



Campus - Leaside United St. Cuthbert's Church

REGISTRATION

Date Returned _____

START DATE OF PROGRAM REQUESTED _____

Child's Name _____

Mother's Name _____ Father's Name _____

DOB M/D/Y _____ Age at admission _____ yrs _____ mths

Address _____ Postal code _____

Telephone(H) _____ (Bus) _____ (Cell) _____

E-Mail _____ Signature of parent _____

PLEASE INDICATE 1ST and 2nd choice

Please include a \$50.00 (non-refundable) registration fee for Nursery School ENCLOSED
Nursery School Programs: 5 morning 3 mornings 2 morning

ENRICHMENT CLASSES

Please include a \$200.00 non-refundable* registration fee (applied to year's fees)
 ENCLOSED

Leaside United Location

Junior Kindergarten Enrichment: Two afternoons Tues/Thurs
Senior Kindergarten Enrichment: Two afternoons Mon/Weds Tue/Thurs

St. Cuthbert's Location

Junior/Senior Kindergarten Enrichment: Two mornings Tues/Thurs

FOR APPLICATION TO THE FULL TIME KINDERGARTEN (JUNIOR AND SENIOR) PROGRAM - Call Mary Dwan King, Director (416) 424-2135

Please return this form to: Mrs. Park's School, A division of Mrs. Park's Nursery School Inc.

Mailing address: 143 Hanna Road, Toronto, Ont. M4G 3N6

or drop off at either campus:

Leaside United Church, 822 Millwood Rd (416)424-2135 or

St. Cuthbert's Church, 1399 Bayview Avenue (416-482-4131

www.mrs-parksschool.com

mrs-parksschool@sympatico.ca



Admission Date _____

Discharge Date _____

Leaside United Campus

St. Cuthbert's Campus

EMERGENCY SHEET

Please Print - Each line must be completed or marked N/A

NAME OF CHILD:

Surname _____ Given Name _____ Name to be used _____

Street & Number _____ Postal Code _____

Date of Birth(D/M/Y) _____ Age _____ Sex _____

PARENTS OR GUARDIANS:

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

Home Telephone _____ Home Telephone _____

Name of Business _____ Name of Business _____

Business address _____ Business address _____

Postal code _____ Postal Code _____

Business Telephone _____ Business telephone _____

Cell Phone _____ Cell Phone _____

E-mail address _____ E-mail address _____

Occupation _____ Occupation _____

****IN CASE OF EMERGENCY IF PARENTS CANNOT BE CONTACTED****

Name _____ Phone _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____ Phone _____

Address _____ Relationship _____

PEDIATRICIAN OR FAMILY DOCTOR (please include full address and phone number)

Name _____

Address _____ Postal Code _____

Phone _____

Other information: (Please describe – allergies, diet, physical or behaviour concerns)

Communicable Diseases: (Please check off and date any communicable diseases you child has had prior to attending nursery school)

NONE OF THE BELOW

Chicken pox _____ Red Measels _____ German Measels _____
Mumps _____ Scarlet Fever _____ Whooping Cough _____

LIST OTHER CHILDREN & PERSONS LIVING IN THE HOME (Please give age of siblings)

PREVIOUS EXPERIENCE IN PRE-SCHOOL/SCHOOL GROUPS OR PRIVATE CARE

Name of school or person _____ Date attended _____

PROGRAM REQUIRED

Number of half days – nursery school morning: 2 3 5

Full time Kindergarten afternoon Program Mon. to Fri

Jk Enrichment Program Tue/Thur Sk Enrichment Program Mon/Wed Tues/Thurs

If child attends Elementary School as part of their day please complete:

School _____ Teacher _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

UNDER NO CIRCUMSTANCES WILL ANY CHILD BE RELEASED TO ANYONE NOT KNOW TO THIS CENTRE WITHOUT VERBAL OR WRITTEN AUTHORIZATION FROM PARENTS

I agree to my child participating in all activities at Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc. I authorize Mrs. Park's Nursery School Inc and/or Mrs. Park's School Too Inc to arrange first aid; CPR/medical attention for my child in circumstances staff consider an emergency. I waive all claims against Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc. and staff, assistants, authorized contractors, volunteers and guests arising from my child's attendance at Mrs. Park's Nursery School and/or Mrs. Park's School Too Inc.

I hereby make application to enroll the above named child in this centre and I understand and agree to abide by all policies and regulations of the centre. Our policies are available on our website for review in the parent resource section. www.mrs-parksschool.com

Mother's (Guardian) Signature _____ Date _____
Father's (Guardian) Signature _____ Date _____

Child's Immunization Information

New Registrant to Licensed Child Care Programs

Instructions for Parents/Guardians

Please help us keep children in licensed child care programs healthy by making sure your child is properly immunized. You are required to provide an up-to-date record of your child's immunization to Toronto Public Health.

Children enrolled in licensed child care centres are required by law to be immunized against **Pertussis (Whooping Cough), Diphtheria, Tetanus (Lockjaw), Polio, Measles, Mumps, Rubella (German Measles), and Haemophilus influenza type b**, unless exempted by the Medical Officer of Health.

A parent or guardian of a child registering in a licensed child care program must provide one of the following:

An up-to-date record of their child's immunization.

OR

A completed medical exemption form, which clearly states the medical reasons why the child cannot be immunized. This form is to be completed by a qualified medical practitioner. This form is available from Toronto Public Health.

OR

If immunization conflicts with a parent/guardian's religious or conscience beliefs a notarized form must be completed. This form is available from Toronto Public Health.

Toronto Public Health will notify you if your child's immunization is not up to date. If an outbreak occurs, any child who is not adequately immunized may be kept out of the child care facility until the child receives the required vaccine or until all danger of illness has passed.

Instructions

1. Complete the reverse side of this form and return it to the child care facility.
2. Fill in the dates of each needle (including the year, month and day), or attach a clear photocopy of the child's immunization record. Complete both sides of the record.
3. If you do not have an immunization record for your child, take this form to your doctor.
4. When your child receives another needle give a copy of this information to the child care facility.
5. If you do not have an Ontario Health Card call the Immunization Infoline at 416-392-1250. We will tell you how your child can obtain the necessary needles.

**Call the Toronto Public Health Immunization Infoline at 416-392-1250
to ask any questions about immunization.**



East York Civic Centre
 850 Coxwell Avenue
 Toronto, Ontario M4C 5R1
 Tel: 416-392-1250
 Fax: 416-338-2487

Request for Immunization Information for Registrants to Licensed Child Care Programs

To Parent / Guardian:

Please complete the information section below or attach a copy of your child's immunization record. The immunization record is available from your doctor. Return this form to the child care facility within **two weeks**. Detailed instructions are on the back of this form. If you require further information, call the Toronto Public Health Immunization Infoline at 416-392-1250.

Child's Name _____
SURNAME GIVEN NAME

Address _____
NUMBER STREET NAME UNIT # CITY POSTAL CODE

Date of Birth _____ Sex M F (CHECK ONE)
YEAR MONTH DAY

Parent / Guardian Name _____
SURNAME GIVEN NAME

Telephone Number _____ Child Care Facility _____
HOME BUSINESS

ENTER CHILD'S ONTARIO HEALTH CARD NUMBER HERE

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PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW.

Date (year/month/day)	Pertussis (Whooping Cough)	Diphtheria	Tetanus (Lockjaw)	Polio*	Measles	Mumps	Rubella (German Measles)	Haemophilus B (HIB)	Hepatitis B**	TB Skin Test Results**	BCG**	Varicella (Chicken Pox)**	Comments, other immunizations or tests

* NOTE: If oral polio vaccine was given, indicate with an "O" ** Not Mandatory

The personal information on this form is collected under the City of Toronto Act, 1997 (No.'s 1 & 2, s. 46), By-law No. 110-1998, the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s. 4, 5, and the Day Nurseries Act, R.R.O. 1990, Reg. 262, s. 62. This information is collected for the purpose of maintaining an immunization record of students attending Licensed Child Care Programs and to take appropriate action to prevent certain vaccine preventable diseases. If you have any questions about this collection please contact: Call Centre Supervisor, Toronto Public Health, 416-392-1250.