

**INFANT JESUS -WATERDOWN
SISTERS OF ST. JOHN THE BAPTIST
717 Centre Road, Waterdown, Ontario**

APPLICATION FOR ENROLLMENT

Student Surname		First Name	
Date of Birth Year	Month	Day	Sex Male Female
Address		City	Postal Code
Parent/Guardian Information Mother / Guardian	Last Name	First Name	Home Phone
Occupation	Name of Employer	Address of Employment	Work Phone
Parent/Guardian Information Father / Guardian	Last Name	First Name	Home Phone
Occupation	Name of Employer	Address of Employment	Work Phone

(Note: If either parent is a student, attach name of School, phone number and current schedule)

EMERGENCY INFORMATION

Persons authorized to pick up the child and to be called in case of emergency (when parents could not be reached)

Name	Relationship to child	
Address	Home Phone	Work Phone
Name	Relationship to child	
Address	Home Phone	Work Phone
Child's Physician	Address	Phone
Emergency Hospital Preference		Phone
Allergies		

Note: Infant Jesus -Waterdown uses the Health History Information form provided by the Ministry of Health. The completed form must be submitted to the office prior to the starting date.

Please check the number of days your child will attend Infant Jesus-Waterdown

Full Time (5 days a week) { }

Part Time { } **4 days / week []** **3 days / week []** **2 days / week []**

Specify Days **First Choice** **Second Choice**

Time: From _____ a.m. to _____ p.m. approximately _____ Hours per day
Registration Fee must accompany this application form Paid \$

Signature of Parent/Guardian

Date

HEALTH POLICIES AND PERMITS

I hereby grant permission to the designated persons of the Infant Jesus Staff to administer medication to my child, if the medication is brought by me and administered according to directions and schedule. I also agree to have minor medical treatment administered for minor injuries.

Signed (Mother / Guardian) _____ Date _____

Signed (Father / Guardian) _____ Date _____

**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES
EMERGENCY MEDICAL CARE AND RELEASE FROM
LIABILITY**

I hereby grant permission for my child to use all the play equipment and participate in ALL OF THE ACTIVITIES at Infant Jesus-Waterdown.

I hereby grant permission for my child to leave Infant Jesus premises under the supervision of a staff member for the neighbourhood walks visits to historical and / or educational places, and / or for field trips.

I hereby grant permission for the Supervisor / Administrator and/or her designated substitute to take whatever steps that may be necessary to obtain emergency 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.
3. Attempt to contact the parent / guardian through any of the persons listed on the emergency information section **1** completed for Infant Jesus.
4. If parent / guardian or child's physician cannot be contacted, any or all of the following will be done:
 - a. call another physician or paramedics;
 - b. call an ambulance; and
 - c. have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4, above, will be borne by the child's family.
6. Infant Jesus will not be responsible for anything that may happen as a

result of false information given at the time of enrollment.

I hereby free Infant Jesus - Waterdown, and any person/s in attendance at the time of the trips mentioned above, from all responsibility due to any damage, contraction of illness, accident, loss of personal property, or other occurrences that might take place during the time my child is enrolled at Infant Jesus.

Signed (Mother / Guardian) _____ Date

Signed (Father / Guardian) _____ Date

AGREEMENT

I hereby agree to comply with the policies and procedures of the Infant Jesus-Waterdown regarding fees, attendance, health, parking, clothing, and other items specified in the INFORMATION (Philosophy, Procedures & Policies) sheets, issued by the school. I am aware of the scheduled school holidays.

Signed _____ Date

(Mother / Legal Guardian)

Signed _____ Date

(Father / Legal guardian)

FOR SCHOOL USE ONLY

Date of Interview _____ **Date of Child's Visit** _____

Starting Date _____ **Date of Discharge** _____

Approved By _____ **Date Approved** _____

Date of Birth verified: _____ **Birth Certificate** _____ **Baptismal Certificate** _____