that I (parent/legal guardian) cannot be reached. It is also understood that I (parent/legal guardian) shall assume responsibility for any costs incurred.

**ARRIVAL:**

I understand that I am responsible to deliver and announce my child upon arrival at the Daycare.

**EQUIPMENT AND ACTIVITIES:**

I hereby grant permission for my child to use the play equipment and participate in all of the activities of the Daycare program.

**THIS AUTHORIZATION:**

I understand that by signing this document, I/we acknowledge and comprehend the above.

**POLICIES:**

I, the undersigned have read and understood the parent handbook and will comply with the policies and operating procedures of the Daycare.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**PHOTOGRAPHS:**

I hereby grant permission for my child's name to be included in progress reports and evaluations and in media coverage for the purpose of publicity and/or promotion of this Daycare.

**NEWSLETTER:**

I hereby grant permission for information about my child and family to be published in the program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



339 Vermilyea Rd  
Belleville (ON) K8N-4Z5  
Ph: (613) 962-1412  
www.noshdaycare.com

## Direct Debit Consent Form

First Name

Last Name

Address

City/Town

Province

Postal Code

Bank Name

Bank #

Branch #

Account #

Please check one of the following:

- Billed Once Monthly on the 5<sup>th</sup> of the month
- Billed Bi-Monthly on the 5<sup>th</sup> and the 20<sup>th</sup> of the month

I/We authorize The New Old School House Daycare Inc. (NOSH Daycare) to debit my bank account for all childcare and administrative fees. I/We will notify NOSH Daycare if there is any change to my bank account information. I/We acknowledge that a \$25 fee will be assessed in the event of a NSF debit.

**NOSH Daycare is committed to:**

- Debit your nominated account in accordance with this Direct Debit Form
- Giving you 7 days notice if we need to change your direct deposit arrangements
- Keeping all the above information confidential, except where required for the purpose of processing Direct Debits with your financial institution, or in connection with claims made on us relating to an alleged incorrect debit.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

*\* Note for joint accounts – both must sign, if more than one signature is required on the account*

I would like to receive invoices by e-mail at: \_\_\_\_\_