



NURSERY TWO CHILD CARE
REGISTRATION PACKAGE

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My child attends SCHOOL AGE FAMILIES ONLY school

Please circle which Nursery Two program your child will be attending:

- N2 @ St. John • N2 @ St. Alphonsus • N2 @ Otonabee Valley • N2 @ Keith Wightman (care provided at St. Alphonsus)

ALL FORMS must be filled in prior to enrollment

Start Date: office use only Visit Dates: office use only Withdrawal Date: office use only

Child's Schedule: Please indicate drop off/pick up times under each day you require care:
Monday Tuesday Wednesday Thursday Friday

Child's Name: Date of Birth (mm/dd/yyyy):
Address: City: Postal Code:

Parent Name: Address: City: Postal Code: Work Name & Address (incl. city & postal code):
Home Phone: Cell: Work Phone: Ext: Email address:

\*\*up to date email addresses for both parents are required for billing purposes\*\*

Persons To Whom Child May Be Released To/ Emergency Contacts (OTHER THAN PARENT)
Name: Phone # Work # Relation to Child:
Nursery Two will not release children to anyone under 18 years of age.

Doctor Name: Address: (Incl. Postal Code) Telephone:
Allergies: Any Health/Medical Concerns:
Dietary Restrictions:

Consent for: Parent Signature:
The children will be going on impromptu walks and field trips within walking distance of the child care centre - please sign to indicate consent.
The news media and special guests visit the child care centre from time to time. We would appreciate your permission to allow your child to be photographed and/or filmed for internal use and for media or publicity - please sign to indicate consent.
In case of emergency I hereby give permission for my child to be taken to the hospital and/or give medical treatment if necessary - please sign to indicate consent.
In case of emergency evacuation I hereby give permission for my child to be transported via school bus/Nursery Two transportation vehicle to the designated evacuation site. (See Parent Manual for more details) - please sign to indicate consent.

Parent Signature: Date:

Please include custody forms if applicable.



## Sharing Pictures Release Form

*all forms must be filled in prior to enrollment*

Often our staff take pictures of the children throughout the day and have them on display for everyone to enjoy. From time to time staff would like to share these photos with you and your child in journals, picture sharing and on cards that can be taken home. Most photos have multiple children in them. In order for Nursery Two to send these photos home with your child(ren) and their friends, we need your permission.

Therefore:

I \_\_\_\_\_ give permission for Nursery Two Child Care to share my child \_\_\_\_\_'s photo with other children and families associated with their organization.

Parent Signature: \_\_\_\_\_

Dated: \_\_\_\_\_



Permission to Administer  
NON PRESCRIBED Medication

SUNSCREEN

*all forms must be filled in prior to enrollment*

I hereby give my permission to the staff of Nursery Two Child Care to apply sunscreen to my child \_\_\_\_\_ according to the instructions printed on the ORIGINAL container.

From: (Child's Start Date): office only - onward \*

Name of Medication: Nursery Two Sunscreen - Various Sunscreen brands, minimum 30 SPF

Dosage: apply to exposed skin for any outdoor time

Times to be given: before outdoor time

***ATTN:*** *This form does not apply to School Age children enrolled in our Before/After School Program(s). Please have your own protocols in place to keep your child protected from the sun throughout their day. Nursery Two **does** provide school age children with sunscreen for PA Days/Summer Care during the appropriate seasons.*

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

\* this form is effective until the above mentioned child's withdrawal date.



Nursery Two Child Care

Deposit Agreement

all forms must be filled in prior to enrollment

The following is an agreement between yourself and Nursery Two Child Care, to hold a child care space for your child.

- All deposits for a child care spot reflect 10 days of care, regardless of weekly schedule. Fees are based on the room your child will be attending. Deposits can be paid via e-transfer to nurserytwocc@gmail.com
I (name) \_\_\_\_\_ have paid \$\_\_\_\_\_ to Nursery Two Child Care as a deposit for my child (name) \_\_\_\_\_.
I understand that this will hold my child's spot, and the deposit amount (\$\_\_\_\_\_) will be taken off of my first child care bill. I understand this deposit is non-refundable if I do not end up taking the child care spot, and the deposit is non-transferable between Nursery Two locations.
I have also paid a non-refundable \$70.00 Registration Fee (\$28.35 CWELCC reg. fee for under 6.1 years) (Check/intial box if reg. fee paid)
Start date: \_\_\_\_\_
Nursery Two location: (please circle) St. John, St. Alphonsus, Otonabee Valley, Keith Wightman (care provided at St. Alphonsus)

Parent Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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



**Nursery Two Child Care**

## **No Outside Food Policy**

***all forms must be filled in prior to enrollment***

Due to various allergies and health concerns, children are not allowed to bring any outside food into our programs\*. Children will not be allowed to have food that is not prepared at our facility while in any of our Programs. We provide children with snacks throughout the day as well as a full meal at lunch time, depending on the care your child has.

**\*Exceptions apply to infants enrolled in our Infant Program, in regards to bringing in breast milk, formula, etc.**

By signing below you are stating that you understand this policy, and will not bring outside food into any of Nursery Two Child Care's programs.

Signature: \_\_\_\_\_

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



## Social Media Photo Release Form

*all forms must be filled in prior to enrollment*

Often our staff take pictures of the children throughout the day and have them on display. Occasionally our social media pages are updated with pictures from our programs. We need your permission to post pictures that have your child(ren) in them:

I \_\_\_\_\_ give permission for Nursery Two Child

Care to post my child \_\_\_\_\_'s picture on the Nursery Two social media pages.

Parent Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

\* names of children are not put on our website/social media

\* faces of children are not shown on our Instagram/Facebook unless parental permission is given on a case by case basis

*Please feel free to check out our social media pages before signing this form, to see how we display our pictures throughout:*

[www.nurserytwochildcare.com](http://www.nurserytwochildcare.com)

Facebook: [Nursery Two Child Care](#) (please Like & Follow for updates)

Instagram: [@nurserytwochildcare](#) (Please follow to see our fun activities)

**all forms must be filled in prior to enrollment**

**Request for Immunization Information  
For Children in Schools or Child Care Centres  
(CONFIDENTIAL when Completed)**

Office Use Only: sent to Health Unit on  
date: \_\_\_\_\_ initials: \_\_\_\_\_



Immunization is the best way to protect your child from vaccine preventable diseases. **Please complete this form and ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD.** Please ensure that the name and birthdate of the child is also included on the immunization record. This information can be returned by:

- ✓ Fax: 705-743-2897
- ✓ Mail: Peterborough Public Health, 185 King Street, Peterborough, Ontario K9J2R8
- ✓ Phone: 705-743-1000, ext. 139
- ✓ Or immunization information can be entered on line at [www.peterboroughpublichealth.ca](http://www.peterboroughpublichealth.ca) and search 'update immunization record'

Under the Immunization of School Pupils Act and the Child Care and Early Years Act, Public Health ensures that all children in the Peterborough County and City have adequate immunization against tetanus, diphtheria, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chicken pox). A valid exemption is needed for those who choose not to immunize. (NOTE: For children in Child Care Centres, you may have to provide an additional copy of your immunization information directly to the Centre.)

It is up to the parent/guardian to provide proof of the child's immunization to Public Health, as the Acts do not give permission to healthcare providers to release this information. If you have any questions, please call a Vaccine Preventable Disease Program Nurse at 705-743-1000, ext. 139.

Child's Last Name		Other Last Names Used	
Child's First Name		Other First Names Used	
Birthdate (YYYY/MM/DD)		Gender	
Name of School or Child Care Centre			
Ontario Health Card Number			
Address		PO BOX	
City		Postal Code	
Contact - Phone Number(s)			
Contact - Email			
Name and phone number of healthcare provider who could provide clarification of immunization information if needed			
Parent/Guardian Full Name			
Parent/Guardian Signature			
Date (YYYY/MM/DD)			
Please check one of the following below:			
<input type="checkbox"/> Vaccination record is attached			
<input type="checkbox"/> I will call my healthcare provider obtain this information and send it to Peterborough Public Health			
<input type="checkbox"/> No vaccine record attached to this form ⇒ Reason:			

This information is collected and used by Public Health programs under the authority of Sections 2 and 5 of the Health Protection and Promotion Act and Ontario Reg. 585/94 under the Health Cards and Numbers Control Act 1991, and Section 11 under the Immunization of School Pupils Act, R.S.O. 1990 and the Child Care and Early Years Act, S.O. 2014. For further details regarding the collection, contact Peterborough Public Health at 705-743-1000.



City of  
**Peterborough**

**Children's Services**

178 Charlotte Street, P.O. Box 4138  
Peterborough, ON K9J 8S1  
Phone: (705) 748-8830  
Fax: (705) 748-8858

Child Care Programs Waitlist Sharing Consent

I, \_\_\_\_\_  
(print full name of parent or guardian)

of \_\_\_\_\_  
(Address)

Hereby consent to the collection & release of information concerning my child care fee subsidy status between & related to

Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children's Services, City of Peterborough and representatives of the following child care programs: \_\_\_\_\_  
(Child Care Program)

for the purpose of administering child care fee subsidy & billing.

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once signed, this consent form will be valid for the period of one year, and that you may withdraw your consent at any time by giving notice to either the Child Care program or to the Children Services Department, Social Services, City of Peterborough at 175 Charlotte St., P.O. Box 4138, Peterborough On, K9J 8SJ at 705-748-8830.

Please send the signed consent form to your Children's Services Case Manager either by fax or through email.

This information is collected under the legal authority of the Day Nurseries Act, 1990, for the purpose of administering the services and programs prescribed or authorized under this act. Questions about this collection, use or disclosure should be addressed to the Manager of Children's Services, Social Services, City of Peterborough at 175 Charlotte St. P.O. Box 4138, Peterborough ON K9J8SJ at 705 748 8830. If this information is required in an accessible format, please contact 705 748 8830 ext.3226





Nursery Two Child Care

## Payment Information

A one-time non-refundable Registration Fee is required before a child can start with Nursery Two. Registration Fee is per family, not per child.

A non-refundable, non-transferable deposit is also required before your child can start. Please speak with the staff member who set up your enrollment regarding this. Deposits are non-refundable if you choose to not take the spot, however when you do take a spot, the deposit is deducted from your first invoice with us.

Nursery Two Child Care accepts e-transfers for payment.

- Send all e-transfers to [nurserytwocc@gmail.com](mailto:nurserytwocc@gmail.com)
- You **MUST** include your child's first and last name in the memo line
- Your e-transfer will be automatically deposited, unless your bank does not support this feature. If not, you will be asked to provide a security question/answer. Please use:
- Security question: Where is N2?
- Security answer: peterborough
- **Your e-transfer will not be accepted if the answer is not peterborough**

*Nursery Two Child Care does not accept  
cash as a method of payment.*



**Nursery Two Child Care**

**NURSERY TWO CHILD CARE**

**CENTRE AGREEMENT**

*all forms must be filled in prior to enrollment*

Our parent manual is available on our website [www.nurserytwochildcare.com](http://www.nurserytwochildcare.com) Please review the parent manual before signing below. *It is each parent's responsibility to keep up to date with Nursery Two's policies and procedures. Updates are posted to our website, and all policies and information are subject to change.* Another great way to keep up to date with announcements is to follow our Facebook page, [www.facebook.com/nurserytwochildcare](http://www.facebook.com/nurserytwochildcare) You do not need a Facebook account to view public business pages.

I/We have read and agree to the policies described within Nursery Two Child Care's Parent Manual, as well as all Covid-19 policies (listed & updated on website). I also understand that Nursery Two will inform me of any changes to policies that would pertain to my child's care. I further understand that not all of the agency's policies and procedures have been listed in the Parent Manual. However, the policies and procedures that pertain to my child's day to day care have been made available to me.

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**NAME OF CHILD** (please print)

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**SIGNATURE OF PARENT/GUARDIAN**

*If you are emailing the completed registration package, you must bring in your original copy prior to your child's start date. Nursery Two requires original signatures to be kept on file.*

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**RELATION TO CHILD**

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**NAME OF NURSERY TWO STAFF**

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**SIGNATURE**

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**DATED**