



# OCCASIONAL CARE PARENT FORM

Please Note: Payment is required prior to care. Payments can be made in person or through e-transfer

## Child Information

Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

## Parent/Guardian Information

### PARENT #1

### PARENT #2

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Work/School Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Work/School Phone \_\_\_\_\_

Location During Care \_\_\_\_\_

With which parent does the child reside? \_\_\_\_\_

## Emergency Contact Person (Other than yourself)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_



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## Medical Consent

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Is there any information needed about your child in the event of an emergency? (e.g. medical conditions, allergies to medicine, etc). Does your child have any known health problems?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Allergies

Medicine \_\_\_\_\_ Animals \_\_\_\_\_

\_\_\_\_\_

Food \_\_\_\_\_ Sunscreen \_\_\_\_\_

\_\_\_\_\_

Previous Childcare Centre Attended \_\_\_\_\_

## Medical Authorization

If at any time due to such circumstances as an accident, sudden illness or emergency, and medical treatment is required before you can be contacted, I, \_\_\_\_\_

give permission to the Lee Wiggins Childcare staff to take or send my child \_\_\_\_\_

\_\_\_\_\_ by ambulance to a hospital in such circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Dietary Preferences

- Kosher     Vegan     Gluten-Free     Dairy-Free  
 Halal     Vegetarian     Egg-Free     Other \_\_\_\_\_

## Toileting

Is your child toilet trained?    Yes     No     Does your child nap?    Yes     No

## Authorized Child Pick Up

Adults who have permission to pick up your child(ren):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

## Permission to Leave the Centre

In the event of supervised activities outside the Centre, such as a walk around campus, or in circumstances when due to an emergency the staff and children are required to vacate the Centre premises, I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to leave the Centre in the company of the Centre's staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# OCCASIONAL CARE PARENT FORM

## Care Agreement

**DATE OF CARE** From \_\_\_\_\_ To \_\_\_\_\_

**COST OF CARE** \_\_\_\_\_

### METHOD OF PAYMENT (PLEASE CHECK ONE)

Cash  Cheque  E-Transfer

## E-Transfer Instructions

A nominal fee of approximately \$1.50 is charged by your financial institution for the service.

1. As long as you have a bank account at a financial institution, you can make e-transfer payments online through your banking website.
  2. Login to your account.
  3. Enter your email address.
  4. You will be asked for your Recipient's name - "Lee Wiggins Childcare".
  5. Next, you will be asked for your Recipient's email - "yorkuchildcare@gmail.com"
  7. Enter payment details. (eg \$200)
- Create and type in a security question and security answer. Use: "What is your child's first name?" & "\_\_\_\_\_" (your child's first name).
10. You can confirm if the e-transfer was sent by "viewing status".