



# Application Form for Summer Kindergarten Readiness

## Child Information

Child's full name: \_\_\_\_\_  
Last First Middle

Name child goes by: \_\_\_\_\_

Date of birth: (MM/DD/YY) \_\_\_\_\_ Age: \_\_\_\_\_

## First Parent/Guardian Information

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

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

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Extension: \_\_\_\_\_

## Second Parent/Guardian Information

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

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

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Extension: \_\_\_\_\_

## Custody Information

Are there any special custody arrangements pertaining to access to/visitation of your child?  Yes  No

If you answered "yes" to the above, please provide details on the arrangements:

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Copy of Custody Order provided:  Yes

## EMERGENCY CONTACTS TO WHOM CHILD MAY BE RELEASED IN ADDITION TO PARENTS/GUARDIANS:

### Emergency Contact 1

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

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

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## Pick-up Authorization List

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Please remind emergency contacts to bring a valid picture ID when picking up a child otherwise we will not be able to release the child due to safety concerns.**

**Please answer the following questions to help us serve your child and family better.**

## General Information

Please list any significant information that we should be aware of such as recent upsets or changes, fears, exceptionalities and/or special instructions:

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Does your child have sensitivity to any foods? (vegetarian, Halal, etc.)  Yes  No

If yes, please elaborate: \_\_\_\_\_

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## Allergies

If your child has any allergies, please indicate below:

Allergy	Mild	Moderate	Severe	Life Threatening

If your child has a life threatening allergy please fill out Anaphylactic Shock and Allergic Reactions prior to start date (please ask supervisor for copy). If allergy is not life threatening, please provide additional information:

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Please indicate if you have completed Anaphylactic Shock and Allergic Reactions:  Yes  No

## Medical Conditions

If your child has asthma or any other medical condition such as epilepsy, hemophilia, diabetes or reactions to drugs which could be a complicating factor please note this below and complete Medication/Treatment Record For Emergencies or Special Circumstances (please ask supervisor for copy).

Please provide additional information:

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Please indicate if have completed Medical/Treatment Record For Emergencies or Special Circumstances:

Yes  No

### PARENT/GUARDIAN PERMISSIONS:

In case of emergency, and I am/we are not able to be reached, I grant permission for the treatment of my child by a physician selected by the staff. I grant permission for my child to participate in all child care activities, and for any supervised off site trips. I will notify the Little Giants Childcare centre of any changes to my file, in writing.

I hereby consent to the collection, use and disclosure of my child's information by the centre for the purposes of providing child care services to my child enrolled in centre programs. I understand that the centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Printed Name of Parent or Guardian: \_\_\_\_\_

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



## Health and Medical Care Parent Information

Illness is an unfortunate but inevitable part of the child care environment. Please review the following policies related to health and medical care.

Our Centre follows the local Public Health guidelines related to the length of time children need to be excused from group care and when they may return to the centre. All cases will be given equal consideration.

Staff will complete a visual check of each child as they arrive at the Centre each day and will ensure that the child is well enough to participate in the program. Children who show obvious signs of communicable illness will not be admitted to the program. If your child becomes ill during the day, you (or the emergency contact) will be notified to pick up him/her as soon as possible. In some cases a confirmed diagnosis by your doctor may be required before your child returns to the Centre. Please note that when children return from being ill they must be well enough to participate in all aspects of the program INCLUDING outdoor play.

An outbreak of a communicable disease will result in distribution of a Public Health fact sheet after confirmed diagnosis by the child's doctor. Appropriate measures will be taken to keep the spread of disease to a minimum. This includes increased disinfecting of toys and surfaces and increased hand washing by the staff and children.

If your child is prescribed medicine it is essential that the directions be followed and the course of the medication be completed. The number one reason for re-infection is noncompletion of a prescription. Please complete a medication form and inform the staff when your child needs to be given their medication at the Centre.

**To ensure the safety of all children it is imperative that ALL medications are given directly to staff i.e. not left in your child's bag.**

Most pharmacists will divide the dosage of prescription medications into two (2) containers, if requested. One (1) container can be used for administration at the Centre and one (1) for administration at home. This helps to ensure that all doses are given.

Non-prescription medications requested by the parent for short term treatment i.e. cough medicines, decongestants, antihistamines will be administered and stored according to the policies outlined for the administration and storage of prescription drugs and medications.

### **EpiPens OR Inhalers**

Little Giants recommends that each child have two (2) EpiPens at the Centre: one (1) locked in the medication box and (1) available at all times in the exception of school age children.

Little Giants will, with the written approval of the parent and medical practitioner, permit a child to carry their own EpiPen and/or asthma/allergy medication in a belt pouch. Little Giants will assess and review each situation to ensure that the child is sufficiently responsible to carry and administer the EpiPen, asthma or allergy medication.

The EpiPen must accompany the child throughout the day, both indoors and outdoors. The EpiPen(s) must accompany the child on trips.

Each child with an EpiPen must have an Action Plan completed by the parent and physician. These forms must be reviewed and signed annually by the parent and by the child's physician.

Directions for administering puffers must be clear and a medication form must remain on file for both regular and occasional use of puffers.

## **Childhood Illnesses**

**Chickenpox** confirmed diagnosis, the child must remain at home until all lesions are crusted over, the child is fever free and able to participate fully in all aspects of the program.

### **Conjunctivitis (Pink Eye)**

The child will be excluded from care if discharge is thick and yellow or green. The child must be treated with prescription antibiotic drops for 24 hours and the eyes must be clear of discharge before returning to the centre.

### **Common Cold**

The child may attend as long as there is no fever and the child feels well enough to participate in all aspects of the program.

### **Coxsackie Virus (Hand, Foot & Mouth Disease)**

After confirmed diagnosis, the child may return to the Centre if they are fever free and feel well enough to participate.

### **Croup**

The child may attend as long as there is no fever and is able to participate.

### **E. Coli Food Poisoning (Verotoxin-producing E. Coli ... a.k.a. hamburger disease)**

The child can return to the centre after two consecutive stool samples, collected 24 hours apart, are cultured negative.

### **Fifth Disease (Slapped Cheeks Syndrome)**

After confirmed diagnosis by doctor, the child may return if fever free and able to participate in all aspects of the program.

### **Head Lice**

The child will be sent home when lice are detected. A pharmacist or doctor will recommend appropriate treatment. The child may return after certifying that treatment has been administered and that the child is free of pediculosis i.e. all nits (eggs) have been removed from the hair. Parent MUST continue to remove any nits until none remain. This will take several days. Follow up treatment seven days later is ESSENTIAL to ensure all nits are killed. If any live lice are rediscovered, treatment must be given again.

### **Measles (Rubella, Red Measles Virus)**

After confirmed diagnosis, the child will remain at home for 7 days from onset of illness or 4 days from when rash first appears.

**Meningitis due to:** A Haemophilus Influenza B (Bacterial) or B Meningococcal Infection (Bacterial, Spinal Meningitis)

The child may return after adequate medical attention.

### **Mumps (Virus)**

The child may return 9 days after swelling subsides.

### **Hepatitis A (Infectious Hepatitis, Viral Hepatitis)**

The child may return one week after onset.

### **Pertussis (Whooping Cough Bacteria)**

The child must remain at home under antibiotic treatment for 5 days of the 14 day course or 3 weeks if untreated.

### **Ringworm**

The child may return after appropriate medication has been taken or used for at least 24 hours.

### **Roseola**

After confirmed diagnosis by Doctor, the child may return if they are free of fever and able to participate fully.

### **Rubella (German Measles Virus)**

The child may return 7 days after onset of rash.

### **Scabies**

The child may return 24 hours after therapeutic lotion is applied.

### **Thrush (oral infection)**

The child may attend if they feel well enough to participate.

### **Strep Throat / Scarlet Fever / Impetigo**

After confirmed diagnosis by a doctor, a child must be fever free and treated with antibiotics for one full day before returning. All of the above are strains of Streptococcal bacteria.

### **Persistent Vomiting or Diarrhea**

The child will be removed from the centre if diarrhea or vomiting is persistent or accompanied by fever or other signs of illness. The child must be free from vomiting or bouts of diarrhea for 24 hours in order to return to the Centre. Stool samples or diagnosis by doctor may be required for diarrhea depending on the circumstances.

Diseases and infections not listed will be assessed by your child's physician and/or Public Health Services to determine an appropriate course of action.

**PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT:**

I hereby confirm that I have read and agree to abide by the policies related to the Health and Medical Care of children.

I authorized the administration of non-prescription and non-medicated sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream that are provided by or approved by me (parent/guardian) in the centre.

Name of Child: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

## Parental Contract

### Part 1 – FINANCIAL RESPONSIBILITIES

The conditions of this agreement provide protection for parents as well as for our program. In order to assure that we can provide these services, it is essential that the program be financially stable. Salaries and overhead expenses cannot be reduced because of absentee losses. This contract is a commitment that you will financially support the enrolment space guaranteed for your child. Failure to meet your financial commitment may result in termination of child care services.

- 1.2 Fees in the form of monthly pre-authorized payment via Lillio is recommended and preferred or e-transfers will be debited. All payment are to be made on the first working day of each month. Cash is not a preferable method of payment.
- 1.3 All payments returned from a financial institution will be subject to a processing fee of \$50.\*\* If the processing fee is not reimbursed within 20 business days, the child's care may be suspended.
- 1.3 A receipt of payment will be issued at the end of the summer for income tax purposes.
- 1.5 Refunds will not be made for statutory holidays or any absent days (including vacations or illness). Refunds will not be made for missed days that result from the inability of the centre to open (or early closure of the centre) due to circumstances beyond the control of Little Giants (including, but are not limited to, natural disasters, emergency situations, inclement weather, denial of access to the school by the school board, and/or other health and safety concerns).
- 1.6 A late payment fee\*\* of \$5.00 per week will be charged if payment is not received according to the agreed upon schedule.

### Part 2 – WITHDRAWAL PROCEDURES

- 2.1 Signed, written notice of permanent withdrawal by you must be given 1 week in advance. If the required notice is not received, the following week's program fees will be charged.
- 2.2 Behaviour that poses a safety hazard will not be accepted and may result in immediate withdrawal.
- 2.3 The provision of our service is conditional upon compliance of both you and your child to our Code of Behaviour.
- 2.4 Should the supervisor of the program determines that a child cannot adjust to the program, or if the parent has not upheld the contract, the child will be withdrawn and this agreement will be terminated. The process of termination for all children will include any or all of the following steps:
  - Documentation of incidents
  - Counselling and/or consultation with outside agencies
  - Notification to the appropriate government bodies
  - Referral to an outside agency
  - Meeting with appropriate parties
  - Suspension
  - Removal from the program

### Part 3 – CODE OF BEHAVIOUR

The safety of all children is our primary concern. The following expectations are necessary to promote a happy, comfortable, safe atmosphere. The child and the parents at all times shall:

- 3.1 Be courteous to others;
- 3.2 Use acceptable language;
- 3.3 Conduct themselves in a manner which allows others to feel safe from verbal and physical abuse;
- 3.4 Resolve conflict in a peaceful manner;
- 3.5 Respect the building and equipment as well as the personal property of others; and
- 3.6 Show personal respect for all individuals through behaviour and language.

### Part 4 – ADDITIONAL OPERATIONAL POLICIES

- 4.1 The hours of operation for the summer program is 9 a.m. to 5 p.m. and extended care from 7:30 a.m. to 9 a.m. and from 5 p.m. to 6 p.m. A late pick-up fee will be charged for time that a staff member is required to stay with your child after closing. The late pick-up fee rate schedule is posted. This late pick-up fee is paid immediately to the staff member in charge at the time. If we are unable to reach you or your emergency contact by 7:00 p.m., the Police and Children's Aid Society will be contacted.
- 4.2 Our exclusionary policy, due to illness, is established by Public Health Services.
- 4.3 The centre will administer prescription drugs to children, in accordance with provincial legislation as follows:
  - 4.5.1 Parents must provide written medical authorization, including the dosage and times any drug is to be given.
  - 4.5.2 Medication must be received in the original container, clearly labelled with the child's name, name of the drug, dosage, the date of purchase, and instructions for storage and administration of the drug. Ask the pharmacist to divide the dosage into two containers so one can be left at the centre until the dosage is finished. Non-Prescription medications must be accompanied by a doctor's note.
  - 4.5.3 Medication is to be handed directly to a staff member (not to be left in child's bag etc.)
  - 4.5.4. If medication has expired staff may refuse to administer it.

- 4.4 If your child will be absent from childcare due to sickness, holidays, etc., please update via Lillio or email.
- 4.5 If your child is involved in a custody dispute, please inform the supervisor in writing and provide a copy of the legal custody papers.
- 4.6 Children will be released to the care of authorized persons listed on the child's Application Form.
- 4.7 Once you have picked up your child at the end of the day, please note that your child's well being is now your responsibility. Should your child be injured on centre property, while in your care, you are responsible.
- 4.8 Your child should be dressed in clothing suitable for physical activity, the weather, and the season. A second set of clothes, labelled, should be in your child's bag in case of accidents. Clothing should be such that it encourages self-dressing. All clothing and personal articles should be labelled with your child's name. The centre is not responsible for lost clothing and articles.
- 4.9 Staff encourage children to act in a respectful manner, appropriate to their developmental age and stage. Self-Discipline is promoted and logical consequences are the preferred methods of encouraging appropriate behaviour. Staff, volunteers, and students sign the Child Guidance Policy upon hiring, and annually thereafter. The child guidance actions of staff, volunteers, and students are monitored and guidance is given to ensure that child guidance requirements are met.
- 4.10 Child Abuse Policy: In accordance with the Child & Family Services Act, it is the responsibility of every person in Ontario to immediately report to a Children's Aid Society if she/he suspects that child abuse has occurred, or if a child is at risk of abuse. This includes any person who performs professional duties with respect to children, any operator, or any parent. An individual's responsibility to report cannot be delegated to anyone else. The centre does not investigate or lay blame; it simply reports and follows the directions of the Children's Aid Society. If a parent, staff, or other accuses a staff member of abuse, it is the duty of the individual making the allegation and the centre to report the accusation to the Children's Aid Society and follow the direction given.

**Part 5 – EMERGENCY MEDICAL ATTENTION**

I hereby grant permission for staff to take whatever steps may be necessary to obtain medical care, if warranted. These steps may include, but are not limited to, the following:

- 5.1 Contacting a parent or guardian
- 5.2 Contacting the child's physician
- 5.3 Contacting the emergency contacts
- 5.4 Contacting another physician
- 5.5 Calling an ambulance
- 5.6 Taking the child to a hospital
- 5.7 Administering reasonable First Aid measures

**Part 6 – PERMISSION TO ENGAGE IN CHILD CARE ACTIVITIES**

- 6.1 I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the child care centre including field trips and bus trips.
- 6.2 I hereby grant permission for my child to leave the centre under supervision of a staff member for neighbourhood walks and field trips. I also grant permission for my child to use the climbing structure at a nearby school or park.

**Part 7 – PRIVACY INFORMATION**

I hereby consent to the collection, use, and disclosure of my parental and my child(ren)'s personal information by the centre for the purposes of providing child care services to my child(ren) enrolled in centre programs. I understand that the centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the centre's Privacy Policy.

<b>I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL POLICIES</b>	
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Supervisor's Signature	Date