1550 Front Rd.
LaSalle Ontario
N9J 2B6

WAITLIST

Child's Name: _____ **Preferred Start Date:** _____

PROGRAM:

☐ **Infant Room (3-16 mths)**

☐ **Toddler Room (16-36 mths)**

☐ **Casa Room (3-6 years)**
Must be potty trained

Registration is based on FULL TIME ATTENDANCE (5 Full days Mondays-Fridays)

☐ 5 Full Days (9am-4:00pm)

☐ 5 Full Days Ext. (up to 10 hours)

Hours Required **Drop Off:** _____ **Pick Up:** _____

SCHOOL AGE ~ BUSSING PROGRAM

Name of Grade School _____ Bus # _____

☐ Before & After School Supervision ONLY

MONDAY - FRIDAY

Parent Drop Off (am): _____ **Bus Pick Up Time(am):** _____

Parent Pick Up (pm): _____ **Bus Drop off Time (pm):** _____

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Date of Birth: _____ **Gender:** _____

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

Child's Home Address (Inc. Postal Code) **Parent's Address (if different**

_____ _____

_____ _____

Home Phone Number: _____

	Mother/Guardian	**Father/Guardian**
Last Name:		
First Name:		
Employer's Name:		
Email Address		
Work Phone:		
Cell Phone:		

Custody Arrangements (if applicable)

Are these custody arrangements pertaining to legal right of access to your child? **YES NO**

If **YES**, please provide a copy of the appropriate legal documentation (eg., court order)

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Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts etc)
☐ YES ☐ NO
If yes, an individual plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-theatning (food or other substances ex. latex)? ☐ YES ☐ NO If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary Requirements - **If any dietary restrictions, please note you must bring in your childs lunch daily**

Please list any dietary requirements/restrictions(e.g., vegetarian, gluten-free etc.)

Immunization Record

Please provide a copy of your child's immunization record (yellow card) to the centre prior to your child's first day. **PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD'S IMMUNIZATION RECORD**

If you have chosen not to immunize your child, a **Statement of Medical Exemption** form or **Statement of Conscious or Religious Belief** form must be completed, **notorized** and provided to the centre. These forms are available on the Ministry of Education's website.