



# Child Care Registration Form 2025-26

## 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:

Full Name:

Relationship to Child:

Relationship to Child:

Home Address:

Home Address:

City: \_\_\_\_\_ Province: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Section 3: Emergency Contacts

Alternate Person(s) 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: \_\_\_\_\_

### Section 4: Persons Authorized to Pick Up Child

Additional authorized person(s) to pick the child up from the center:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Section 5: 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, I have attached a copy of the protective order or custody agreement: ☐ Yes ☐ No

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: \_\_\_\_\_

***I understand that official 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.***

Parent/Guardian Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 6: 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?

\_\_\_\_\_

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: \_\_\_\_\_

#### 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.

## Section 7: Food Permission Form

Name of Child: \_\_\_\_\_

*To ensure safety standards, we are advising parents of potential food-related activities during their care with Inquiring Little Minds (ILM). Food-related activities may include: group snack, birthday and other special occasion events, and/or similar events where food could be served.*

I give permission for my child to participate in group snack events where food is provided by an ILM educator.

☐ Yes ☐ No

**ILM Educators may offer the following:**

- ☐ Fruit Pouches
- ☐ Crackers (Ritz, Goldfish etc..)
- ☐ Fresh Fruit
- ☐ Fresh Vegetables
- ☐ Mott's Fruit Gummies
- ☐ Peanut butter/Jam Sandwiches
- ☐ Milk
- ☐ Occasional treats (candy, chocolate, baked goods)
- ☐ Timbits
- ☐ All of the above
- ☐ None of the above

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 8A: 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.**

**Any recent illnesses or History of Communicable Diseases:** ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Immunization Status:

☐ Up-to-date

☐ Separate record attached

☐ Not vaccinated

### Examples of Communicable Diseases:

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

## Section 8B: Medical & Health Information Continued - Vaccination Record

### ★BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/ GUARDIAN

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

Date: \_\_\_\_\_  
MO/DD/YY

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Diphtheria                        |
| <input type="checkbox"/> | Pertussis                         |
| <input type="checkbox"/> | Tetanus                           |
| <input type="checkbox"/> | Polio                             |
| <input type="checkbox"/> | Haemophilus Influenza Type b(hib) |
| <input type="checkbox"/> | Hepatitis B                       |
| <input type="checkbox"/> | Pneumococcal Conjugate            |
| <input type="checkbox"/> | Meningococcal C Conjugate         |

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

Date: \_\_\_\_\_  
MO/DD/YY

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Diphtheria                        |
| <input type="checkbox"/> | Pertussis                         |
| <input type="checkbox"/> | Tetanus                           |
| <input type="checkbox"/> | Polio                             |
| <input type="checkbox"/> | Haemophilus Influenza Type b(hib) |
| <input type="checkbox"/> | Hepatitis B                       |
| <input type="checkbox"/> | Pneumococcal Conjugate            |

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

Date: \_\_\_\_\_  
MO/DD/YY

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Diphtheria                        |
| <input type="checkbox"/> | Pertussis                         |
| <input type="checkbox"/> | Tetanus                           |
| <input type="checkbox"/> | Polio                             |
| <input type="checkbox"/> | Haemophilus Influenza Type b(hib) |
| <input type="checkbox"/> | Hepatitis B                       |
| <input type="checkbox"/> | Pneumococcal Conjugate            |

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

Date: \_\_\_\_\_  
MO/DD/YY

- |                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Measles                   |
| <input type="checkbox"/> | Mumps                     |
| <input type="checkbox"/> | Rubella                   |
| <input type="checkbox"/> | Meningococcal C Conjugate |
| <input type="checkbox"/> | Varicella (Chicken Pox)   |

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

Date: \_\_\_\_\_  
MO/DD/YY

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Diphtheria                        |
| <input type="checkbox"/> | Pertussis                         |
| <input type="checkbox"/> | Tetanus                           |
| <input type="checkbox"/> | Polio                             |
| <input type="checkbox"/> | Haemophilus Influenza Type b(hib) |
| <input type="checkbox"/> | Measles, Mumps, Rubella           |
| <input type="checkbox"/> | Pneumococcal Conjugate            |

#### 4 to 6 years of age:

Date: \_\_\_\_\_  
MO/DD/YY

- |                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Diphtheria              |
| <input type="checkbox"/> | Pertussis               |
| <input type="checkbox"/> | Tetanus                 |
| <input type="checkbox"/> | Polio                   |
| <input type="checkbox"/> | Varicella (chicken Pox) |

#### Other Immunizations:

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\*I certify that all of the above information is correct.

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### Section 9: 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:

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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:

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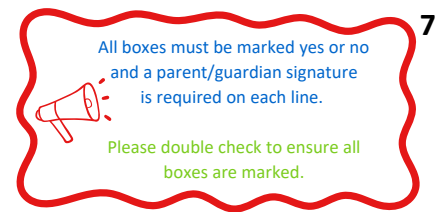


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#### **Behavioural Care Plan Requirements**

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.





## Section 10: Permissions and Consents

Parent/Guardian's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Month-Day-Year

\*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' illness policy, payment policy, surveillance policy, and inclusion policy.

☐ 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

## Section 11: Drop-Off and Pick-Up Schedule

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month-Day-Year

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

Submission Date: \_\_\_\_\_  
Month-Day-Year

Requested Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

**Notes:** \_\_\_\_\_

My child's drop-off and pick-up times are listed above. If I arrive to pick up my child more than fifteen (15) minutes past this schedule, a fee may apply. Leaving earlier is fine and does not add extra charges.

*For care that totals ten (10) hours or more in a day, an additional \$200 monthly fee or \$15 daily fee applies.*

ILM adheres to strict staff to children ratios in compliance with child care licensing regulations, we may not be able to accept drop offs outside of your regular schedule based on staffing availability. Schedule changes have to be approved before implementation and may take 1-3 months to process.

Drop Off & Pick Up times may need to be adjusted due to child care ratio requirements and will be confirmed by our Admin Team upon enrollment confirmation.

Please confirm your chosen center's hours line up with your requested schedule.

**Please Note:** To prevent interruptions in learning, **drop off is not permitted after 10 am** unless prior arrangements have been confirmed. Pick up after center closing or after your scheduled pick up time will result in late pick up fees as outlined in the Parent Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date: Month-Day-Year



## Section 12: 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](mailto: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 time frame, 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 Center is 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 ILM Parent Policies. These policies are designed to ensure a safe, responsive, and high-quality learning environment for all children.

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Parent/Guardian Signature

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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