



Little Angels Christian Childcare Centres
1245 Eglinton Avenue West, Mississauga L5V 2M4

Admission Forms

*Child's Last Name: _____ First Name: _____

D.O. B.: _____ Program: _____

Drop Off Time: _____ Pick Up Time: _____

Start Date: _____ End Date: _____

*Mother's Last Name: _____ Mother's First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Employer/School Name: _____ Bus Number: _____ Ext: _____

Address: _____ City: _____ Postal Code: _____

*Father's Last Name: _____ Father's First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Employer/School Name: _____ Bus Number: _____ Ext: _____

Address: _____ City: _____ Postal Code: _____

Emergency Contacts and Persons whom the child may be released to: (2)

Name: _____ Phone: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Email for correspondence between daycare and home: _____

Little Angels Christian Childcare Centre

Registration continued on reverse

Please circle the program of choice:

• Programs	• Full Time	• 3 day Mon., Wed.& Fri.	• 2 days Tues. & Thurs.
• Infants • (6 weeks – 18 months)	• \$566.80	• -----	• -----
• Toddlers • (18 months – 2 ½ years)	• \$463.30	• \$321.48	• \$212.56
• Pre-School • (2 ½ - 5 years)	• \$408.80	• \$294.30	• \$202.76

**Fees are paid by pre-authorized payments bi-weekly
Registration fee \$200.00 paid by cheque at the time of registration**

Please provide the following with your admission package:

- **Registration Fee \$200.00**
- **First Bi-weekly payment: \$ _____**
- **Void cheque for bi-weekly pre-authorized payment**

Parents Signature

Date

Registrar Signature

Date

Little Angels Christian Childcare Centre

Medical Information Form

Child's Name: _____ D.O.B: _____
last name, first name

Child's Doctor: _____ Address: _____

Postal Code: _____ Phone: _____

copy of immunization card required: _____

- Has your child had any of the following illnesses or injuries?

Mumps: _____ Measles: _____ Whooping Cough: _____ Chicken Pox: _____ Scarlet Fever: _____
German Measles: _____

- Previous Injuries: (specify) _____

- Does your child have any special medical conditions or special needs? Past or Present

Yes _____ No _____

If yes, please specify: _____

- Does your child have any allergies?

Yes _____ (risk): _____ No _____

If yes, please specify: _____ medication required: _____

- Does your child take any medication on a regular basis?

Yes _____ No _____

If yes, please specify: _____

- Are there any restrictions to your child's diet, rest needs or exercise abilities?

Yes _____ No _____

If yes, please specify: _____

- Has your child ever been hospitalized?

Yes _____ No _____

If yes, please specify: _____

I hereby give permission that in the event of an emergency and parents/guardians or emergency contact people are not available, my child may receive medical treatment and be examined by a doctor should it be necessary. I confirm that all the information given above is correct and current and I understand that it is my responsibility that should any information change I will contact the Supervisor of the Centre.

Parent/Guardian Signature: _____ Date: _____

Child and Family Information Form

Family Background:

1. Name of Child: _____ Commonly called: _____

2. Are there any special custody arrangements? Yes _____ No _____

If yes, please explain:

3. Brothers and Sisters:

Blended Family:

Name:

Age:

Name:

Relationship:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Are there other people living in the household? Yes _____ No _____

If yes, who? _____

5. What is the ethnic background of your family? _____

6. What language is spoken within the home? _____

7. Does your child understand \ speak English? Yes _____ No _____

Is there any other information about your child not covered on this or any other form that you feel would help us to know and understand your child better?

Parent or Guardian Signature

Date

Statement of Faith

This document is a statement of the basic Christian conviction of the Day Care Centre.

1. We believe the Bible to be the inspired and infallible and authoritative Word of God.
2. We believe that there is one God, eternally existent in three “hypostases”. The Father, The Son, and The Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death on the cross, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal future return to this earth in power and glory to take the believers to heaven.
4. We believe that the only means of being cleansed from sin is through repentance and faith in the redemptive work of Christ, which He completed by shedding His blood on the cross.
5. We believe in seven sacraments, instituted through divine ordinance: Baptism, Dedication, Eucharist (communion), Confession (repentance), Matrimony, Priesthood and Anointing of the sick.
6. We believe that the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
7. We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
8. We believe in the resurrection of the saved and the lost, the one to everlasting life and the other to everlasting damnation.

With respect to the enrollment and instruction of my child in the Centre, I have no reservation regarding the above statement of faith.

Parent or Guardian Signature

Date

Little Angels Christian Childcare Centre

Sunscreen Application

The Ministry Education requires that we treat sunscreen as medication and we must have parent written consent to apply it. As one sunscreen application provides a minimum of two and half hours direct sun protection, children need have it applied only once. We ask parents to apply the sunscreen first thing each morning.

Sunscreen Authorization:

I authorize Little Angels Childcare Centre staff to apply sunscreen lotion to my child

_____ if necessary.
child's name

I have supplied a bottle of _____ sunscreen, which is to be stored
name of sunscreen
out of reach of children.

I understand that it is my responsibility to apply sunscreen to my child before coming into the program in the morning.

Parent or Guardian Signature

Date

Cream / Ointment Application

The Ministry Education requires that we treat these items as medication and we must have parent written consent to apply it. Items such as Peneten cream, Vaseline, Zincofax and others.

Cream / Ointment Authorization:

I authorize Little Angels Childcare Centre staff to apply _____
name of cream / ointment
to my child _____ as directed.
name of child

I have supplied a bottle/jar/tin of _____ which is to be stored out of reach
name of cream / ointment
of children.

I understand that it is my responsibility to complete this form in order for my child to have this cream / ointment applied.

Parent or Guardian Signature

Date

Little Angels Christian Childcare Centre

Audio Visual Release Form

I give permission for my child _____ who is enrolled in the Little Angels Childcare Centre to be photographed or video taped. I understand that these materials may be used for promotional or educational purposes. Special permission will be obtained from the parents if their child's name is to appear in any publication.

Parent or Guardian Signature

Date

Consent Form – Supervised Trips

I hereby consent to let my child _____ be taken out of the Centre
child's name
from time to time on well supervised neighbourhood walks. I also consent for my child to be given the necessary care should an emergency arise while he\she is in the care of Little Angels Childcare Centre. It is understood that the Centre will endeavor to contact me prior to investigation and/or treatment in order to discuss the details of the emergency.

Parent or Guardian Signature

Date

Little Angels Christian Childcare Centre

Little Angels Christian Childcare Centre

Fee Policies

1. A registration fee of \$200.00 per family will be collected when registering your child/ren for a full day program which includes infant, toddler or preschool.
2. Method of Payment: Pre-authorized payments on a bi-weekly basis. Fees will continue to be charged in the case of sick days, vacation, holidays, professional development days and emergency closures.

Forms attached.

3. If fees are not paid on a regular basis your childcare services may be withdrawn.
4. Please refer to the parent handbook concerning fee details.
5. The hours of our centre are 7am – 6pm. Anytime after 6pm is considered late. If you arrive after 6pm the first occurrence will result in “grace”, the second you will receive a written warning signed by the staff who remained with your child, the supervisor and yourself and the third occurrence may result in your childcare services being withdrawn.

LETTER OF UNDERSTANDING AND AGREEMENT

I have reviewed Little Angels Christian Childcare Centre Fee Policy as explained above and the schedule of service in the parent handbook. All questions I have concerning these policies have been answered to my satisfaction by the Centre Director. Upon registering and enrolling my child/ren in the Childcare Centre, I agree to comply with these policies.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Please review Parent Handbook regarding Withdrawal Policy.

Little Angels Christian Childcare Centre

Access Security Keys

Little Angels is accessed only by a code. Each family will receive one code to be used only by immediate family.

The doors will be accessible from 7 a.m. – 6:00 p.m.

Mother's Signature: _____ Date: _____ Key #: _____

Father's Signature: _____ Date: _____ Key #: _____

Parent Handbook

It is the responsibility of all parents to familiarize themselves with the Parent Handbook.

I / We _____ have read the Parent Handbook.
parent names

It is my/our understanding that should I require more information the Director can answer any and all questions.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Please return to the office signed.
Thank you