

# Wychwood Tigers Daycare Enrolment Package



**Wychwood Tigers Daycare**  
44 Hilton Avenue, Toronto, Ontario M5R 3E6  
Tel: 416-532-1841  
e-mail: [wychwoodtigersdaycare@bellnet.ca](mailto:wychwoodtigersdaycare@bellnet.ca)  
website: [www.wychwoodtigers.com](http://www.wychwoodtigers.com)

**Enrollment Form**

Please print clearly and complete in full

Start date: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month Day Year

Address\*: \_\_\_\_\_  
Street City Postal Code

Home Phone#: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Address\*: \_\_\_\_\_  
Compete address required\*

Doctor's Telephone: \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_

Address\*: \_\_\_\_\_ Address\*: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contacts: (other than parents \*\*parents will always be called first)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

List Below who is authorized to pick up your child from daycare (other than parents):

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

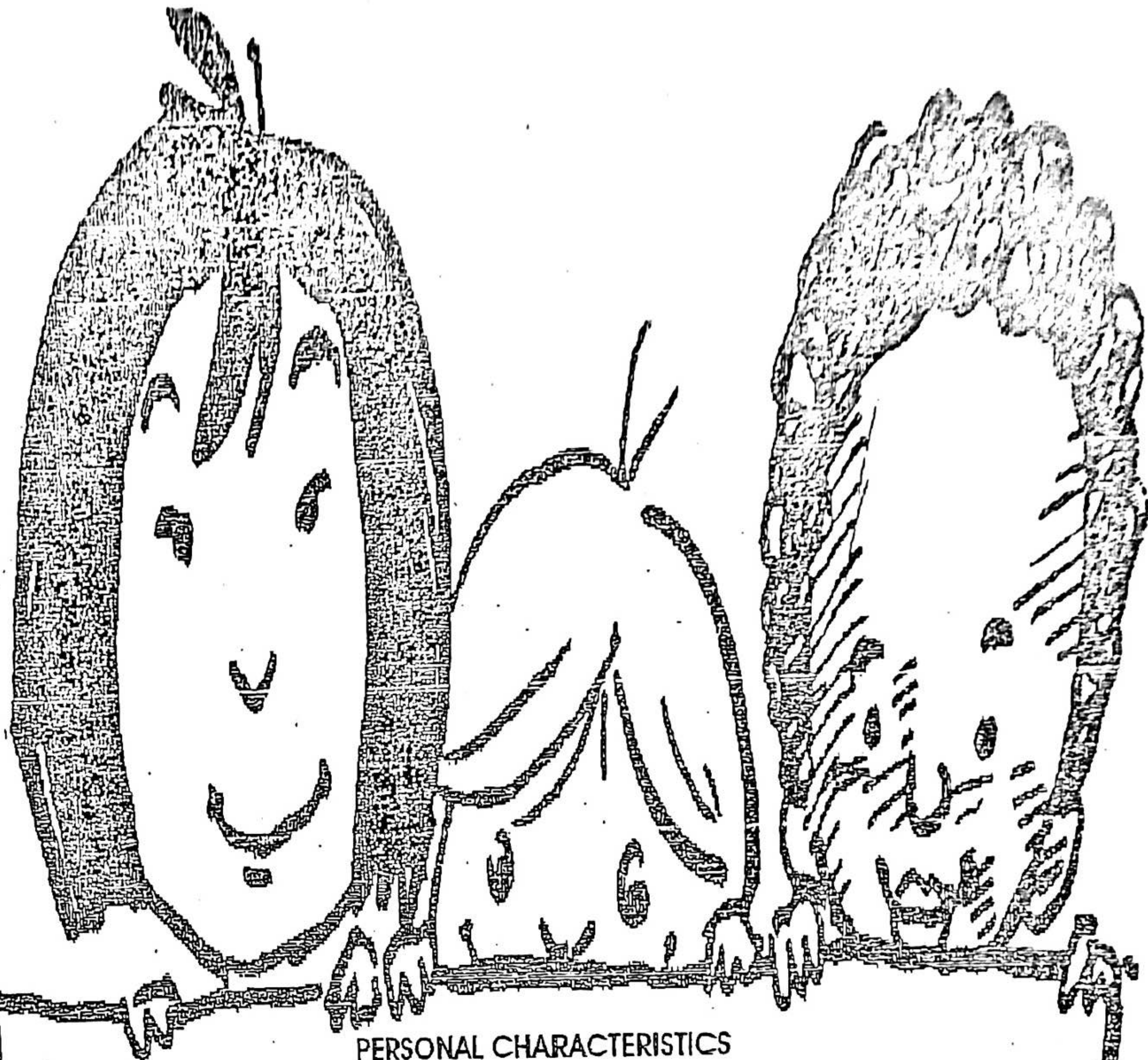
4. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**List any allergies\* (anaphylactic symptoms requires additional forms), medical conditions (please elaborate), or food restrictions:**

\_\_\_\_\_  
\_\_\_\_\_

I give the staff at Wychwood Tigers Daycare Centre permission to obtain necessary medical assistance in the event of an emergency situation.

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



PERSONAL CHARACTERISTICS  
FACT SHEET

Child's Name: \_\_\_\_\_

Hair Colour: \_\_\_\_\_

Eye Colour: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Distinguishing marks/features: \_\_\_\_\_

**\*\*PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD\*\***



Space Availability Form

*WTDC's classroom space is based on our licensed capacity. We cannot guarantee that a space is available for your child in the next program. Movement into the next program occurs the first operating day in July. If we cannot accommodate your child, we will try to assist you to find alternate child care arrangements.*

*Space priority will be given to: children with siblings, children with special needs, and birth dates (youngest to oldest).*

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ understand and agree to the above noted space  
Parent/Guardian

Availability policy at Wychwood Tigers Daycare.

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

\_\_\_\_\_  
Date

## Local Trip Permission

I give permission for my child, \_\_\_\_\_  
to attend all local outings with Wychwood Tigers Daycare. The location and  
times of these outings will be posted in the room. The trips may cover the  
area bounded by:

North to Tichester Street-South to Olive Avenue  
West to Henderick Street - East to Spadina Road

Parent/ Guardian

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

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

# Wychwood Tigers Daycare Centre

## Image Release Form

I, \_\_\_\_\_, hereby give consent

*(Name of parent/guardian)*

to my child being , photographed, filmed, audiotaped, interviewed, and videotaped by the staff of Wychwood Tigers Daycare Centre for the purpose of display within the centre.

Name of child: \_\_\_\_\_

\_\_\_\_\_  
*(signature of parent/guardian)*

\_\_\_\_\_  
*(date)*



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Optional

Consent Form to be included in the Parent Contract of the Child Care Centre

In order to best serve children's needs, it is helpful for the school and the child care centre to have opportunities to exchange information.

We would appreciate it if you would complete and sign the attached permission form allowing this exchange of information.

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I/we give permission to the staff of the Wychwood Tigers Daycare Centre and the staff of the Hillcrest Community School for reciprocal exchange of information about my child

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Name of child

Date of Birth

I UNDERSTAND THAT WRITTEN INFORMATION WILL BE KEPT IN MY CHILD'S CHILD CARE CENTRE'S RECORDS.

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Parent/Guardian Signature

Date

The Municipal Freedom of Information and Protection of Privacy Act, 1989, Subsection 32 (b) states: "An institution shall not disclose personal information in its custody or under its control except, if the person to whom the information relates has identified that information in particular and consented to its disclosure".



Dear Parent or Guardian:

Under the Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 all children who attend a child care centre must be immunized according to Ontario's Publicly Funded Immunization Schedule.

**Don't have updated immunization records?**

- See your doctor for updated immunization records or missed vaccines
- Each time your child receives a vaccine, give a copy of that information to your Child Care Centre
- No Health Card? Call 416-392-1250 for locations where your child can receive free vaccination
- Always keep a copy of your child's immunization record for your reference

**Exemptions:**

If an exemption is required, please speak to your child care centre staff

For more information, call Toronto Public Health; Immunization Information Centre at 416-392-1250

Name of Child Care Centre

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Child's Name

LAST NAME	MIDDLE NAME	FIRST NAME
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Date of Birth

(year/month/day)

Home Address

NUMBER	STREET NAME	UNIT#	CITY	POSTAL CODE
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Parent/Guardian Name

LAST NAME	FIRST NAME
-----------	------------

Telephone Number

HOME.	BUSINESS
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Doctor's Name

Telephone Number:

Please attach a photocopy of your child's immunization record and return it to the Child Care Centre.

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.h.7. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program, including maintaining immunization records for Child Care Centres. The confidentiality of this information is protected. For more information, visit our Privacy Statement at [tph.to/personalhealthinfo](http://tph.to/personalhealthinfo) or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2<sup>nd</sup> floor or by telephone at 416-392-1250.

Wychwood Parents/Guardians,

Wychwood Tigers Day Care has gone paperless for calendars, newsletters, notices etc. We have set up an email address for each group. In order to receive all pertinent information, please include your email address/addresses below for us to correspond with you. This is to ensure that you do not miss out on any important reminders. Please note that the email address for your child's group is for OUTGOING MAIL ONLY and your email address will NOT be shared with other families. If you need to contact the daycare, please call 416-532-1841 or email us at wychwoodtigersdaycare@bellnet.ca. Below is a list of emails for each group. Please add us to your contacts so that our emails do not go to your junk mail.

Nursery School: nurserynews.wtdc@gmail.com

Preschool: preschoolnews.wtdc@gmail.com

Room 107: 107news.wtdc@gmail.com

Room 108: 108news.wtdc@gmail.com

Junior School Age: juniorschoolagenews.wtdc@gmail.com

Senior School Age: seniorschoolagenews.wtdc@gmail.com

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Child's name: \_\_\_\_\_

Child's group: \_\_\_\_\_

Please send information to email/emails listed below.

1. \_\_\_\_\_

2. \_\_\_\_\_

(Please print clearly)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_