



**PERSONS NOT PERMITTED ACCESS TO CHILD**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ARE THERE CUSTODY ORDERS?

YES

NO

IF YES,  
ATTACH DOCUMENTATION

**NAMES OF OTHER CHILDREN LIVING AT HOME**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME?  
(DAY CARE, PRESCHOOL, SUNDAY SCHOOL, ETC.)**

YES

NO

IF YES, EXPLAIN: \_\_\_\_\_

WHERE? \_\_\_\_\_

DATES OF  
ATTENDANCE: \_\_\_\_\_

DO YOU THINK YOUR CHILD FEELS  
COMFORTABLE LEAVING PARENTS:

YES

NO

EXPLAIN: \_\_\_\_\_

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES?  
IF YES, ATTACH DOCUMENTATION

YES

NO

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD: \_\_\_\_\_

HAS HE/SHE HAD ANY RECENT ILLNESS?

YES

NO

IF YES, EXPLAIN: \_\_\_\_\_

ANY ALLERGIES?

YES

NO

IF YES, PLEASE LIST: \_\_\_\_\_

IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

WHAT IS THE CHILD'S  
EATING HABIT?: \_\_\_\_\_

FAVORITE FOODS: \_\_\_\_\_

STRONG DISLIKES: \_\_\_\_\_

BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/ GUARDIAN  
 (ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)

**First Visit - two months of age:**

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

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate
- Meningococcal C Conjugate

**Fourth Visit - 12 months of age:**

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

- Measles
- Mumps
- Rubella
- Meningococcal C Conjugate
- Varicella (Chicken Pox)

**Second Visit - two months after first visit:**

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

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate

**Fifth Visit - 12 months after third visit:**

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

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Measles, Mumps, Rubella
- Pneumococcal Conjugate

**Third Visit - two months after second visit:**

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

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate

**4 to 6 years of age:**

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

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Varicella (chicken Pox)

**Other Immunizations:** \_\_\_\_\_  
 \_\_\_\_\_

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEARBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

CAREGIVER  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*In case of accident or illness, I authorize qualified staff of ILM Education Center Child Care to administer first aid or to call an ambulance.

( ) Yes ( ) No \_\_\_\_\_

*Parent/Guardian Signature*

\*I give permission for my child to participate in spontaneous field trips within walking distance of the day care or play on the playground and beach.

( ) Yes ( ) No \_\_\_\_\_

*Parent/Guardian Signature*

\*I give permission for my child to be picked up from the bus and escorted into the center.

( ) Yes ( ) No \_\_\_\_\_

*Parent/Guardian Signature*

\*I give permission for my child to be photographed/ video taped for classroom usage or general advertising for the daycare.

( ) Yes ( ) No \_\_\_\_\_

*Parent/Guardian Signature*

\*I have read and agree to the illness policy of the center.

( ) Yes ( ) No \_\_\_\_\_

*Parent/Guardian Signature*

\*I have read and agree to the payment policy of the center.

( ) Yes ( ) No \_\_\_\_\_

*Parent/Guardian Signature*

## Parent/Guardian and ILM Education Center Agreement

Parents/Guardians must give notification for vacation periods or extended absences due to illness or otherwise. No refunds will be given for days missed from daycare. Parents/ Guardians must provide written notification of any changes to their personal information. The daycare reserves the right to any information that is pertinent to the child and to his/her daily routine.

Children must be signed in and out when dropped off and picked up. Only persons on the authorized list will be allowed to pick up your child from daycare. The daycare will not release a child unless notification has been given.

When ILM Staff notify a Parent/Guardian to pick up their child(ren), the Parent/Guardian must arrive to pick up their child(ren) within one (1) hour. Should the Parent/Guardian not arrive, ILM will call the child(ren)'s Emergency Contacts. In the event that the Parents/Guardians and Emergency Contacts do not arrive to pick up the child, ILM will contact Family Services to pick up the child(ren).

Termination of care: both parties agree to submit one month's notice on the first of the month or on month's fees will be forfeited. The management of ILM Education Center Childcare reserves the right to release or suspend a child in the best interest of the child or the daycare. Parents/ Guardians will be notified.

The daycare is closed on all statutory Holidays, Easter Monday, one week for spring break, one week in the summer, and two weeks for Christmas.

I, \_\_\_\_\_ have read, and understood the above, and agree to abide by all the Daycare's policies at all times.

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*Parent/Guardian Signature*

*Date*

**\*Office Use Only\***

**Tuition Payment Plan**

Please postdate cheques for the 31<sup>st</sup> of the month.

\_\_\_\_\_September \_\_\_\_\_ October \_\_\_\_\_November\_\_\_\_\_ December\_\_\_\_\_ January

\_\_\_\_\_February \_\_\_\_\_ March \_\_\_\_\_April\_\_\_\_\_ May\_\_\_\_\_ June