



RELEASE FORM

DATE: _____

CHILD'S FULL NAME: _____

The following people are authorized to pick up my child:

Name: _____ Relationship: _____

SIGNATURE _____

Print name: _____

I GIVE PERMISSION FOR MY CHILD' NAME, ADDRESS AND TELEPHONE NUMBER TO BE HANDED OUT TO THE FAMILIES IN MY CHILD'S PROGRAM.

YES () NO ()

SIGNATURE _____

Print name: _____

On occasion we may choose to communicate by email

Mother's email address: _____

Father's email address: _____

CONSENT FORM PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

**I HEREBY GRANT PERMISSION FOR THE OPERATOR, OR DESIGNATE TO THIS CHILD CARE
WHATEVER STEPS ARE NECESSARY TO OBTAIN MEDICAL CARE IF WARRANTED.**

These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
2. Attempt to contact emergency contact person.

If we cannot contact parent/guardian, your child's physician, or an emergency contact person, we will do any or all the following:

1. Call another physician
2. Call an ambulance.
2. Have the child taken to the emergency department of the hospital, in the company of a staff member.

Any expenses incurred under circumstances listed above will be borne by the child's family.

THE CHILD CARE CENTRE WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF INFORMATION GIVEN AT THE TIME OF ENROLMENT.

CHILD NAME: _____

Signed: _____ Date: _____

(Parent/Guardian)

Print: _____ Date: _____

Witness: _____ Date: _____

HEALTH AND MEDICAL INFORMATION FORM

Child's Name: _____

Birth date: _____

Chronic Medical Conditions: Yes () No ()

Please Describe: _____

Physical or Intellectual Challenges Yes () No ()

Please Describe: _____

Allergies: Yes () No ()

Please Describe: _____

Routine Medications: Yes () No ()

Please Describe: _____

History of Communicable Diseases: (Refer to attached list.) Yes () No ()

Please Describe: _____

Other important Information:

Instructions for Special Diets, Rest or Exercise that the teacher should be aware of: _____

Does your child have any particular fears: Yes () No () _____

Does your child toilet trained: Yes () No () _____

Signature of Parent/Guardian : _____ Date: _____



TOTS TOGETHER PRE-SCHOOL

The Village Shul
1072 Eglinton Avenue, West
Toronto, Ontario M6c 2e2
(416) 785-1107

PARENT HANDBOOK MANDATORY FORM

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE RECEIVED, READ, AND ACKNOWLEDGE THE CONTENTS OF THE TOTS TOGETHER PRE-SCHOOL PARENT HANDBOOK.

PLEASE RETURN THIS FORM BEFORE OR ON THE FIRST DAY OF THE SCHOOL YEAR.

Thank you

Child's name: _____

(Print Name)

(Signature)

TOTS TOGETHER PRESCHOOL MAY USE HAND SANITIZER ON MY CHILD'S HANDS

(Print Name)

(Signature)

I GIVE PERMISSION FOR TOTS TOGETHER PRESCHOOL TO TAKE PICTURES OF MY CHILD FOR EDUCATIONAL PURPOSES AND FOR THE SCHOOL'S PROMOTIONAL PURPOSES. INCLUDING THE TOTS TOGETHER FACEBOOK PAGE.

(Print Name)

(Signature)

[CLICK HERE FOR TORONTO GUIDELINES FOR COMMON COMMUNICABLE DISEASES](#)

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 your Licensed Child Care Provider.

Toronto's Medical Officer of Health recommends that all children who attend daycare are immunized according to the revised Publicly Funded Immunization Schedule for Ontario – August 2011. This schedule can be found at www.toronto.ca/health by clicking on "Immunization".

A parent or guardian of a child registering in a licensed child care program must provide one of the following to the Licensed Child Care Provider:

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

OR

A medical exemption form, completed by a qualified medical practitioner that clearly states the medical reasons why the child cannot be immunized

OR

A letter provided in writing objecting to the immunization on the grounds that it conflicts with a parent/guardian's conscience or religious beliefs.

If an outbreak occurs, any child who is not adequately immunized will not be able to attend the child care facility until the child receives the required vaccine or until the outbreak is declared over.

Instructions:

1. Complete the reverse side of this form and return it to the Licensed Child Care Provider.
2. Fill in the dates of each needle (year/month/day) or attach a clear photocopy of the child's immunization record. Both sides of the record must be included.
3. If you do not have an immunization record for your child, take this form to your doctor to complete.
4. Each time your child is immunized, give a copy of that information to the Licensed Child Care Provider.
5. If you do not have an Ontario Health Card, call 416-392-1250. You will receive information about where your child can receive free immunization services.
6. Always keep a copy of your child's immunization record for future reference.

**If you require further information, please call Toronto Public Health
Immunization Information Line at 416-392-1250**