



Ontario

Ministry of Community and Social Services / Ministère des Services sociaux et communautaires

Application for Enrolment in a Day Nursery or Private-Home Day Care Agency

Demande d'inscription dans une garderie ou dans une agence de garde d'enfants en résidence privée

Child's name/Nom de l'enfant | Date of birth/Date de naissance

Home address/Adresse du domicile

Days of care/Jours de garde | Hours of care/Heures de garde

Mother's name/Nom de la mère

Home address/Adresse du domicile | Work address/Adresse du lieu de travail | Telephone No/N° de téléphone

Father's name/Nom du père

Home address/Adresse du domicile | Work address/Adresse du lieu de travail | Telephone No/N° de téléphone

Name of person to be contacted if parent cannot be reached in case of an emergency during the hours of care / Nom de la personne avec qui communiquer en cas d'urgence durant les heures de garde si les parents ne peuvent être joints

Address/Adresse | Telephone No/N° de téléphone

Names of persons to whom the child may be released/Nom des personnes à qui l'enfant peut être confié(e) | 1 | 2 | 3

Child's family physician /Nom du médecin de famille de l'enfant

Address/Adresse | Telephone No/N° de téléphone

Child's Ontario Health Card number/Numéro de la carte Santé de l'Ontario de l'enfant (optional)

Child's previous history of communicable diseases / Historique des maladies contagieuses contractées par l'enfant | Dates

Special medical conditions/Troubles médicaux particuliers

Symptoms of child's ill health (indicate child's usual reaction to illness e.g. high temperature, flushing, vomiting, irritability, etc.)
Symptômes présentés par l'enfant en cas de maladie (indiquer la réaction habituelle de l'enfant en cas de maladie, p. ex. température élevée, rougeur, vomissement, irritabilité)

Child's allergies/Allergies de l'enfant

Record of immunization (If the child has not been immunized, a parent of the child must provide a written statement that immunization conflicts with the sincerely held convictions of the parent's religion or conscience or a legally qualified medical practitioner must give medical reasons in writing as to why the child should not be immunized)

Cossier d'immunisation (si l'enfant n'a pas été immunisé(e), le père ou la mère de l'enfant doit fournir une déclaration écrite précisant que l'immunisation entre en conflit avec ses convictions les plus chères qui sont fondées sur sa religion ou sa conscience ou un médecin dûment qualifié doit fournir par écrit les motifs médicaux expliquant pourquoi l'enfant ne doit pas être immunisé(e))

Date

Date of Booster/Date de l'injection de rappel

Diphtheria/Diphtérie

Pertussis/Coqueluche

Tetanus/Tétanos

Polio/Poliomyélite

Rubella/Rubéole

Mumps/Orillons

Measles/Rougeole

Other/Autre

Medical treatment, drug or medication to be administered during the hours the child is receiving care (written and signed instructions must be provided by a parent of the child)

Traitement médical ou médicament à donner à l'enfant pendant les heures de garde (des instructions écrites et signées doivent être fournies par le père ou la mère de l'enfant)

Special requirements for diet, rest or exercise (written and signed instructions must be provided by a parent of the child)

Exigences particulières concernant le régime alimentaire, le repos ou l'exercice (des instructions écrites et signées doivent être fournies par le père ou la mère de l'enfant)

Please comment on your child's development, giving information that will be useful in the provision of care (e.g. child's habits, favourite activities, routines, fears, etc.)

Fournir des renseignements sur le développement de l'enfant qui peuvent être utiles pendant la garde (p. ex. habitudes, activités préférées et régulières, peurs)

Other information/Autres renseignements

Signature of parent/Signature du père ou de la mère

Date

Date of admission/Date d'admission

Date of discharge/Date de sortie

Allergy Alert Form
(Part of the Application/Registration Process)

Name of Child _____ Date: _____

Allergies (Please Specify)

Foods

Reactions

Drugs

Reactions

Environment

Reactions

Treatment
Prevention

Medication

Daily _____

Special Circumstances

What to do if severe reaction occurs _____

Emergency Allergy Medication Required: Yes ___ No ___ Specify _____

Physician's Signature _____ Date _____

Parent(s) / Guardian Signature _____ Date _____

Supervisors Signature _____ Date _____

Administration of Emergency Allergy Medication
Consent Form

Child's Name _____ Birth Date _____

Type of Medication _____

Required for (type of allergy) _____

Symptoms needed for medication:

I hereby give permission for the staff of the Couchiching Child Care Centre to administer the above emergency allergy medication to my child as required. I agree to leave the above allergy medication with the staff so it is readily available to my child as needed. The allergy medication is labeled with the child's name and directions for administration.

I appreciate very much your co operation and understanding in this matter.

Parent(s) / Guardian Signature

Date

To: Parent(s) / Guardian of children attending the Couchiching Child Care Centre

From: Leisha Mainville – Supervisor

Re: Permission to Videotape your child

I, _____ give consent for my child _____

to be videotaped and viewed by the Couchiching Child Care Centre or the public.

Parent(s) / Guardian Signature

Date

Transportation / Bussing Consent Form

I, _____ hereby give permission for my
Parent(s) / Guardian Signature

for my child _____ to be bussed from school to the Couchiching Child Care Centre without Child Care Staff adult supervision. I hereby remise, release and forever discharge the Couchiching Child Care Centre and the Couchiching First Nation from all manner of actions, causes of action claims and demands whatsoever as a result thereof.

Permission to apply Sun Protection Lotion and Insect Repellant

I agree to allow staff of the Couchiching Child Care Centre to apply
sun protection cream / lotion for my child _____ as needed.

If you feel your child requires insect repellant, please supply repellant and Child Care
Staff will apply as needed.

Parent(s) / Guardian Signature _____ Date _____

Approved by _____ Date _____

Date of Implementation _____

Program: Couchiching Child Care Centre
Behavior Management policy for Parent(s) / Guardians / Visitors

In order to ensure the safety, security and respectful atmosphere for our children, staff and others in the Couchiching Childcare Centre, the following policy is in effect:

There will no verbal, physical or other use of any manner to be used in the presence of any child, staff member, or other persons in the Couchiching Childcare Centre.

There will be zero tolerance of any foul language, racial slurs, physical abuse or yelling at any person's in the presence of any child or staff at the Couchiching Childcare Centre.

There will be zero tolerance for any non-compliance of
Couchiching Childcare Philosophy.

Any infractions of these guidelines will result in immediate corrective action. Depending on the severity of actions an immediate permanent discharge from the childcare may be involved.

All facts, and remarks made during the incident will be kept on file.

The appropriate authorities will be given a statement regarding the incident.

Parent(s) / Guardian _____ Date _____

Date of Implementation _____

Program: Couchiching Child Care Centre
Behavior Management policy for Parent(s) / Guardian / Visitors

If any parent/guardian/ visitor becomes verbally/physically abuse to Administration staff, Student Teachers, Volunteers or children of the Centre:

Procedure:

First Incident: Staff documents incident and the parent is provided with a written warning that must be signed by the parent, staff, and supervisor.

Second Incident: the supervisor will consult the Chief and Council. The family will be notified in writing of termination of services.

If parent(s) / guardian fail to comply with policies and procedures agreed upon at enrollment:

Procedure:

First Incident: Meeting with the Supervisor to discuss issue.

Second Incident: Written warning signed by parent(s) / guardians, supervisor and Chief and Council.

Third Incident: The Chief and Council will be consulted by the supervisor. The family will be notified in writing of termination of services.

Parent(s) / Guardians Signature _____

Date _____

Date of Implementation _____

Consent for Screening

As a parent/ guardian of _____
Childs Full Name

I give permission for the staff of the Couchiching Child Care Centre to screen my child within six months of starting the program.

The following screening tool will be used:

The Nipissing District Developmental Screen

The screening results will be used for the purpose of planning a developmental appropriate curriculum and to provide an optimal learning environment for all children.

The information gained during your child's screening will be shared with you upon request.

I give this permission on the understanding that the information obtained will be used in the best interest of my child and handled in a professional manner.

Parent(s) / Guardian Signature _____

Date _____

Couchiching Child Care Centre Smoke Free Policy

Ontario's Smoke Free Ontario Act came in effect May 31, 2006, prohibiting smoking in enclosed workplaces and enclosed public places in Ontario.

Under the Act, Smoking is prohibited at all times in a day nursery and private-home day nursery and location including the playground area whether or not children are present.

This does not prohibit smoking or holding lighted tobacco for traditional Aboriginal cultural or spiritual purposes.

This is included in the day nursery program statement and reviewed with the day nursery staff and supervisor at commencement of employment, with parents prior to enrollment of their children, and students and volunteers to providing care or guidance to the children.

No person shall smoke or hold lighted tobacco in the following places or areas:

- A day nursery including playground area within the meaning of the Day Nurseries Act.
- A place where private home daycare is provided within the meaning of the Day Nurseries, and playground area whether or not children are present.

Every employer shall, with respect to an enclosed workplace or place or areas mentioned which the employer exercises control,

- Ensure compliance with this section;
- Give notice to each employee in an enclosed workplace or place or area that smoking is prohibited in the enclosed workplace, place or area in a manner that complies with the regulation, if any.
- Post any signs prohibiting smoking throughout the enclosed workplace, place or area over which the employer has control, including washrooms in the prescribed manner;
- Ensure that no ashtrays or similar equipment remain in the enclosed workplace or place or area, other than a vehicle in which the manufacturer has installed an ashtray;
- Ensure that a person who refuses to comply with subsection (1) or (2) does not remain in the enclosed workplace or place or area and
- Ensure compliance with any other prescribed obligations.

I have read and will comply with the Couchiching Child Care Centre Smoke Free Policy.

Parent(s) / Guardian Signature

Date

Waiver of Employment Verification

I give the Supervisor, Assistant Supervisor, and /or the Administrator of the Couchiching Child Care Centre Permission to contact my place of employment and / or educational institute.

_____ Place of Employment/School & Name of Contact Person

Where they will verify that I am employed/attending the following days and hours:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

I give this permission on the understanding that the information obtained will be kept for use only by the Couchiching Child Care Centre and handled in a professional manner.

Signature Of Employee/Student Date

Signature of Witness Date

