

# Enrollment Form



## CHILD'S DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ M F

Preferred name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_\_

FOR SCHOOL USE ONLY: Date of Enrollment: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

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## PARENT/GUARDIAN DETAILS

### Parent/Guardian 1

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

Home Address & Telephone same as above

Relationship: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Day Time/Work Phone #: \_\_\_\_\_

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

Work Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

### Parent/Guardian 2

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

Home Address & Telephone same as above

Relationship: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Day Time/Work Phone #: \_\_\_\_\_

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

Work Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

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## MEDICAL DETAILS

Child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does your child have any known allergies or medical problems:  Yes  No

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

**CHILD RELEASE INFORMATION:**

Please provide details of the people who have permission to remove your child from the school. We always check identification before releasing a child to an unknown person. Please remind the following people to bring government issued I.D. when collecting your child.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

Contact 1

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

Contact 2

**EMERGENCY CONTACT INFORMATION:**

Please provide the details of persons to contact in case of an emergency if parents/guardians cannot be reached. By listing them below you are also giving them permission to remove your child from the School in the case of an emergency. A minimum of one emergency contact is mandatory.

Please check here if your emergency contacts are the same as those authorized to pick up your child

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

Emergency Contact 1

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

Emergency Contact 2

**Who will usually be dropping off your child?** \_\_\_\_\_

**Who will usually be picking up your child?** \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Parent/Guardian Agreement



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

1. I give permission for my child to use all the play equipment and play yards, as well as participate in all activities of the School,
2. If my child shows any sign of a communicable disease, I agree to immediately collect my child from the School.
3. In the event of an emergency medical situation, I grant permission to the Staff to apply first aid or obtain medical care for my child and then to be contacted. I will not hold the school liable for taking such action and I agree to reimburse the School for any expenses in the event of such an emergency.
4. I agree to give *one month's* written notice of termination on or before the *1st* of the month. If I do not give one month's written notice, I understand that I will be charged a fee equivalent to one month's tuition.
5. I agree to make full payment of fees by the *1st of each month*. I have completed the P.A.D form and submitted it with this agreement.
6. I agree to pay the full monthly fees irrespective of days missed for vacations, illness or other absences. The monthly fee covers both actual care and the guaranteed space. Absences for different circumstances are expected and have already been taken into consideration when the fees are set. Part time children who attend days in excess of enrolled days will be charged based on drop in fees for additional time.
7. Should a payment be returned N.S.F. I undertake to pay this amount by cash, money order or certified cheque (and pay the N.S.F. charge of \$50.00).
8. The School is not responsible for lost or stolen articles.
9. Lawrence Park School reserves the right to terminate my child's care without notice, should I – or my child – threaten the safety or welfare of others.
11. I agree to abide by the operational policies of the School and all policies set forth in this agreement; failure to do so may result in termination of my child's care. I am aware of and understand the School's Philosophy and Program Statement. I accept the program including all policies and procedures such as guidance, sickness and collection of children policies.
12. I agree to pay a registration fee of \$100 upon enrollment and thereafter an annual \$100 registration fee (per child) upon re--registration, and I understand that this is non--refundable.
13. I understand a non--refundable deposit of the first month's fees is required and must accompany our registration form in order to secure our child's space.
14. I give permission for my child's name, along with the family email and phone number to be included on the class list to be distributed to other parents in order to plan playdates and birthdays.

Yes

No

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

Copy to Parent/Guardian

Copy School (attach original to child's enrollment form)

*Lawrence Park School is a proud member of the BrightPath Kids family.*



# Allergy and Special Medical Condition Information

(For example, food or other allergies, asthma, seizures, diabetes etc.)

Does your child have any allergies, food sensitivities, food restrictions or medical conditions?

**Yes** Please fully complete and sign this form

**No** Please sign below

Foods:

Name of Food	Indicate Type (Allergy, sensitivity, anaphylaxis, restriction)	Reaction and Symptoms

Medications:

\_\_\_\_\_  
\_\_\_\_\_

Reactions:

\_\_\_\_\_  
\_\_\_\_\_

Environment:

\_\_\_\_\_  
\_\_\_\_\_

Reactions:

\_\_\_\_\_  
\_\_\_\_\_

Medical Condition:

\_\_\_\_\_  
\_\_\_\_\_

Symptoms/Reactions:

\_\_\_\_\_  
\_\_\_\_\_

Does your child require an Adrenaline Kit (Epi-Pen) Yes  No

Is any other medication required? Yes  No  Details: \_\_\_\_\_

If your child has a severe allergy or medical condition an Individual Action Plan Form must also be completed.

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

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

# Your Child's Health

Has your child been in contact with any communicable diseases/viruses in the last 30 days?

Yes  No

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

Communicable diseases that your child has had:

Measles       Rubella       Roseola       Whooping cough       Scarlet fever  
 Croup       Pneumonia       Mumps       Chicken pox       Other

If 'other', please specify: \_\_\_\_\_

Does your child have any health problems of which we should be aware?

(e.g. asthma, allergies, convulsions, visual/emotional/hearing disability)

Yes  No

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

Does your child have any long-term medical problems or does your child require any long-term medication?

Yes  No

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

Is your child taking any regular medication that the childcare staff may be required to administer?

Yes  No

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

*A doctor's note is required for any medication to be administered to a child by Lawrence Park School employees.*

Has your child had any serious illnesses, operations or injuries?

Yes  No

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

Are there any other family, personal, or health conditions you think we should be aware of? \_\_\_\_\_

*Please note that the attached immunization form must be completed prior to enrollment.*

We will see to it that your child is looked after to the best of our staff's abilities, but accidents do have a way of happening. We require your signature to relieve us of all liabilities (except where gross negligence is involved) should anything happen to your child while on the premises or in the care of Lawrence Park School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Approval For Photos



I, \_\_\_\_\_ hereby give permission to the staff at Lawrence Park  
(Parent's/Guardian's Name)

School to take photos of my child \_\_\_\_\_  
(Child's Name)

within the school setting, during day to day activities, special activities and for the pictures to be displayed in the School.

\_\_\_\_\_  
(Parent's/Guardian's Signature) (Date)

I also approve for photos to be displayed on the Lawrence Park School website, Face Book, Social Media sites, or for School marketing materials.  Yes  No

\_\_\_\_\_  
(Parent's/Guardian's Signature) (Date)

# Parent Handbook Agreement



I have received and read the Lawrence Park School Handbook and fully understand the policies and procedures outlined in the handbook and understand my requirements regarding my child.

Parent/Guardian Name: \_\_\_\_\_

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

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

Parent/Guardian Name: \_\_\_\_\_

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

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

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I, \_\_\_\_\_ give consent to receive electronic messages from Lawrence Park School including School updates, important information and emergency communications.

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

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