

Little Giants Childcare Centre

Beginning of greatness starts here.

The following forms should be completed and returned as part of a full registration package (please ensure to sign forms where indicated):

☐ Application Form

☐ Child Health Record Form (attach a copy of child's yellow immunization card)

☐ Health and Medical Care Information

☐ Publicity Consent Form

☐ Information Sharing Consent Form (only for Before and After school Programs)

☐ Parental Contract

Please remember to:

1. Provide complete addresses including street numbers and postal codes.
2. Provide phone numbers for workplaces, doctor, and all emergency contacts.

NOTE: There is a non refundable family security deposit of $200 upon the confirmation of enrolment. The family security deposit will be applied toward the base fee of first month's care.

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NORTH YORK: 38 FOREST MANOR LOCATION

OFFICE ONLY:

Date of Application: DD/MM/YY

Requested Start Date: DD/MM/YY

Actual Start Date: DD/MM/YY

Withdrawal Date: DD/MM/YY

Application Form

☐ Half Day Toddler ☐ Half Day Preschool
☐ Before School Care ☐ After School Care

Child Information

Child's full name: _____
Last First Middle

Name child goes by: _____

Date of birth (DD/MM/YY): _____ Age: _____

Parent/Guardian Information

Relationship to child: _____

Full Name: _____

Address: _____

eMail Address: _____

Home phone: _____ Cell phone: _____

(Work) Company Name and Address: _____

_____

Work phone: _____ Extension: _____

Parent/Guardian Information

Relationship to child: _____

Full Name: _____

Address: _____

eMail Address: _____

Home phone: _____ Cell phone: _____

(Work) Company 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:

_____

_____

_____

_____

Copy of Custody Order provided: ☐ Yes

Please note that we do not release child to individuals on the emergency contact list. A separate form 'Pick Up Policy and Authorization' form needs to be fill out.
Emergency Contact can not be same individual(s) from Parent(s)/Guardian(s) Information. Minimum 1 contact.

Emergency Contact 1

Relationship to child: _____

Full Name: _____

Address: _____

Phone 1: _____ Phone 2: _____

Emergency Contact 2

Relationship to child: _____

Full Name: _____

Address: _____

Phone 1: _____ Phone 2: _____

If you wish to grant authorization for individual(s) other than parent(s) or guardian(s) listed on the child's enrolment form to pick up, please fill in their information on the Pick-Up Policy and Authorization Form from the office.

Please remind all individuals who have consent to pick up 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.

NOTE: It is extremely important to arrange for an alternative pick-up individual if you are not able to pick up your child before the centre or program closes. Please refer to our Safe Arrival & Dismissal policy and procedure as well as Late Pick-up Fee.

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

General Information

Please list any other members of the household (siblings, extended family, pets, etc.):

_____ _____ _____

_____ _____ _____

Who has cared for your child up to the present time? ☐ Home Care ☐ Licenced Child Care ☐ Relatives

What language(s) is/are spoken at home? _____

Please list any significant information that we should be aware of such as recent upsets or changes, fears, special instructions regarding pick-up, etc.: _____

_____

In what areas does your child have a particular interest? _____

_____

How does your child like to be comforted? _____

_____

Does your child have restriction to any foods? ☐ No ☐ Yes. Please elaborate: _____

_____

Does your have any known allergy? ☐ No ☐ Yes, ☐ Food ☐ Environmental ☐ Others
If, yes. Please inquire about the medical form(s) required

Does your child requires (please check only one): ☐ Halal Food ☐ Vegetarian Diet ☐ Others
If not specific, our centre will serves your child chicken and fish as meat and alternative in accordance to the Canadian food group.

If check 'Others,' please elaborate: _____

General Temperament

☐ Friendly and outgoing ☐ Active ☐ Very Active ☐ Shy/Quiet ☐ Cooperative ☐ Slow to warm up

Comments/Additional Information:

_____

Speech Development

☐ Body language only ☐ Uses Words Only ☐ Speaks in Sentences ☐ Speaks in Phrases

Comments/Additional Information:

_____

Social Skills

☐ Prefers to Play Alone ☐ Plays with Group of Children ☐ Follows Routines ☐ Adaptable/Flexible

Comments/Additional Information: _____

_____

Self Help Skills

☐ Dresses Self ☐ Toilets Self ☐ Feeds Self

Comments/Additional Information: _____

_____

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/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____
DD/MM/YY

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Child Health Record

Child's Name: _____ Date (DD/MM/YY): _____

Doctor/Medical Information

Doctor's Name: _____ Telephone #: _____

Address: _____

Date of most recent booster for DPTP: _____ Date of most recent booster for MMR: _____

Are there any physical or other problems that we should be aware of that may interfere with the child's full participation in the program or which may require special attention? (E.g. symptoms indicative of ill health, injuries, operations, etc.)

☐ Yes (If yes, please include dates and details) ☐ No

_____

History of Communicable Diseases

Please indicate if your child has had any of the following:

☐ Chicken Pox ☐ Mumps ☐ Measles ☐ Whooping Cough ☐ Rubella (German Measles) ☐ Hepatitis B

Immunization Schedule

A copy of your child's yellow immunization schedule is required.

DPTP (Diphtheria, Pertussis, Whooping Cough, Tetanus & Polio): Complete Baby Needle Series at 2 months, 4 months, 6 months, 16-18 Months & 4-6 years
Oral Polio (OPV): (If applicable)
MMR (Measles, Mumps, Rubella): after 12 months AND at 4-6 years
HIB (Haemophilus Influenza, B): at 2 months, 4 months, 6 months & 18 months
TB Test: Routine tuberculin test screening of children in low-risk populations is no longer required but is recommended. Please have your doctor determine if the tuberculin screening of your child is necessary. Indications for tuberculin skin testing in children include:

- Children who have lived or travelled for 3 months or more in an endemic area (where TB is prevalent) area or are recent immigrants from an endemic area (Asia, Middle East, Latin America, and Africa); or live in a household in which one of the household members lived or travelled for 3 months or more in an endemic area.
- Children who are aboriginal, living both on and off reserve.
- Children with HIV or living in a household with HIV-infected persons

Additional Information

Please indicate any additional information which is relevant:

Skin: _____

Sight: _____

Hearing: _____

Other(s): _____

Allergies

If your child has any allergies, please indicate below:

Allergy	Mild	Moderate	Severe	Life Threatening

If your child has a life threatening allergy (anaphylactic) please fill out Individualized Plan and Emergency Procedures for a Child with an Anaphylactic Allergy form prior to start date.

If allergy is not life threatening (not anaphylactic), please provide additional information and fill in a Individualized Plan for a Child with Medical Needs. If medication is needed to support the child with medical needs, please also fill in an Authorization for Drug/Medication Administration form.

Please note that all medication, including over-the-counter medication requires a doctor's note.

Medical Conditions

If your child has asthma, environmental allergies 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 Individualized Plan for a Child with Medical Needs.

Please provide additional information:

_____

Developmental Conditions

If your child has cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child. Please provide additional information:

Please provide additional information:

_____

PARENT/GUARDIAN PERMISSIONS:

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/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____
DD/MM/YY

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Health and Medical Care 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. Child who is showing symptoms of illness at home (24 hours for fever above 38°C; 48 hours for vomiting, diarrhea and nausea), should remain home, until they are symptom-free or well enough to return and participate in 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. They MUST be in its original container or with a clear and legible prescription label.

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/guardian 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 has at least one EpiPen at the Centre. This EpiPen stays in the emergency medication box in the classroom for children who are not able to self-administrate.

Little Giants will, with the written approval of the parent/guardian 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 Individualized Plan completed by the parent/guardian and physician. These forms must be reviewed and signed annually by the parent/guardian and/or 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, please follow your physician's recommendation regarding the isolation period to see when your child may return to the centre.

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 or nits are detected. A visit to a lice treatment clinic is highly recommended. 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(s)/Guardian(s) 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 48 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/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____
DD/MM/YY

Your continued cooperation in the matter of your child's health and the health of the other children in the centre is appreciated.

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Publicity Consent

Please carefully review the following waivers, check the appropriate boxes (one box in each of section one, two, and three), then sign below. Each family must return a completed form to the centre. The use of photographs by Little Giants Childcare Centre of your child(ren) is at the discretion of the parent(s)/guardian(s).

Section One

☐ I give permission for photo image(s) of my child to be used in the daily classroom journals/ documentation, bulletin board displays, presentations, informational videos WITHIN the centre where my child attends.

OR

☐ I do not give permission for photo image(s) of my child to be used in the daily classroom journals/documentation, bulletin board displays, presentations, informational videos WITHIN the centre where my child attends.

Section Two

☐ I give permission for photo image(s) of my child to be used for promotional purposes on bulletin boards, displays, presentations, and videos OUTSIDE of the centre where my child attends e.g. Little Giants Open Houses and Community Open Houses.

OR

☐ I do not give permission for photo image(s) of my child to be used for promotional purposes on bulletin boards, displays, presentations, and videos OUTSIDE of the centre where my child attends e.g. Little Giants Open Houses and Community Open Houses.

Section Three

☐ I give permission for photo image(s) of my child to be used for promotional purposes ONLY on the Little Giants Child Care website.

OR

☐ I do not give permission for photo image(s) of my child to be used for promotional purposes ONLY on the Little Giants Child Care website.

Name of Child: _____

Name of Second Child (if applicable): _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____
DD/MM/YY

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Information Sharing Consent

Ongoing communication among professionals involved in your child's day enhances your child's educational and child care experience. In order to best serve your child's needs, there are times when it is appropriate for the Childcare Centre and School to exchange information about the children participating in both programs. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation, or behaviour.

Shared written information will be kept confidential and will be shared only during the time in which the child is enrolled in the Childcare Centre, or upon the request of the parent(s)/guardian(s).

Your consent will give permission for the exchange of information between the Childcare Centre and the School.

I/We give permission to: _____
Name of Childcare Centre

and: _____
Name of School

For the reciprocal exchange of Information about my child: _____
Name of Child Date of Birth

_____ _____
Name of Parent/Guardian (Please Print) Signature of Parent/Guardian

_____ _____
Witness Date (DD/MM/YY)

The collection, use and disclosure of parental/guardianship and children's personal information by a Centre is for the purposes of providing child care services to children enrolled in Centre programs. The Centre will protect the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the Centre's Privacy Policy.

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Parental Contract

Part 1: Financial Responsibilities
Part 2: Withdrawal Policies
Part 3: Code of Behaviour
Part 4: Additional Operational Procedures
Part 5: Emergency Medical Attention
Part 6: Permission to engage in child care activities
Part 7: Privacy Information

Part 1—FINANCIAL RESPONSIBILITIES

The conditions of this agreement provide protection for parents/guardians 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.

1.1 There is a non-refundable family security deposit of $200 upon confirmation of enrolment. The family security deposit will be applied toward the base fee* of first month's care. This policy applies to each Little Giants location even when transferring from one to another.

1.2 First month's tuition is required to be remitted before enrolment and the last month's tuition is to be remitted by the end of the first month's care.

1.3 Fees in the form of monthly pre-authorized payment via Lillio is recommended and preferred or etransfers 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.

1.4 All overpayment will be carried forward to the following month via Lillio. In situation when a child is no longer enrolled in the centre, the overpayment will be issued via e-transfer.

1.5 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.

1.6 A receipt of payment will be issued after the year ends for income tax purposes.

1.7 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).

1.8 A late payment fee** of $5.00 per week will be charged if payment is not received according to the agreed upon schedule. Past due payment over 3 weeks will result in immediate termination.

Part 2—WITHDRAWAL PROCEDURES

2.1 Our enrollment is on a monthly basis. Therefore, a month's of advance notice for withdrawal is required. For example, to withdraw a child for the month of May with last enrolment date on April 30, the last day to submit a withdrawal notice would be March 31. This policy apply even when transferring within the Little Giants (from location to location).

2.2 Your last month's tuition fee will be applied toward the last month of care and all outstanding fees must be made prior to your child's re-entry into the child care system.

2.3 Signed, written notice of permanent withdrawal by the centre will be given a month, which shall equal to a minimum of 4 weeks, in advance. Behaviour that poses a safety hazard will not be accepted and may result in immediate withdrawal.

2.4 The provision of our service is conditional upon compliance of both you and your child to our Code of Behaviour.

2.5 Should the supervisor of the program determines that a child cannot adjust to the program, or if the parent(s)/guardian(s) 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 parent(s)/guaridan(s) 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 forms listed below are required upon application and before admission. You must provide us with the most updated information whenever there is a change. Otherwise, we will only follow the information on file.

- Application Form
- Health and Medical Care Information
- Publicity Consent Form
- Health Record
- Information Sharing Consent Form
- Parental Contract

4.2 The hours of operation are posted. 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 30 minutes after a the program ends, the Police and Children's Aid Society will be contacted.

4.3 Our exclusionary policy, due to illness, is established by Public Health Services.

4.4 Regulations require daily outdoor play for each child who attends a program longer than 6 hours. A child should remain at home if unwell to participate in outdoor play. If a child becomes ill during the day at the centre, the staff or supervisor may contact you and temporary care will be provided for the child until a parent/guardian can be contacted. The child shall be picked up within an hour after the initial contact for their well-being.

4.5 The centre will administer prescription drugs to children, in accordance with provincial legislation as follows:

4.5.1 Parents/Guardians 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 and initial on the Medication Sign In & Out Form (NOT to be left in child's bag etc.)

4.5.4. If medication has expired, staff will not administer it and the medication will be returned to the parent/guardian.

4.6 For the safety of your child, parents/guardians must follow the Safe Arrival and Dismissal policy (Family Handbook, pg 19-21), which includes dropping your child off into the classroom and informing the teacher of your child's arrival, informing the centre via Lillio or email of your child's absence within 30 minutes after the program start and inform centre via Lillio or email of any late pick up 30 minutes before the program ends.

4.7 Persistent late pick up with or without notice (more than 3 times a month or a pattern of lateness) will be subjected to a review of the child's enrolment.

4.8 If your child is involved in a custody dispute, please inform the supervisor in writing and provide a copy of the legal custody papers.

4.9 Your child will ONLY be released to the care of authorized individuals listed on the child's Application Form and Pick Up Policy & Authorization Form. If there is an alternative arrangement, please inform the centre via Lillio or email as soon as possible before pick up.

4.10 Activity fees may be charged for optional specialized programs (e.g. field trips).

4.11 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.

4.12 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.

4.13 Parents/Guardians are welcome to visit and participate in our program, in special events, and/or in field trips. Parents/Guardians are also welcome to assist the child care centre in ways which reflect their interests and talents (e.g. fund raising, making or repairing equipment). Please note that a Vunlerable Sector Check (VSC) is needed. Please reach out to our office for more information if you are interested in participaing in our programs.

4.14 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 are to review and sign-off annually on all policies and procedures relevant to child care, which includes postive guidiance and best practices. The management team conducts daily random monitoring to ensure all policies and procedures are followed.

4.15 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/guardian. 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/guardian, 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.

4.16 Ongoing communication between the child care centre and the school provides consistency, compatibility, and enhances a student's educational experience. Please be aware that the child care centre and the school that your child attends will communicate about your child with your signed consent below. (The boards of education in some regions may have additional requirements for the sharing of information between the child care centre and the school).

4.17 Please be aware that only pertinent information of your child will be shared among the staff at the centre for the purpose of supporting your child.

4.18 We observe the following holidays:

- Christmas Day
- Boxing Day
- New Years Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving Day
- Family Day

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 (via licensed taxi, when instructed by 911)

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—FAMILY HANDBOOK

I have read, understood and will abide by the Policies and Procedures in the Family Handbook, which was provided to me before my child(ren)'s enrolment. **Parent/Guardian Initial:** _____

Part 8—PRIVACY INFORMATION

I hereby consent to the collection, use, and disclosure of my parental/guardianship 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.

*Base Fee: any fee or part of a fee that is charged in respect of a child for child care, including anything a licensee is required to provide under the *Child Care and Early Years Act, 2014*, or anything a licensee requires the parent(s)/guardian(s) to purchased from the licensee.

**Non-base Fee: any fee charged for optional items or optional services (e.g. transportation) OR any fees charged where the parent(s)/guardian(s) fails to meet the terms of the agreement with the licensee (e.g., late fees). Non-base fees are not include anything that would impede a child's participation in the program should their family choose to opt-out of the service.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL POLICIES

_____ _____

Signature of Parent/Guardian | Date (DD/MM/YY)

_____ _____

Signature of Parent/Guardian | Date (DD/MM/YY)

_____ _____

Supervisor's Signature | Date (DD/MM/YY)