

Little Champs Day Care Centre

Application for Enrolment

For Office Use Only

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Type of Child Care Required: Full-time (5 days per week) Part-time (2 to 4 days per week)Age Group Placement at Time of Enrolment: Infant Toddler Preschool

Requested Start Date: _____

Hours of Care:

MON	TUES	WED	THURS	FRI	SAT	SUN

Child Information

Full Legal Name:	Preferred Name:
Date of Birth (dd/mm/yyyy):	Age (years, months):
Home Address(es):	
Language(s) Spoken at Home:	
Other children in the family enrolled in the centre (list names, if applicable):	

Parent Information

Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	

Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre.

These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) ¹	Date(s) of Immunization			
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

¹ Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

Dietary and Feeding Arrangements

*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers? YES NO

If no, my child: Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name:

Child's Date of Birth (dd/mm/yyyy):

Age (in months):

Feeding Arrangements

My child drinks: breast milk formula breast milk and formula

My child has started eating solid foods

YES NO

If YES, food must be: pureed mashed steamed until soft other:

My child can self-feed: YES (independently) YES (with support) NO

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods):

Sleep Arrangements

Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).²

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

How many naps does your child typically have each day?

At what times does your child typically nap?

How long does your child usually nap?

Does your child have any special sleep requirements (e.g., soother, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

Date (dd/mm/yyyy)

Signature of Parent

² Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

Sunscreen sanitizers Diaper Creams/Ointment Lip balm Hand

Insect repellent Lotions

[Centre Name] has agreed to provide:	Parent has agreed to provide:
Ex. Sunscreen	
Hand sanitizers	

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd/mm/yyyy)

Signature of Parent

Appendix C: List of Reportable Diseases

Acquired immunodeficiency syndrome (AIDS)	Chancroid	Chlamydia trachomatis infections	Creutzfeldt-Jakob disease, all types
Cytomegalovirus infection, congenital	Encephalitis	Gonorrhoea	Hemorrhagic fevers
Hepatitis B	Hepatitis C	Influenza	Legionellosis
Leprosy	Meningitis, acute	Ophthalmia neonatorum	Personal service settings
Respiratory infections, including institutional outbreaks	Severe acute respiratory syndrome (SARS)	Streptococcal infections	Syphilis
Tuberculosis			



CENTER NAME: _____

Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.

Dear Parents,

Please note that Little Champs Day Care Centre Inc operates a public Facebook page for education and marketing purposes.



We require permission from parents to post photos taken at the centre of their children engaging in wonderful activities and learning experiences.

Please visit the following link to have a better understanding of the photos and posts that we create.

<https://www.facebook.com/Little-Champs-Day-Care-Centre-Inc-101888159099812/>

Please select the appropriate consent that you provide Little Champs Day Care Centre Inc regarding our Facebook page.

- Photos of my child CAN be posted on Facebook

- Please DO NOT post any photos of my child on Facebook

Child Name

Date (dd/mm/yyyy)

Signature of Parent/Guardian



Immunization Information for Licensed Child Care Settings

1. Name of Child Care Centre: _____

Please check off the box that best describes your child:

<input type="checkbox"/> Pre-School Program	start date: _____ / _____	
	YYYY MM	
<input type="checkbox"/> JK or SK Program (at child care centre)	start date: _____ / _____	
	YYYY MM	
<input type="checkbox"/> Before School Program	start date: _____ / _____	_____
	YYYY MM	Name of Elementary School Attending
<input type="checkbox"/> After School Program	start date: _____ / _____	_____
	YYYY MM	Name of Elementary School Attending

2. Personal Information (Please PRINT clearly)

Child's information (please print name as it appears on school registration):

Last Name: _____ First Name: _____ Middle Name: _____
 Gender: _____
 M (male) Ontario Health Card # _____ Version Code _____
 F (female) _____
 X (gender neutral)

Street Address: _____ Unit/Apt: _____

City/Town: _____ Postal Code: _____

Name of Doctor: _____ Doctor's Phone #: (_____) _____

Parent/ Guardian Information:

Last Name: _____ First Name: _____ Relationship to Child: _____

Last Name: _____ First Name: _____ Relationship to Child: _____

Home/Cell Phone #: (_____) _____ Work Phone #: (_____) _____

3. Immunization Record:

**Please attach a photocopy of your child's immunization record(s).
 Please make sure that the record also contains your child's name and birth date.**

PLEASE NOTE:

Parents /guardians of children in child care centres will be required to follow Ontario's Publicly Funded Immunization Schedule. The vaccine recommendations include immunization against the following vaccine preventable diseases: diphtheria, measles, mumps, poliomyelitis, rubella, tetanus, pertussis, meningococcal, varicella, and haemophilus influenzae type b. Vaccines for pneumococcal, rotavirus and annual influenza vaccine are also strongly encouraged.

In order to attend licensed child care in Wellington-Dufferin-Guelph, you must provide one of the following:

- A complete history of your child's immunizations to Public Health (Medical Officer of Health)

OR

- One of the following **Ministry of Education Child Care and Early Years Act, 2014** exemption forms:
 - [Statement of Conscience or Religious Belief](#)– which must be signed by a Commissioner for Taking Affidavits.
 - [Statement of Medical Exemption](#) – which must be signed by a healthcare provider and include their license or registration number.

Please note that the **Ministry of Education child care specific exemption forms** will expire once your child is enrolled in school and a new **Ministry of Health and Long-Term Care exemption form and education requirement** or medical exemption form under the *Immunization of School Pupils Act* will be required at the time of school entry.

It is the responsibility of the parent/guardian to maintain up to date immunization records for their child(ren). When additional immunizations are given please report them to Wellington-Dufferin-Guelph Public Health:

- Online at www.immunizewdg.ca.
- By completing the enclosed form and attach a photocopy of the immunization record. You can either give the completed form to your child care centre **OR** you can mail or drop it off at the following address:
Vaccine Records, 160 Chancellors Way, Guelph, Ontario N1G 0E1

If you are unable to complete this form or cannot locate your child's immunization record, please contact your health care provider for further assistance.

Date of Submission: _____ **Parent/Guardian Signature:** _____
yy/mm/dd

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.

Parent Handbook Acknowledgement

I have read and understood all policies and procedures provided to me in the Little Champs Day Care Centre Inc. Parent Handbook.

Child Name: _____

Parent Name: _____

Parent Signature: _____

Please note that a copy of Little Champs Policies and Procedures are always available in our office or an electronic copy can be requested via email.

Additional Optional Program Information

Please list any holidays/celebrations that your family celebrates so that we can include them in our program (i.e. Christmas, Easter, Ramadan, etc):

Please list any talents/career/special events that you would be willing to share with us in our program: (i.e. play guitar and willing to come in one day, firefighter and willing to schedule a fire truck visit with the centre, etc):