PEGUIS FREE SPIRITS
CHILD CARE CENTRE

# 2026-2027

# ENROLMENT PACKAGE

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**OFFICE PURPOSES:** Start Date: End Date

Program

Classroom Enrolment status ☐ FT ☐ PT Days / Times

## CHILD INFORMATION

Child's full name: D.O.B:
Name and ages of siblings:

Other Members of Household:

Do you feel your child will adjust easily to daycare? Explain.

How does your child express their feelings?

Is there anything that can easily upset or frighten your child; such as conflict, loud noises, etc.

Cultural Holidays or practices:

**Napping:**

Does your child take naps? ☐ Yes or ☐ No Time of Nap:
Does your child have a special toy or blanket to sleep with? ☐ Yes or ☐ No
What is your Childs daily routine?

**Eating:**

What are some of your child's favourite foods?
Is there any dietary restrictions we should know about?
Favourite Fruits/Vegetables:
Least favorite foods

## CHILD INFORMATION

**Toilet Habits:**

Child potty trained ☐ Yes ☐ No

Is your child being potty trained? ☐ Yes ☐ No

Explain:__

Part ll- Toilet Learning- Please check all that apply to your child's present stage.

- ☐ Completely capable of using toilet, independently
- ☐ In diapers at all times
- ☐ In underwear during the day
- ☐ Asks to use the toilet
- ☐ Will use the toilet if taken
- ☐ Will not use the toilet yet

What is your childs interests?__

What is your childs favorite toys?_

Describe if any physical, developmental, emotional or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs.

## FAMILY INFORMATION

***Name of 1st primary parent/guardian***_____

Work #:_____ Cell #_____ Home #_____

Email:_____ Treaty #: ____ - _____ - ____ (10digit)

Home Address: _____

Marital status☐Married ☐Common-Law ☐Separated ☐Divorced ☐Single Parent

**Workplace or Student information**

Occupation:_____ Name of Workplace/School:_____

Hours of work/school: ____ to ____ Supervisor name: _____

***Name of 2nd primary parent/guardian***_____

Work #:_____ Cell #_____ Home #_____

Email:_____ Treaty #: ____ - _____ - ____ (10digit)

Home Address: _____

Marital status☐Married ☐Common-Law ☐Separated ☐Divorced ☐Single Parent

**Workplace or Student information**

Occupation:_____ Name of Workplace/School:_____

Hours of work/school: ____ to ____ Supervisor name: _____

*Confirmation of Work/student status required before enrolment. Updated confirmation required every 4 months.

Are there any legal processes in regards to guardianship to the child? Please provide any legal documentation in regards to: court orders, separation agreements, restraining orders etc.

## EMERGENCY CONTACT INFORMATION

It is mandatory to have a minimum of TWO PEOPLE to contact in case we can't get in contact with the child's primary parents /guardian(s). These people would have the authority to pick up child from the centre. Any other persons not listed will not be eligible to pick up child.

EMERGENCY CONTACT #1

Name:

Relationship:

Home Phone:

Work Phone:

Mailing address:

Employer Information and Address:

EMERGENCY CONTACT #2

Name:

Relationship:

Home Phone:

Work Phone:

Mailing address:

Employer Information and Address:

I fully understand that the centre will contact the two persons stated above in the case of an emergency, if I could not be contacted. These two persons will have the authority to pick up my child.

Guardian's Signature: Date:

## CONSENT FORMS SECTION

**MEDICAL CONSENT**:

If my child is ill or injured and I cannot be contacted, I give permission for my child to receive the medical attention and/or procedures deemed necessary by the physician or another physician selected by the Peguis Free Spirits Child Care Centre.

I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered while my child is in attendance at Peguis Free Spirits Child Care Centre, the following conditions will be respected: The medicine will be provided by the guardian, supplied in its original container with the prescription label visible and given directly to a staff member. I will sign a further, more detailed medicine consent form at that time.

| |
|---|
| Child's Name: |
| Primary Guardian: |
| Family Physician: |
| Family Physician Phone: |
| Family Physician Address: |
| Family Medical Number: |
| Childs Medical Number: |

Guardian Signature: Date:

**EMERGENCY TRANSPORT INFORMATION**:

If my child is ill or injured and is in need of IMMEDIATE MEDICAL ATTENTION, I give permission for my child to be transported to Percy.E.Moore Hospital by ambulance, upon my notification or my emergency contacts.

**PHOTOGRAPHS/VIDEOS:**

I hereby give consent for photographs and videos of my child for the centres use. I understand that these photographs/videos will be used only within the Peguis Free Spirits Child Care Centre. If in any circumstance these photographs/videos are used outside of the centre, I will be notified in writing.

**CENTRE OUTINGS:**

I give permission for my child to accompany Peguis Free Spirits Child Care Centre on any field trips or outings. I understand that this includes excursions on foot or bus. All families will receive detailed documentation of future field trips prior to outing.

**STUDENTS/WORK EXPERIENCE PROGRAMS:**

I hereby give consent for students (work experience/practicum), to interact with my child. I understand that the students may be recording and conducting observations on my child. These records and observations will be kept confidential, as the students will be required to fill out an oath of confidentiality. Students will not be left alone with the children.

**PARENT HANDBOOK MANUAL:**

I have received a copy of Peguis Free Spirits Childcare Centre's Parent Handbook. I have read the handbook and agree to abide by the Centres policies. I understand that failure to abide by the policies could result in the termination of my child care services.

**PARENT ACCOUNT INVOICING**:

I am aware that there will be no credits applied to my child care space, and that advance payment is required for child care space.

**I understand and agree to the above consent form section.**

Guardian's Signature: _____ Date: _____

**RELEASE OF INFORMATION**: I authorize the release of any information or records requested to the staff of Peguis Free Spirits Childcare Centre. This information will be treated as confidential and will be shared with the staff of the Centre and other professionals that are or have been involved with the child. (e.i: teachers, director, supervisor, child development specialists.)

**CULTURAL PROGRAMING**: I understand that the centre incorporates cultural programing which includes experiences, teachings and lessons within the centre.

**INSECT REPELLANT**: I authorize Peguis Free Spirits Child Care Centre to apply insect repellant, that I provide, on my child during the season when children are at risk of insect bites. I am aware that Peguis Free Spirits Child Care Centre will post signs notifying me of this action in advance of the season.

**SUNSCREEN**: I authorize Peguis Free Spirits Child Care Centre to apply Sunscreen SPF 30+, that I provide, on my child during the season when children are at risk of the sun. I am aware that Peguis Free Spirits Child Care Centre will post signs notifying me of the action in advance of the season.

**INDIRECT SUPERVISION**: I give permission for my child to be supervised indirectly at times (i.e going to the washroom, grabbing an item from the middle circle area etc.). Staff will use reasonable judgement regarding the developmental ability of the individual child and time frame of each situation.

**CONFIDENTIALITY**: Parents are expected to serve as role-models in the centre. Therefore, the centre expects parents to conduct themselves in a respectable manner (i.e, no foul language.) As a centre we work in partnerships with parents and expect any communication, concerns etc. to be brought to the attention of the Peguis Free Spirits Child Care Centre staff. There is to be no posts or comments applied to any social media sites that involve Peguis Free Spirits Child Care Centre or employees.

I understand the centre reserves the right to remove a parent from the centre in the event of inappropriate conduct or aggressive behaviour.

**WITHDRAWL**: I am aware I must provide Peguis Free Spirits Child Care Centre with two (2) weeks written notice before withdrawing my child.

**I understand and agree to the above consent form section.**

Guardian's Signature: _____ Date: _____

*******ALL AREAS OF ENROLMENT PACKAGE REQUIRES PARENT/GUARDIAN SIGNATURE BEFORE ENROLMENT.

***Document required to be filled out by Nurse or Doctor***

**MEDICAL INFORMATION *Nurse/Doctor Section**

Child's Full Name: _____

D.O.B & Place of Birth: _____

History of Illness

| | | |
|---|---|---|
| ☐ Allergies | ☐ Injuries | Ear Aches |
| ☐ Asthma | Measles (German) | ☐ Eczema |
| ☐ Bronchitis | Measles (Red) | Frequent Colds |
| Chicken Pox | ☐ Mumps | ☐ Influenza |
| Congenital Deformities | ☐ Operations | Lime Disease |
| ☐ Convulsions | ☐ Pneumonia | Scarlet Fever |
| ☐ Diphtheria | Rheumatic Fever | ☐ Other: |
| ☐ Tonsillitis | Whooping Cough | ☐ Other: |

Does your child have any allergies? If so, explain what your child is allergic to and what happens when the child comes in contact with the triggers.

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|---|
| |
| |

Does your child require an Epi-Pen? ☐ Yes ☐ No

If your child requires an Epi-Pen, it is required to have one Epi-Pen designated for the daycare and any documentation from Physician. The Epi-Pen will be placed in our Safety Bag which is located in each room. Where ever the child goes, the staff will have the safety bag in case of an Emergency.

**History of Immunizations**

| | |
|---|---|
| ☐ MMR | ☐ Polio |
| ☐ Whooping Cough | ☐ Diphtheria |
| ☐ Tetanus | ☐ Other: |
| ☐ Other: | ☐ Other: |

Place of public health nurse/doctor work :_

Printed name of public health nurse/doctor:_

Signature of nurse/doctor : Date: