



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 Parent Information
- ☐ Publicity Consent Form
- ☐ Parental Contract

**Please remember to:**

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

**NOTE:** There is a 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.



## Application Form

- ☐ Full Day Preschool      ☐ Half Day Preschool  
☐ Full Day Toddler      ☐ Half Day Toddler

### NORTH YORK: 50 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

### Child Information

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

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

Date of birth: DD/MM/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: \_\_\_\_\_

### Emergency Contact 2

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

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

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

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

**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 also note that emergency contacts are different from pick up contacts. If you wish to grant authorization for individuals 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. A valid picture ID is also needed during their initial pick up for verification.**

**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.):

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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? 

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

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In what areas does your child have a particular interest? 

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How does your child like to be comforted? 

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

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Does your have any known allergy? ☐ No ☐ Yes, ☐ Food ☐ Environmental ☐ Others

If yes, please inquire about the medical form(s) as required for enrollment.

Does your child requires (please check all that applies): ☐ 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: 

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### **General Temperament**

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

Comments/Additional Information: 

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### **Speech Development**

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

Comments/Additional Information: 

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### **Social Skills**

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

Comments/Additional Information: 

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## Self Help Skills

☐ Dresses Self   ☐ Toilets Self   ☐ Feeds Self

Comments/Additional Information: \_\_\_\_\_

## Sleep Patterns

☐ Usually Naps \_\_\_\_\_ hr(s)   ☐ No Naps Require

Please note that our centre provides a maximum of 2-hour rest period for children who attend a program more than 6 hours in a day. If you have a specific length of time you wish your child to rest for, please fill in the information below. Otherwise, we will care for your child based on your child's physical need of the day.

### SLEEP CONSENT:

I would like my child to have a minimum of \_\_\_\_\_ (minutes) of sleep or rest on the cot before engaging in quiet activities (reading, puzzles, manipulative toys, etc) during the afternoon nap period from 12:30pm to 2:30pm.

## 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: DD/MM/YY

## 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 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:

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: DD/MM/YY \_\_\_\_\_

## 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. 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.**

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.

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 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 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 or 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.**



## 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).

### 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 or Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: DD/MM/YY

## 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 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.
- 1.2 Fees in the form of monthly pre-authorized payment via Lillio is recommended and preferred or etransfers will be debited or made on the 1<sup>st</sup> working day of the 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.
- 1.4 A receipt of payment will be issued after the year end 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 4 weeks in advance. If the required notice is not received, full program fees will be charged.
- 2.2 Signed, written notice of permanent withdrawal by the centre must be given 4 weeks in advance. 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 forms listed below are required upon application and before admission. This information must be reviewed annually and revised as necessary to ensure that we have the correct information on file. Parent must sign off that information has been reviewed.
  - Application Form
  - Health and Medical Care Parent Information
  - Publicity Consent Form
  - Health Record
  - 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 by 7:00 p.m., 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. Our policy states that children too ill to play outdoors should remain at home. If a child becomes ill during the day, temporary care will be provided until you can be contacted and your child taken home.
- 4.5 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.
- 4.6 If your child will be absent from childcare due to sickness, holidays, etc., please inform the staff in person or by phone.
- 4.7 If your child is involved in a custody dispute, please inform the supervisor in writing and provide a copy of the legal custody papers.
- 4.8 4.8 Children will be released to the care of authorized emergency individuals listed on the child's Application Form and Pick up Policy & Authorization Form.
- 4.9 Centres may go on field trips throughout the year. Parents will be notified in advance and be required to sign a parental permission form prior to each trip.
- 4.10 Activity fees may be charged for optional specialized programs (e.g. skating).
- 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 Daily contact with parents and staff will be supplemented by individual interviews, group meetings, and workshops. Parents are encouraged to visit and participate in our program, in special events, and/or in field trips. Parents are also encouraged to assist the child care centre in ways which reflect their interests and talents (e.g. fund raising, making or repairing equipment). Information of interest to parents (activities planned for children, menus, names of staff, activities and resources in the community, articles on child raising, etc.) is accessible to parents on a bulletin board or in a resource library.
- 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 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.
- 4.15 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. 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.
- 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 information that is in the best interests of your child will be shared among the staff at the centre.
- 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
- 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.
- 6.3 I hereby grant permission for my child to engaged in activities in the outdoor second storey play space. I understand there is a playground evacuation plan in place as well as playground policy which include the safety precautions as recommended by the Ministry of Education.

I hereby confirmed that I have received an orientation on the playground evacuation procedures from the above ground play area prior to enrolment. **Parent Initial:** \_\_\_\_\_

### 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.

\*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 to purchased from the licensee.

\*\*Non-base Fee: any fee charged for optional items or optional services (e.g. transportation) OR any fees charged wehre the parent 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

DD/MM/YY

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

DD/MM/YY

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

DD/MM/YY

\_\_\_\_\_  
Date

