



Tel.: 807-868-3450 • Fax: 807-868-2663
59 Neesomadina, Hornepayne, ON P0M 1Z0

Registration Information

Child's Name: _____ Sex: Male / Female
Date of Birth: (mm/dd/yyyy) _____ Nickname: _____
Home Address: _____
P.O. Box #: _____ Home Telephone #: _____

INVOICING: Twice per month. 1st - 15th & 16th - 30th or 31st

- Invoices Emailed to _____
 I am willing to pay the \$2.00 fee and continue to receive my invoices on paper

Mother's Name: _____ Occupation: _____
Business Telephone #: _____ Cell# _____
Father's Name: _____ Occupation: _____
Business Telephone #: _____ Cell# _____
Family Physician: _____ Telephone #: _____
Address: _____

Emergency Contacts:

*MUST reside in Hornepayne, as these are people we will call to pick up child if we cannot contact parents.

Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

Languages spoken: _____

Arrival: _____ Departure: _____ Days requested: _____
Anticipated Starting Date: _____

The Three Bears Day Care is governed by a Board of Directors made up of Members. As parents of a child enrolled in the Three Bears Day Care you are considered members. Would you be interested in joining our Board of Directors?

____ Yes, can I get more information? ____ Not at this time, but I will revisit the idea at the next AGM
____ No, not interested at all

DATE RECEIVED: _____	Start Date: _____
_____	Withdrawal Date: _____

Child's Medical

Name of Child _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____

Allergies or food restrictions:

Medical History (Please give dates)

Has your child had?

Measles	Yes/No _____	Mumps	Yes/No _____
Heart Disease	Yes/No _____	Poliomyelitis	Yes/No _____
Scarlet Fever	Yes/No _____	Tonsillitis	Yes/No _____
Whooping Cough	Yes/No _____	Epilepsy	Yes/No _____
Operations	Yes/No _____	Chicken Pox	Yes/No _____

Other: _____

Does your child have any problems with the following? (Remark history, Findings, Comments, etc.?)

Vision/eyes _____	Heart/Circulatory _____
Hearing/ears _____	Respiratory System _____
Nose/throat _____	Stomach/Internal _____
Teeth/mouth _____	Skin _____
Glands _____	Urinalysis _____

Please provide a copy of your child's up to date immunization record

Information on sleeping arrangements:

_____ My child will require a nap of _____ hours.

_____ I understand that a period of rest is required but I ask that my child does not sleep. In the chance that they do fall asleep please wake them after a period of _____.

_____ **Infants under 18 months** – I give permission for my infant child to nap on a child size cot instead of a crib.

Please place a check beside each item that you give consent for.

I, _____ give consent for the following for my child, _____

Consent to Photograph

I give my permission for my child to be photographed and/or videotaped for use by the Three Bears Day Care Hornepayne Co-operative Inc. Please see attached info on HiMama App.

- Yes
- No

Consent to Use Insect Repellant

I hereby give my permission for a staff member to apply insect repellant on my child during the summer months. (Parent must provide)

- Yes
- No

Consent to Use Sun Screen

I hereby give my permission for a Staff member to apply sunscreen on my child during the summer months. (Provided by the parent)

- Yes
- No

Consent to use Diaper Cream, lip balm or other cream

I hereby give my permission for a Staff member to apply diaper cream, lip balm or other creams provided by me, which are non-prescription, on my child is as needed.

- Yes
- No

Consent to Go For Walks

I hereby grant my child permission to go on walks. The children will either be holding onto a Staff member's hand, a partner's hand, attached to a long rope, or, if old enough, walking beside an adult.

- Yes
- No

-----***For School aged Children***-----

Consent for Transportation to School

In the event that my child misses the regular school bus I hereby grant my child permission to travel to school in a vehicle with a Staff member.

- Yes
- No

Consent to Walk To/From School Bus

I hereby consent for my child to walk, unsupervised to the place where he/she is to board the bus, and I release the Three Bears Day Care and staff from any claim for personal injury that may occur once my child has departed from the building.

- Yes
- No

I have read and understood the above.

Parent's Signature

Date

Supervisor's Signature

Date

Permission to Release

The following people are able to pick-up my child;

Name	Relationship to child	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature Date Supervisor's Signature Date

Removal of Child

I request that _____ **not** be allowed to
remove _____ from The Three Bears Day Care Centre.

Parent's Signature Date Supervisor's Signature Date

Effective Time Period _____

Please provide a copy of court documents if relevant

****Parents must notify staff of any changes to the above****

Client Contract

I, _____ hereby certify that I understand and will abide by the policies of the agency, including the following:

1. The parent will comply with the arranged hours of day care from _____ to _____.
2. The parent will advise the Supervisor of any special conditions that surround the care of their child in writing.
3. The parent will advise the Supervisor of any allergies or special dietary or eating problems of the child. In the case of special diets, it will be necessary for the parent to supply the required foods.
4. The parent will provide the Centre with information to maintain a current list of emergency contacts and people lists. It is the parent's responsibility to notify the Supervisor of changes.
5. In order to ensure the safety of the children in the agency's care, any person picking up your child who is not familiar to the staff members who are present, will be asked for formal identification, (usually a driver's license).
6. The parents will supply and instruct the Day Care Supervisor/Staff regarding any necessary medical treatment.
7. The parent will inform the Day Care before 3pm the day before scheduled day if their child will not be attending the program. If the Day Care is not notified, the parent will be charged as if child attended. If the parent cancels after 3pm, there may be a \$20 late cancellation charge applied to bill.
8. The parent agrees to keep the child at home if child has an infectious or serious illness which could infect others in the Day Care. If the parent is called during the day and informed of a child's illness, it is their responsibility to pick their child up from the Day Care as quickly as possible. To this end, please be sure the emergency contacts on the child's form are available and willing to do this when they are called instead of the parent.
9. The parent agrees to maintain their account in good standing.
10. The parent will discuss progress and/or concerns regarding the child or the Day Care arrangement with the Supervisor. Day Care Staff/Supervisor will discuss programs and/or concerns that arise during a day with the parents and staff. It is the parent's responsibility to attend these meetings.
11. The parent will ensure that the child has removed their outer clothing and is in the Day Care or under the direct supervision of a Day Care staff member before leaving the building. Unless other arrangements are made.
12. The parent will ensure that the child has a clean change of indoor clothing and a pair of rubber soled shoes for safe indoor play. Appropriate outdoor clothing should be provided at all times. The parent will supply diapers and diaper wipes as necessary.
13. The parent agrees to keep the Supervisor advised of any changes in address, employment, telephone numbers, emergency contacts, child's medical condition, or consents.

Please note that failure to comply with the above conditions may result in termination of your Day Care arrangement.

Parent

Supervisor

Date

Date

General Info on Child & Family

Please add any comment which you feel may be helpful in understanding your child.

Tell us a little bit about your child & family:

Food likes: _____

Food dislikes: _____

Favorite toy: _____

Favorite book: _____

Names & relationships of significant people that they might talk about while in child care? (E.g. Grandparents, siblings, cousins, family friends, neighbours, etc.)



Collection of Immunization Data for Children in Daycares



Ontario's Child Care and Early Years Act, 2014 (CCEYA) states that a child care centre must ensure that all children in their centre have complete immunization appropriate to their age **prior** to admission to the child care centre. A record of immunization must be kept as part of each child's record and updated as new immunizations are received.

SECTION A: Complete the following information for your child

Last Name:		First Name:		Date of Birth: yyyy / mm/dd
Other Names if Applicable:				Sex: M / F
Address:		City/Town:		Postal Code:
Parent/Guardian's Name:			Home #:	
Daycare your child is attending:			Work or Cell #:	

SECTION B: Attach your child's immunization record/exemption

- If your child has already been vaccinated, please attach a photocopy of your child's immunization record to this form and return to the daycare.
- If your child has already completed an exemption under the Child Care and Early Years Act (CCEYA) (two pages), please attach a photocopy of your child's exemption to this form and return to the daycare.

Date:	Parent/Guardian Signature:
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Publicly Funded Immunization Schedule for Ontario

	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years
DTaP-IPV-Hib* Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae type b</i>	✓	✓	✓			✓	
Pneu-C-13 Pneumococcal Conjugate 13	✓	✓		✓			
Rot-1 Rotavirus	✓	✓					
Men-C-C* Meningococcal Conjugate C				✓			
MMR* Measles, Mumps, Rubella				✓			
Var* Varicella					✓		
MMRV* Measles, Mumps, Rubella, Varicella							✓
Tdap-IPV* Tetanus, Diphtheria, Pertussis, Polio							✓

NOTE: Vaccines with an asterisk are required for attendance at daycare and school.

PLEASE RETURN THIS FORM IMMEDIATELY TO YOUR DAYCARE PROVIDER ALONG WITH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR EXEMPTION FORM.

Collection of this information is authorized under the Child Care and Early Years Act, 2014 (CCEYA). This information is used to ensure that all appropriate personal care and public health services are provided and the necessary statistics are kept. Questions about this collection should be directed to the daycare operator.



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.