



## REGISTRATION PACKAGE

\*Family Information

\*Child's Information

\*Arrival, Departure and Release of Children from the Centre

\*Policies: Permissions and Consents

\*Policies That Directly Affect Your Child's Care

\*Child Care Fee Agreement

## FAMILY INFORMATION

**Parent/Guardian #1 Name:** \_\_\_\_\_

Parent/Guardian's Relationship to Child \_\_\_\_\_

Home address: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Employer or School Name: \_\_\_\_\_

Employer or School Address: \_\_\_\_\_

Work or School #: \_\_\_\_\_ Ext. \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_

Parent/Guardian's Relationship to Child \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Employer or School Name: \_\_\_\_\_

Employer or School Address: \_\_\_\_\_

Work or School #: \_\_\_\_\_

Is your child involved with another children's treatment agency or treatment centre? (If yes, please provide name of agency, agency contact and reason for the involvement.)

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

Is there anything else we should know about your child(ren) or your family situation?

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

## Emergency Contact Information

(Please note that for safety reasons, the individuals identified below as Emergency Contacts must be at least 16 years old.)

**Emergency Contact 1** – First person to contact in an emergency if parent/guardian is not available:

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

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

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

Relationship to Child(ren): \_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact 2** – Second person to contact in an emergency if parents/guardians are not available:

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

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

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

Relationship to Child(ren): \_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### PERMISSION TO PICK-UP

Who will regularly on a daily basis be picking up your child(ren): \_\_\_\_\_

### Alternate People With Permission Pick Up

You need to let us know verbally at drop-off or by phone if an alternate person listed below is picking up, or your child will not be released. Photo I.D. will be needed if the staff has not yet met the person.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*In order to maintain appropriate teacher to child ratios at all times, we need to know your estimated time of drop-off and pick-up:

Drop-off time: \_\_\_\_\_

Pick-up time: \_\_\_\_\_

## Child's Personal Information

**Child's Name:** \_\_\_\_\_ / \_\_\_\_\_  
(Last) (Middle) (First) (Nickname)

Home Address: as listed under Family Information or as listed below

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

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

First Language: \_\_\_\_\_

**Admission Date:** \_\_\_\_\_ **Discharge Date:** \_\_\_\_\_  
(office fill out) (office fill out)

Siblings & Ages \_\_\_\_\_

Ontario Health Card Number: \_\_\_\_\_

Physician's, Address and Phone #: \_\_\_\_\_

Does your child have any allergies? If yes, what are they and list the symptoms please?

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

Does your child have any special dietary needs? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears, likes or dislikes? \_\_\_\_\_

\_\_\_\_\_

How does your child react to anxiety or stressful situations?

\_\_\_\_\_

Does your child nap? \_\_\_\_\_ During rest time does your child have a special blanket or comfort item? \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained or in the process of training? What strategies are you using?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical concerns regarding diarrhea or constipation?

\_\_\_\_\_

What activities does your child like to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Infant Room Personal Information

(If your child is starting in the Infant Room)

### Present Routine:

What time does your baby usually wake up in the morning? \_\_\_\_\_

What does your baby eat for breakfast? At what time? \_\_\_\_\_

Does your baby eat a morning snack? What are some of the foods they eat?

How many naps does your child have during the day and for how long? \_\_\_\_\_

Does your baby have a special blanket or comfort item for nap time? Does your baby liked to be swaddled?

Describe how you settle your baby to put them down for a rest. \_\_\_\_\_

Does your baby like to be cuddled, carried, walked or rocked? \_\_\_\_\_

What time does your child have lunch? What are some of the foods your baby likes to eat? \_\_\_\_\_

Does your baby like to feed themselves? Do they need help? Describe what you do at home.

Does your baby use a bottle, cup or both? \_\_\_\_\_

Do you heat up your baby's milk/formula? How? \_\_\_\_\_

What kind of milk does your baby drink? \_\_\_\_\_

Will you provide special food for your baby? (blended foods, food from home etc..)

Does your baby use a soother? When? \_\_\_\_\_

Do you use special creams, powders or lotions when diapering your baby? \_\_\_\_\_

Is there any other special instructions for the staff about the care of your baby?

Please let us know if any of these things change.

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

Signature of Parent \_\_\_\_\_

## Arrival, Departure and Release of Children from the Centre

Upon your child's arrival to the centre we would ask that you bring your child directly to their classroom or the designated area upon opening of the centre:

- The teacher will sign your child in for the day.
- Please provide your child's teacher with any pertinent information about your child's evening or morning
- When you arrive to pick up your child from the centre, you will sign your child out with the time and your initial. The teacher will provide you with information about your child's day.

**We are not able to release any child into the custody of any person who has not been pre-authorized, in writing on the emergency information sheet, by the child's parents or legal guardian. For safety reasons we ask that the person we are releasing the child to be at least 16 years old.**

The authority to release a child to someone other than the parent or legal guardian is normally provided to us at the time the child is registered in the centre. After that time, approval to have someone else pick up a child is accepted if in written form. Please let the office or teacher know in the morning if there will be an alternate person picking up that day. This person would need to be previously authorized by the parents or legal guardian as a person permitted to pick up on the emergency information sheet. Please inform us in person or by phone if an alternate person on the list provided is coming. Please note that that an alternate person authorized to pick-up may be asked for photo I.D. if our staff has not met this person before.

We would prefer that you do not telephone us to let us know of an alternate person picking up that is not on the list. However, we do understand that when unforeseen emergencies arise this may happen. In these cases, we may authorize the release of your child only if you have given written permission. We will ask you to send a letter of permission via e-mail if you ask for a person to pick-up that is not on the list.

We reserve the right to not release a child to any person who, in the sole opinion of our employee(s), is impaired or otherwise unable to suitably and safely care for the child.

**Please sign below, acknowledging that you have read and understood this policy. Thank-you.**

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

## Permission to Provide Emergency Medical Care

If your child is seriously injured or becomes ill suddenly, employees of the Centre will, in this order:

- 1) Administer appropriate first aid
- 2) Attempt to contact the child's parents or legal guardians using the telephone numbers you have provided and are on file in the Centre
- 3) Attempt to contact one of the designated Emergency Contacts using telephone numbers on file you have provided
- 4) Seek emergency medical treatment if needed

**I hereby consent that if due to circumstances such as an accident or sudden illness, emergency medical treatment may be given to my child by a physician or hospital.**

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

---

## Acknowledgement of Immunization Records

We are required to have updated immunization records on file at all times. Families are required to update us and the Health Unit when their child(ren) receive immunizations. Failure to supply updated immunization records may forfeit your child's space at F.D.N. school.

**I hereby acknowledge that my child's immunization records need to stay current with Faith Day Nursery and the Health Unit when my child(ren) receives immunizations.**

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

## Consent to Photograph or Videotape

We respect the privacy of our children, families and educators. We strive to ensure that our work is created in an environment that is safe and respected by all those who view and learn from its use, and that it is utilized only for its intended purpose.

Within our Emergent Curriculum program philosophy, we regularly take photographs of the children participating in activities, which we incorporate into our environment, creating child portfolios and for centre functions (ex. graduation and Christmas concert etc...)

There are occasional events held at our Daycare where other families and visitors are taking pictures. It is our expectation that any pictures taken of children or staff would be kept for your personal use and not posted on any social media without written consent of the parent or employee. If you are attending an event and do not want yours or your child's picture taken, you are responsible to advise anyone at the event taking pictures, of your wishes.

I consent to have my child's photo taken for internal purposes only with the exception of the individual child portfolio.

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## Consent for Supervised Walks, Field Trips and Off-site Activities

As part of our regular child care program, the children occasionally leave the Centre property to go on walks in the neighbourhood, visit a nearby park or participate in field trips. During these outings employees of Faith Day Nursery are continuously supervising the children. Parents may be asked to volunteer to help on a field trip.

**I hereby grant permission for my child(ren) to participate in supervised walks and field trips outside of the childcare centre. I hereby release, indemnify, and hold harmless Faith Day Nursery from any and all damages, claims and other liabilities, resulting from any such walk or field trip.**

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



## Food Restrictions In The Centre

Lunch and snacks are provided by the Centre, with the exception of formula and baby food that can be substituted in the infant room.

We are a nut free facility. From time to time we have children at our centre who have life threatening allergies (anaphylactic allergy). For this reason we have a "no outside food policy." We ask that you do not bring food from home. This policy is in place to protect all the children in the centre that have food allergies.

There may be special circumstances where children who have severe allergies may need food substitutions that cannot be provided by our centre. In these special cases our centre will approve outside food to come in that parents will provide. We ask that parents be extremely careful that they are bringing in nut free foods. The staff will check before these foods are served to make sure they are nut free.

We would also ask that you introduce high allergen foods like (eggs, strawberries, fish etc...) at home first.

**Please sign below, acknowledging that you have read and understood this policy. Thank-you.**

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

---

## Illness

Control of the spread of illness is always an important concern in our centre. Our centre has specific policies and procedures that determine if a child may be permitted to attend if ill. Please refer to Parent/Guardian Handbook for details on the signs and symptoms of illness that could result in a child's exclusion from the program.

Our policies follow the guidelines outlined by the Middlesex London Health Unit and are designed to maintain a safe and healthy environment for all the children, while recognizing the impact illness has on a parent's schedule. The expectation is that all parents follow these policies to aid in a healthy, happy environment for everyone at our child-care centre.

A complete copy of the policy is available for your review at any time by contacting the director.

**Please sign below, acknowledging that you have read and understood this policy. Thank-you.**

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

## Medications

The administering of prescription medication for all the children is done following certain guidelines. Our policies are in keeping with guidelines of the local health unit and the ministry of education. They are designed with the best welfare of the children in mind. A complete copy of the policy is available for your review at any time by contacting the director.

### Please note:

- It is the parent's/guardian's responsibility to notify the centre if the child is taking any prescription or non-prescription medication at home.
- It is the parent's/guardian's responsibility to hand prescription medication to the staff to be stored in a locked box in accordance with medicine's instructions. Please do not leave medication in your child's bag.
- All prescription medication must be in the original container, clearly labeled with your child's name, name of the medication, dosage of the medication to be given, date of purchase and instructions for storage
- It is the parent's/guardian's responsibility to fill in the required information on the medication sheet and provide detailed information. "As needed" does not provide enough information for us to administer medication.
- There may be special circumstances or for emergency situations that over the counter non-prescription medication may be needed. We can administer this medication **only** if a doctor's note is obtained. This note must have the child's name, name of medication to be given, dosage information, date and the doctor's signature

**Please sign below, acknowledging that you have read and understood this policy. Thank-you.**

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