



35 West Deane Park Drive
Etobicoke, Ontario
M9B 2R5
Phone: 416-626-7195
Email: sadochokdaycare@gmail.com

Date of Application: _____

Requested Start Date: _____

For Office Use Only

Date of Admission: _____

Date of Discharge: _____

Application for Enrolment

PLEASE MAKE CHEQUES PAYABLE TO “SADOCHOK PRESCHOOL CENTRE”

Non-refundable - \$100.00 Registration Fee (currently dated) required with Application. ☐

Sadochok requires 12 Cheques, when you receive confirmation of enrollment in the program. ☐

September cheque (dated August 15th) and 11 post-dated cheques dated the first of each month (October 1, 2023– August 1, 2024) are required at registration otherwise your child is not enrolled.

Record of immunization are required.

Age Group Placement at Time of Enrolment: ☐ Toddler (1.5 – 2.5 years) ☐ Preschool (2.5 – 4 years)

Type of Child Care Required: ☐ Full-time

_____ 5 FULL Days

CHILD INFORMATION

Прізвище/Ім'я Дитини _____

Surname/Name of child _____

Date of Birth _____ / _____ / _____ Language(s) spoken at home _____
Month / Day / Year

Address _____ P.C. _____

PARENT/GUARDIAN #1

Full Name _____ Relationship to Child _____

Home Address _____ P.C. _____
(if different from above)

Home Tel. _____ Cell _____ Email _____

Business Name & Address _____

Business Tel. _____ Ext. _____

PARENT/GUARDIAN #2

Full Name _____ Relationship to Child _____

Home Address _____ P.C. _____
(if different from above)

Home Tel. _____ Cell _____ Email _____

Business Name & Address _____

Business Tel. _____ Ext. _____

CUSTODY INFORMATION

Are there any special custody arrangements pertaining access to/visitation of your child? YES ☐ NO ☐

If you answered "YES" to the above, please provide details on the arrangements: _____

Copy of Custody Order provided: YES ☐

EMERGENCY CONTACTS/PERSONS TO WHOM CHILD MAY BE RELEASED IN ADDITION TO PARENTS/GUARDIANS:**EMERGENCY Contact #1**

Full Name _____ Relationship to Child _____

Address _____ P.C. _____

Home Tel. _____ Cell _____

EMERGENCY Contact #2

Full Name _____ Relationship to Child _____

Address _____ P.C. _____

Home Tel. _____ Cell _____

Who normally will be picking up the child? _____

DOCTOR/MEDICAL INFORMATION

Doctor's Name _____ Telephone # _____

Address _____ P.C. _____

HISTORY OF COMMUNICABLE DISEASES:

Please indicate if your child has had any of the following:

Chicken Pox _____
Hepatitis B _____

Mumps _____
Measles _____

Whooping Cough _____
Rubella (German Measles) _____

Are there any conditions requiring medical attention (allergy, asthma, epilepsy, diabetes, skin conditions, sight difficulties, hearing difficulties etc.) or other concerns that we should be aware of that may interfere with the child's full participation in the program or which may require special attention? YES ☐ NO ☐

If "YES", please indicate below: _____

A copy of the child's immunization record is included. YES _____ NO _____

ALL FULLY COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTATIONS MUST BE SUBMITTED PRIOR TO CHILD'S ADMISSION TO SADOCHOK.

I have read the Fee Schedule _____ (initial)

I am enclosing the non-refundable registration fee _____ (initial)

I am enclosing all post-dated cheques as requested _____ (initial)

I am enclosing the child's immunization record and will provide updates as required _____ (initial)

I have received a copy of the Parent Handbook _____ (initial)

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

Supervisor's Name

Supervisor's Signature

DECLARATION

I/We, the undersigned, do hereby represent and acknowledge that all the statements made by us in this application are true and correct in every respect. I/We agree to abide by the guidelines as set-out in the *Family Code of Conduct* of the *Parent's Handbook*. I/We acknowledge that any violation of the *Family Code of Conduct* may result in the loss of the privilege to access childcare services at Sadochok Centre Inc.

CONSENT

I/We hereby consent that, in the event of an emergency concerning our child or children, Sadochok may contact the physician named in the application or summon such medical and other help and assistance as may be required under the circumstances. We further consent to the attendance of our child / children at any outings prepared and supervised by Sadochok and to the use of other playgrounds selected, in its absolute discretion by Sadochok, its agents and employees.

RELEASE & INDEMNIFICATION

In consideration of accepting our child or children to Sadochok Preschool Centre, I/we the undersigned, hereby release and forever discharge Sadochok Preschool Centre, its agents and employees from any and all actions, causes of action, damages, claims, and demands arising out of any accident occurring at the premises of Sadochok or in any situation where the children are supervised by Sadochok, its agents or employees, from all claims or damages for injuries to our child / children, provided that such injuries are not caused by the negligence of Sadochok, its agents or employees.

I/We, the undersigned, hereby agree to indemnify Sadochok, its heirs, executors, and administrators and assigns against all actions, causes of action, damages, claims and demands which may be brought against Sadochok by us, or executors or administrators, save and except for injuries sustained by our child or children because of the negligence of Sadochok, its agents and employees.

I/We hereby acknowledge that we have read the within declaration, release and indemnity agreement and that we fully understand that the release is a full and final release of all claims for injuries, which may be sustained by our child or children and we further acknowledge that we have read over the agreement to indemnify and understand the responsibilities, which we have assumed thereunder.

In Witness Whereof, the parties have hereunto set their hands and seals.

Dated this ____ day of _____

Dated this ____ day of _____

Parent/Guardian #1 (name)

Parent/Guardian #2 (name)

Signature of Parent/Guardian #1

Signature of Parent/Guardian #2

The collection use and disclosure of parental and children's personal information by Sadochok Centre Inc is for the purposes of providing child care services to children enrolled in our program. Sadochok Centre Inc will protect the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the Centre's Privacy Policy.



Health Information

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)? YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)? YES NO

If yes, an individualized 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-threatening (food or other substance [e.g., latex])? YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? YES NO

If yes, please provide relevant details:

Sleep Arrangements

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)? YES NO

If yes, please provide relevant details below:

Authorization for Non-Prescription Skin Products

Child's Name: _____ **Date of Birth (dd/mm/yyyy):** _____

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

☐ Sunscreen ☐ Diaper Creams/Ointment ☐ Lip balm ☐ Hand sanitizers ☐ Lotions

Sadochok Preschool Centre has agreed to provide:	Parent has agreed to provide:
Hand sanitizers	Diaper Creams/Ointment
	Lotions

Please allow my child to apply his/her own sunscreen, as needed.

Signature of Parent _____ **Date (dd/mm/yyyy)** _____

Physical Requirements

Does your child use diaper? YES NO

If no, my child:

☐ Uses the washroom independently ☐ Requires some assistance ☐ Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity? YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

Date (dd/mm/yyyy) _____

Consent to Videotaping/Photography and Display Child's Artwork

At Sadochok, during the school year children will be involved in a wide variety of events and activities. I consent to have my child's artwork on display (with their names).

I consent to videotaping or photographing my child in classroom activities, school plays, concerts, and special events. I consent for these to be used in displays and publication in newsletters, yearbooks, newspapers, our Sadochok website, Facebook page and on television (the local Ukrainian program).

Parent/Guardian Signature: _____

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre.

Vaccine (Age Usually Given) ¹	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				



Child Emergency Card.

FULL NAME English/Ukrainian	DATE OF BIRTH	TELEPHONE	FOOD RESTRICT. OR MEDICAL CONDITION	PICK-UP PERSONS
Parent 1:				
Home Address:				
Email:				
Business Name:(optional)				
Phone numbers:	Bus. #: ---		Cell #:	
Parent 2:				
Home Address: (if different)				
Business Name:(optional)				
Phone numbers:	Bus. #: ---		Cell #:	
Emergency Contact #1:				
Home #:	Bus. #:		Cell #:	
Emergency Contact #2:				
Home #:	Bus #:		Cell #:	
Doctor's Name/Phone:				
Doctor's Address:				

Parent 1:(Signature)

Parent 2:(Signature)

Date: _____