



Name Start Date Inf Tod Pre Kind SA Registration Fee Auto Withdrawal Form Immunization Card Copied Public Health Immunization Data Sheet Emergency Card Application Form Complete Visit Days Schedule Door Code Photo Hi Mama/Remind Quick Books

ENROLMENT APPLICATION

The Sunflower School is a magical place of relationships and interactions that weave parents, children and educators into a culture of learning

The Sunflower School Lord Dufferin 32 First Street, M1 Orangeville, Ontario I 9W 2F1

519-307-7500

The Sunflower School Townline 9 Townline Orangeville, Ontario L9W 3R4

519-938-5147

THE HUNDRED LANGUAGES OF CHILDREN

No way. The hundred is there. The child is made of one hundred. The child has a hundred languages a hundred hands a hundred thoughts a hundred ways of thinking of playing, of speaking. a hundred, always a hundred ways of listening of marveling, of loving a hundred joys for singing and understanding a hundred worlds to discover a hundred worlds to invent a hundred worlds to dream. The child has a hundred languages (and a hundred hundred more) but they steal ninety-nine. The school and the culture separate the head from the body. They tell the child to think without hands to do without head to listen and not to speak to understand without joy to love and to marvel only at Easter and Christmas. They tell the child to discover the world already there and of the hundred they steal ninety-nine. They tell the child that work and play reality and fantasy science and imagination sky and earth reason and dream are things that do not belong together. And thus they tell the child that the hundred is not there. The child says "No way - The hundred is there."

Loris Malaguzzi

ENROLMENT APPLICATION

Please Attach a Current Photo of Your Child

Full Name of Child			Date	
Date of Birth			Preferred First Name	
Home Phone Number			Age as of Today	
Program			Requested Enrolment Date *	
Schedule	Full Time	Part Time	Select Days Applicable	M T W T F
Address				
City			Postal Code	
What do you want from Th	ne Sunflower Scho	ool experience for	your child?	
			LD'S FAMILY	
documents must accompa		licate with whom t	the child is living. If there is a cus	stody and/or access issue, legal
documents must accompa Who does the child live wi	any these forms		the child is living. If there is a cus	stody and/or access issue, legal
·	any these forms ith? (please check		he child is living. If there is a cus	stody and/or access issue, legal
Who does the child live wi	any these forms ith? (please check	cone)	he child is living. If there is a cus	stody and/or access issue, legal
Who does the child live wi ☐ Both Parents	any these forms ith? (please check	cone)	he child is living. If there is a customer the child is living. If there is a customer the child is living. If there is a customer the child is living. If there is a customer the child is living. If there is a customer is a customer than the child is living. If there is a customer is a customer than the child is living. If there is a customer is a customer is a customer in the child is living. If there is a customer is a customer in the child is living. If there is a customer is a customer in the child is living. If there is a customer is a customer in the child is living. If there is a customer is a customer in the child is living.	stody and/or access issue, legal
Who does the child live wi Both Parents Parent Information	any these forms ith? (please check	cone)		stody and/or access issue, legal
Who does the child live wi Both Parents Parent Information Full Name of Parent	any these forms ith? (please check	cone)	Home Phone Number	stody and/or access issue, legal
Who does the child live wi Both Parents Parent Information Full Name of Parent Cell Phone Number	any these forms ith? (please check	cone)	Home Phone Number	stody and/or access issue, legal
Who does the child live wi Both Parents Parent Information Full Name of Parent Cell Phone Number Home Address	any these forms ith? (please check	cone)	Home Phone Number Home Email Address	stody and/or access issue, legal
Who does the child live wi Both Parents Parent Information Full Name of Parent Cell Phone Number Home Address City	any these forms ith? (please check	cone)	Home Phone Number Home Email Address Postal Code	stody and/or access issue, legal
Who does the child live wi Both Parents Parent Information Full Name of Parent Cell Phone Number Home Address City Occupation	any these forms ith? (please check	cone)	Home Phone Number Home Email Address Postal Code Employer's Name	stody and/or access issue, legal
Who does the child live wi Both Parents Parent Information Full Name of Parent Cell Phone Number Home Address City Occupation Work Phone	any these forms ith? (please check	cone)	Home Phone Number Home Email Address Postal Code Employer's Name	stody and/or access issue, legal

Full Name of Parent			Home Phone Nur	mhor		
Cell Phone Number			Home Email Add	ress		
Home Address						
City			Postal Code			
Occupation			Employer's Name	9		
Work Phone			Work Email			
Work Address						
City			Postal Code			
Brothers & Sisters						
Name			Age			
Name			Age			
Name			Age			
Name Name			Relationship Relationship			
Name			Relationship			
Name			Relationship			
Name			Relationship			
			L INFORM	ATION		
Please indicate if your child ex	xperiences or has e					equired
Please indicate if your child ex			of the following:		pi Pen R	equired
Please indicate if your child ex	xperiences or has e	experienced any	of the following:	E	pi Pen R	
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Please indicate if your child ex A Nuts Other Foods Latex	xperiences or has e	experienced any	of the following: Unknown	E Yes	pi Pen R	□ No
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Please indicate if your child example of the Pools Nuts Other Foods Latex Bee Stings Medication Other If other, please specify: Other Dietary Restrictions: Behaviour Issues ADHD Seizures Vision/Hearing Difficulties Mobility Difficulties Asthma Diabetes Is your child currently or has been supported by an outside agency?	xperiences or has examples Yes	No N	of the following: Unknown Un	Yes Yes Yes Yes Yes Yes	pi Pen R	No No No No No

Postal Code

City

History of Communicable Diseases

Disease	Date	Disease	Date
Red Measles		Chicken Pox	
German Measles		Mumps	
Scarlet Fever		Whooping Cough	
Other:		Other:	

General

Is the	ere anything else w	e should	be aware	of regarding	your child's	health o	r medical	history? [Does your	child l	nave no	w (or
has	our child ever had	any me	dical proble	ems of which	h we should	be aware	e?					

Other Dietary Restrictions

Specific List is Required

EMERGENCY CONTACTS

Every effort will be made to contact you in the event of an emergency; however, these people will be contacted if we cannot reach you. Please make sure your child is familiar with your emergency contact person

Emergency Contact #1

Full Name	Relationship	
Cell Phone Number	Home Phone Number	
Home Address		
City	Postal Code	

Emergency Contact #2

Full Name	Relationship	
Cell Phone Number	Home Phone Number	
Home Address		
City	Postal Code	

Who Else is Authorized to Drop Off & Pick Up Your Child?

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

REST OR EXERCISE RESTRICTIONS

have the following exercise restrictions for	or my child:		
Parent Signature			Date
INTERNAL	L PHOTOGE	RAPHY PE	RMISSION
give my permission for my child to be photonternal use only. If a photo is to be placed			
	☐ YES	□NO	
Parent Signature			Date
We do have an Instagram account for the the current children enrolled have access	school, photos are or	nly placed on there i	PERMISSION f you feel comfortable. Only the parents of
	☐ YES	□NO	
Parent Signature			Date
S	OCIAL MEI	DIA POLIC	Y
acknowledge that photos and videos pos not permitted to share any of the photos o another child with them. The identity of an	r videos on my perso	nal social media acc	counts if the photo or video includes
	☐ YES	□NO	

SUNSCREEN PERMISSION

I give permission to The Sunflower School to apply sunscreen on my child OR I have supplied The Sunflower School with sunscreen to be applied to my child.

Name of Sunscreen:	
Parent Signature	Date
COMMUNITY WALK DEDMISS	NON
COMMUNITY WALK PERMISS	
I give permission for my child to be taken on community walks. Every precaution and s go on community walks.	afety measures are in place when we
Parent Signature	Date
INCLUSION POLICY	
Inclusion/inclusive: An approach to policies and practice in early years settings where and served within a program and where each child and family experiences a sense of l	
participate fully in all aspects of the program or service. Inclusive practice includes beir	
personalities and circumstances of all children and understanding the diversity of devel	lopment of all children (College of
Early Childhood Educators: Code of Ethics and Standards of Practice, 2017).	
The Sunflower School is committed to supporting high quality, inclusive practices in an child's capacity and interest. We believe that children of all abilities should have access	
that support our image of the child. When children are together as part of the group, the	eir development is enhanced and
positive social attitudes are fostered, as is their sense of belonging. All children need so so they can learn and fully engage in experiences with their peers. Our staff are respor	upport to reduce or eliminate barriers asive to the individual abilities and
needs of each child, and work as a team with families and Dufferin Child and Family Se Children with Additional Needs" (ICAN) to develop, implement and review Individual Su	ervice's program "Inclusion for
needs. Occasionally, additional staff are required as part of a strategy to include every	
Consent to Disclose/Exchange Information	
This consent is for the purpose of sharing information between The Sunflower School a	
Additional Needs program to assist with prompt planning and providing quality service	
I authorize the disclosure/exchange of information between The Sunflower School and Additional Needs program for the purpose of supporting my child if additional needs are	
information shared is confidential and that it will not be shared with any other person/se	
consent.	
☐ YES ☐ NO	
Parent Signature	Date

GUIDING CHILDREN & BEHAVIOUR

The purpose of our school and our team is to provide a warm and caring environment in which each child can play, learn and grow. Keeping in mind the development of the children, consistent limits have been set. These reflect concerns about issues of health and safety, appropriate use of toys and equipment, and respecting the rights of each child as an individual. Children respond best to positive direction, encouraging language and tone of voice. We believe a child learns respect by being given respect. Our child guidance policies reflect these beliefs. The following methods will be used as appropriate to individual situations:

- Redirection-guiding a child towards an acceptable option when engaged in an unacceptable activity
- Natural and logical consequences
- Limit setting-boundaries are developed by the team for the children as a group or for individual children, according to specific situations
- Modeling appropriate behavior
- Offering and encouraging choices
- Anticipating conflict and planning an appropriate program environment
- Positive reinforcement and encouragement

Under no circumstances will children be harmed physically or emotionally by a staff member. Contravention of this policy by staff would be dealt with under terms of employment. Also, parents, students and other adults are required to maintain this same policy while they are on the premises of The Sunflower School.

Right of Exclusion Policy

Parent Signature

The Sunflower School reserves the right to exclude any child for whom the program offered by the school is deemed inappropriate in meeting the developmental, social or behavioral needs for the child within our group setting. Any decision regarding a child's continuance in the school will be reviewed by the Director in consultation with the Early Childhood Educator. Consultation with the parent will also take place. If parents are asked to withdraw their child, two weeks' notice will be given.

Parent Signature			Date
In the face of imminent danger to children, staff o will provide compensation for the required two we determined as a danger to our children.			
If problems between the school personnel and pasituation will be discussed with the Director and passumed that all feasible solutions will be consider could include asking those parents to withdraw the	earents. The soluti ered in an attempt	ons arrived at during to resolve the proble	g this discussion will be final. It is
Payment			
I understand that my fees are to be paid in full ev	ery month. Please	see Fee Policy sec	tion in the Parent Handbook.
	☐ YES	□NO	

Date

PARENT/GUARDIAN SIGNATURES I understand that if the Upper Grand School Board is closed due to extreme weather then so is The Sunflower School I understand that The Sunflower School is closed at 5 pm on long weekends I understand that The Sunflower School is closed on Thursday and Friday before Labour Day for repairs and maintenance and professional development for the teachers

Failure to disclose any and all information requested on our enrolment form will automatically void your child's admission to the Sunflower School. The Sunflower School's open admission and hiring policies does not discriminate on the basis of race, sex, ethnicity, or similar factors.

Parent Signature	Date
Parent Signature	Date

FOR INTERNAL USE ONLY					
Date of Enrolment		Date of Withdrawal			
Program	Schedule	1st Scheduled Visit	2 nd Scheduled Visit		

Toddler		Pre-School		School Age	
Teachers	Date	Teachers	Date	Teachers	Date
Initials		Initials		Initials	