Child Care Registration Form 2026-27

Center Information:

Name Of Facility: _____ **Program Name**:_____

Weekly Schedule: _____ **First Day In Care:** _____
Month-Day-Year

Section 1: Child's Information

Legal Full Name: Sex: ☐ Male ☐ Female

_____
SURNAME GIVEN NAME MIDDLE NAME(S)

Name Child Responds To: _____ Date of Birth: _____
Month-Day-Year

Height: _____ Weight: _____ Eye Colour: _____ Hair Colour: _____

Home Address: _____ City: _____ Province: _____

Postal Code: _____

Section 2: Parent and/or Guardian(s) Information

Full Name:

_____

Relationship to Child:

_____

Home Address:

_____

City: _____ Province: _____

Postal Code: _____

Personal Phone: _____

Place of Work: _____

Work Phone: _____ Ext: _____

Email: _____

Full Name:

_____

Relationship to Child:

_____

Home Address:

_____

City: _____ Province: _____

Postal Code: _____

Personal Phone: _____

Place of Work: _____

Work Phone: _____ Ext: _____

Email: _____

INQUIRING LITTLE MINDS

Section 3: Emergency Contacts

Emergency Contacts To Call & Those Who Are Permitted To Pick Up Child In The Case Of An Emergency
Other Than Parents/Guardians Listed Above | You Must List At Least One Local Contact

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Section 4: Legal & Custodial Information

Are both biological parents permitted access to this child? ☐ Yes ☐ No

Are there protection orders or custody agreements in place involving this child? ☐ Yes ☐ No

If yes, attach a copy of the protective order or custody agreement.

Names of those not permitted access to the child, as outlined in a court order or legal document:

Full Name:_____ Phone Number: _____

Full Name:_____ Phone Number: _____

Legal documents are required for ILM to deny access to a biological parent.
ILM will only release a child to someone listed as an authorized pick-up.

Section 5: Dietary Needs and Preferences

Does your child have any allergies? ☐ Yes ☐ No If yes, specify allergies: _____

Are these allergies life-threatening? ☐ Yes ☐ No

Describe what happens when your child has an allergic reaction?

_____

Allergy Waivers and Medical Care Plan Requirements

A **medical care plan** for allergies may need to be developed collaboratively between the parent/guardian and the center manager to ensure proper safety protocols are in place. An **Allergy Waiver** Form must be completed and signed by the parent/guardian before the child begins care.

Does your child have any dietary restrictions (e.g., gluten-free, kosher, etc.)? ☐ Yes ☐ No

If yes, specify restrictions: _____

Does your child have any dietary sensitivities (e.g., lactose intolerance, mild reactions)? ☐ Yes ☐ No

If yes, specify sensitivities: _____

Does your child have specific dietary preferences (e.g., vegetarian, favourite foods)? ☐ Yes ☐ No

If yes, list preferences: _____

Section 6: Food Permissions

To help ensure the safety and well-being of all children, we are advising parents of potential food-related activities that may occur during their child's care at Inquiring Little Minds (ILM). These activities may include group snacks, birthday or other special occasion celebrations, and similar events where food may be served.

Parents will be notified through Brightwheel before their child is offered any additional snacks or treats. ILM Educators may offer a variety of **age appropriate foods**, including: crackers (Ritz, Goldfish etc..) fresh fruit, fresh vegetables, fruit snacks, Peanut butter/Jam sandwiches, granola bars, milk, occasional treats (candy, chocolate, baked goods, cupcakes, Bear Paws), Timbits and apple sauce pouches.

If you wish to bring a treat for your child to share with their class please reach out to the center staff via Brightwheel in advance.

I give permission for my child to participate in group events where food may be provided by an ILM educator. ☐ Yes ☐ No

I give permission for my child to participate in special occasion food events (Birthdays, Christmas, etc) ☐ Yes ☐ No

I will ensure that I have included all up-to-date information involving dietary restrictions and/or allergies on my child's registration form.

_____ _____

Parent/Guardian Signature *Date: Month-Day-Year*

Section 7: Medical & Health Information

Personal Health Number (PHN): _____

Family Doctor or Clinic Name: _____ Phone: _____

Note: If you do not have a family doctor, you must provide a Walk-In Clinic or alternate care provider.

Immunization Status:

☐ Up-to-date

☐ Separate record attached

☐ Not vaccinated

Any recent Illnesses or History of Communicable Diseases: ☐ Yes ☐ No

Such as: Influenza (Flu), Chickenpox (Varicella), Hand, Foot, and Mouth Disease, Strep Throat, Conjunctivitis (Pink Eye)

If yes, please specify: _____

_____

Section 7 continued: Medical & Health Information

Does your child regularly take any medications: ☐ Yes ☐ No

If yes, please specify:

_____

Does your child require additional accommodations for medical needs? ☐ Yes ☐ No
(If yes, supporting documentation is required before we can confirm enrollment)

Please explain the medical accommodations your child will need below. A medical care plan may need to be created with the center manager once your child begins care.

_____

_____

Is there any additional medical information relevant to your child's care? ☐ Yes ☐ No

If yes, please specify:

_____

_____

Section 8: Educational Accommodations

Does your child require any accommodations to fully participate in ILM's programming (e.g., learning aids, physical supports, behavioural strategies)? ☐ Yes ☐ No

- If yes, please provide details on potential accommodations that would need to be made:

_____

_____

Does your child require any specific support for social, emotional, or behavioral needs? ☐ Yes ☐ No

- If yes, please provide details on how to best support your child while in care:

_____

_____

A **behavioural care plan** may need to be developed collaboratively between the parent/guardian and the center manager to ensure proper safety protocols are in place to best support the child.

INQUIRING LITTLE MINDS

Section 9: Permissions and Consents

Parent/Guardian's Name: _____ Child's Name: _____

Relationship to Child: _____ Date Completed: _____
Month-Day-Year

All boxes must be marked yes or no and a parent/guardian signature is required on each line.

*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 consent to photographs and recordings of my child being taken by staff for the purposes of parent-exclusive updates while attending ILM care (the Brightwheel App) and for emergency identification records.

☐ Yes ☐ No _____
Parent/Guardian Signature

*I give permission for photographs and recordings of my child to be used for print/electronic publication to promote ILM daycare services.

☐ Yes ☐ No _____
Parent/Guardian Signature

*I give permission for my child's first name to be released to other parents within my current ILM center for the purposes of holiday cards (Christmas, Valentine's Day, etc).

☐ Yes ☐ No _____
Parent/Guardian Signature

*In case of accident or illness, I authorize qualified ILM staff to administer first aid or to call a medical practitioner and/or an ambulance if I cannot immediately be reached.

☐ Yes ☐ No _____
Parent/Guardian Signature

*I have read and agree to Inquiring Little Minds' Parent Policy Book (available on our website)

☐ Yes ☐ No _____
Parent/Guardian Signature

* I have received, read, and fully understand the contents of the Parent Handbook. I agree to adhere to all the terms, policies, and procedures outlined within the Parent Handbook.

☐ Yes ☐ No _____
Parent/Guardian Signature

INQUIRING LITTLE MINDS

Section 10: Weekly Schedule and Drop off & Pick Up Times

Child's Name: _____ Date of Birth: _____
Month-Day-Year

Center Name: _____ Submission Date: _____
Month-Day-Year

Day of the Week	Attending	OSC Care Type (if applicable)
Monday	☐	☐ Before ☐ After ☐ Both
Tuesday	☐	☐ Before ☐ After ☐ Both
Wednesday	☐	☐ Before ☐ After ☐ Both
Thursday	☐	☐ Before ☐ After ☐ Both
Friday	☐	☐ Before ☐ After ☐ Both

Schedule	Time (Maximum Time Frame: 30 min)
Earliest Drop-Off	
Latest Drop-Off	
Earliest Pick-Up	
Latest Pick-Up	

Once approved, the schedule above is your child's official drop-off & pick-up schedule.

- Late pick-ups after center closing will be charged according to the Parent Policy Book
- Schedules totalling 10+ hours per day are subject to an additional $200 monthly/$15 daily fee
- Changes may take 1–3 months to process, increases are subject to staffing availibility
- Accounts requires a minimum 30 days for any changes to invoices

Please Note: To minimize disruptions to learning, drop-off is not permitted after 10:00 AM unless prior arrangements have been approved.

_____ _____
Parent/Guardian Signature *Date: Month-Day-Year*

Section 11: Parent/Guardian and ILM Education Center Agreement

Absences and General Communication

Parents/Guardians are required to notify ILM of any planned vacation periods or extended absences due to illness or other reasons. No refunds will be issued for any days missed from daycare for these or other personal reasons.
All changes to personal information, including phone numbers, addresses, and authorized pick-up persons, must be provided to inquiringlittleminds@gmail.com or via Brightwheel.

Sign-In/Sign-Out and Authorized Pick-Ups
ILM staff will complete the daily sign-in and sign-out procedures. Only individuals listed on the child's authorized pick-up list (as recorded on the registration form) are permitted to pick up the child. The list may be updated at any time with written notice from the parent or guardian.

- ILM will not release a child to any unauthorized individual.
- ILM staff reserve the right to request government-issued photo identification from anyone picking up a child.

Emergency Pick-Up Protocol
If ILM staff contact a Parent/Guardian and request that a child be picked up, the Parent/Guardian is required to arrive within one (1) hour of initial contact. In most cases, ILM will first send a message via Brightwheel and allow 30 minutes for a response. If no response is received within that timeframe, staff will begin calling the Parent/Guardian directly. Given adequate response times and standard travel time from work, families are expected to arrive within one hour. In urgent or time-sensitive situations, ILM may call immediately rather than wait for a message response. If the Parent/Guardian cannot be reached or does not arrive within the expected time, ILM will contact the child's listed Emergency Contacts. If neither party can be reached or arrive or communicate an estimated arrival promptly, Family Services will be contacted to ensure the child's immediate safety and supervision.

Contact Information Requirements
For the safety of all children, ILM requires that current and functional contact information be maintained at all times. **Children may not be dropped off without: (1) a current, working phone number for a parent or guardian and (2) at least one local emergency contact who is able and available to pick up the child.** *ILM reserves the right to refuse service if these contact details are found to be missing, incorrect, or outdated.* Families will be asked to confirm or update contact information yearly or as requested by administration.

Withdrawal and Termination of Care
Parents/Guardians must provide written notice of withdrawal at least 30 days in advance. Failure to provide appropriate notice will result in forfeiture of fees. ILM Education Center reserves the right to release or suspend a child from care if such action is deemed necessary for the wellbeing of the child, staff, or program community. In most situations, ILM will issue a written warning and/or place the child on a probationary period before terminating enrollment. However, immediate termination may occur under specific circumstances, such as repeated non-compliance with policies, unsafe or aggressive behavior or failure to meet financial obligations. These and other cases are outlined in the ILM Termination Policy. Parents/Guardians will be notified in all instances. ILM reserves the right to document communication and attendance-related infractions. Repeated issues may result in a formal review of enrollment.

Closures
ILM Education Centers are closed on all statutory holidays, Easter Monday, one week during Spring Break, one week during the Summer, two weeks during the winter holiday period. Exact closure dates are published annually and can be found in the ILM Parent Handbook and monthly payments will remain the same regardless of closures.

Acknowledgment of Agreement
By enrolling or continuing care with ILM Education Center, Parents/Guardians acknowledge that they have read, understood, and agree to comply with the policies outlined in this document and the ILM Parent Policy Book. These policies are designed to ensure a safe, responsive, and high-quality learning environment for all children.

_____ _____

Parent/Guardian Signature *Date: Month-Day-Year*

Office Use Only

* mandatory for each child

Initial:	Date:	
A recent and clear photo of the child*		☐
Name*		☐
Sex*		☐
Date of birth*		☐
Parent Name/phone number*		☐
Emergency contact(s)*		☐
Record of person(s) prohibited access to child		☐
MSP/Personal Health Number*		☐
Medical Practitioner name/phone number*		☐
Disclosed allergy/medical disability		☐
Special Instructions on diet/medication/program participation/matters relevant to child's care.		☐
Immunization status*		☐
Consent to call an ambulance*		☐
Start date*		☐
End Date*		☐

Administrator & Center Manager Sign Offs

I, _____ have read and reviewed these forms and confirm all required information has been completed by the parent.

_____ _____

Administrator Signature *Date*

I, _____ have read and reviewed these forms and confirm all required information has been completed by the parent and I can accept this child into care.

_____ _____

Center Manager Signature *Date*