

North Lambton Childcare Centre Application for Enrolment

Name of Child Care Centre Site: _____

For Office Use Only

Date of Admission:

Date of Discharge:

Type of Child Care Required: Full-time Part-time Flex

Age Group Placement at Time of Enrolment:

Infant Toddler Preschool Kindergarten Primary/Jr. School Age

Hours of Care: Arrival Time: _____ Departure Time: _____

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):
Place of Work:	Work Phone Number:
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):
Place of Work:	Work Phone Number:
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 Comments: _____

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 below.

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 or by contacting the Child Care Supervisor.

Please note: immunization records are not required if your child attends a public funded school.

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)				

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

Allergy Information

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

YES NO Comments: _____

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 Comments: _____

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

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 Comments: _____

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
 Diaper Creams/Ointment
 Lip balm
 Hand sanitizers

 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	Gonorrhea	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			

AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME: _____

DATE: _____

The staff of North Lambton Childcare Centre implements a program with the utmost care and concern for the physical safety and well-being of each child. However, if at any time, due to such circumstances as accident, sudden illness or emergency and treatment is required, this consent authorizes NLCC staff to secure emergency medical treatment as deemed necessary.

I expect to be notified immediately in such an emergency and have supplied telephone numbers where I can be reached.

I will assume responsibility for any expenses incurred with any emergency treatment (i.e. cost of ambulance).

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS: _____

CONSENT FOR WALKING TRIPS

CHILD'S NAME: _____

DATE: _____

As part of the regular program, the Educators take the children for short walks to areas of interest within the community. I hereby give my permission for my child to participate in these excursions. It is understood that members of the NLCC staff will carefully supervise and monitor the children during these activities.

I understand that I will be notified in advance of any large scale field trips and those that may require transportation by bus. Excursions by bus will be provided by licensed bus operators. I further understand that I must provide written authorization for my child to attend, on a Field Trip Permission Form that will be provided prior to the trip.

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS: _____

CONSENT FOR PHOTOGRAPHS & VIDEOS

CHILD'S NAME: _____

I hereby consent to have my child in photographs and video:

Please check all that apply:

- To be displayed around the program for other families and children to view
- To participate in group photos that may go home with another child's portfolio or documentation
- To include in local newspapers (child's first name only)
- To have my child participate in digital documentation. I understand that group documentation including my child, may be viewed by other families in my child's program.
- To have photos of my child shared on social media (i.e. facebook, Instagram, etc.).
- I do not consent to have my child participate in any displays, group photos, newspapers or digital documentation.

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS: _____

DATE: _____

CONSENT FOR RELEASE OF INFORMATION

Child's Name: _____

Date of Birth: _____
(MM/DD/YYYY)

As a component of gaining a more comprehensive understanding of your child's development, the North Lambton Childcare Centre Educator's completes regular screening and monitoring of each child enrolled in our programs until he/she enters school. The early identification of potential delays in meeting milestones is of key importance to a child's success. Developmental screening is important for monitoring progress and identifying any potential concerns in children's development.

North Lambton Childcare Centre will be using an established developmental screening tool, called Ages and Stages Questionnaire. This questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills. If your child exhibits any areas where his/her development is of concern, your child's educator will bring this to your attention immediately to discuss any next steps. You are welcome at any time to view your child's Ages and Stages Questionnaire or speak to staff about your child's development. Permission is requested to monitor your child's development with the Ages and Stages Questionnaire which will be performed with your child at regular intervals.

As part of the purchase of service agreement with the County of Lambton for child care services, North Lambton Childcare Centre is required to screen children ages 0-4 years that participate in our infant, toddler, and preschool programs at least annually. There may be some data shared for community reports to be used for planning purposes. At no time will data be shared that will identify your child.

I, _____ provide permission for North Lambton Childcare
(Parent/Guardian name)

Centre to:

- Monitor my child's development using the Ages and Stages Questionnaire.
- Share the Ages and Stages Questionnaire results with our local Data Analysis Coordinator or designate who will compile the data anonymously for community reports and planning

Parent/Guardian Signature: _____

Witness Signature: _____

Date: _____

North Lambton Childcare Centre Parent/Guardian Contract (page 1 of 2)

The conditions of this agreement protect both parents/guardians and North Lambton Child Care Centre.

North Lambton Child Care Centre agrees to:

- Provide care for _____
(Child's Name)
- Review the centre's policies and procedures with parents/guardians before enrollment in the program.
- Provide an up-to-date parent handbook that includes relevant policies and procedures.
- Provide notification of changes to program policies and procedures.
- Provide a minimum of one month's advance notice of fee increases.
- Provide monthly billing to parents by the end of the first full week of each month for the month in which care is required.

I (we) _____ agree:
Parent/guardian's name(s)

- To accept membership in the North Lambton Child Care Centre, upon my (our) child's enrolment.
- To act within the parameters of the Centre's policies and procedures.
- To pay the current month's fees, as indicated on my monthly child care invoice by the 15th day of the month.
- To pay a \$25.00 late payment charge on any payment not made by the 15th of the month.
- That North Lambton Childcare Centre reserves the right to suspend child care if payment is not received in full by the 20th day of the month.
- To pay a \$25.00 fee for any payment made by cheque that is returned by a financial institution as NSF.
- If an account remains unpaid for 30 days or more, the account will advance to collection procedures.
- That my (our) child will receive ____ sick days and ____ vacation days per calendar year. After these dates have been used up, I (we) agree to pay full child care fees for each scheduled session, as indicated by the schedule of attendance, regardless of whether my (our) child is present or not.
- That my child(ren) require care on a:
 - set schedule
 - weekly basis
 - varied schedule

Families with regular set schedules will be automatically scheduled in from month to month with no need to submit a monthly calendar. The remaining spaces available will then be filled by families with flexible schedules and a monthly calendar (requested by the 20th of the previous month indicating the days of care required). Flexible days will be available on a first come first serve basis.

- To notify North Lambton Child Care Centre by 9:30am if my (our) child is sick or my (our) account will be charged, regardless of whether or not my (our) child has any sick days left.
- That no deduction is granted for any unused sick days, should I (we) terminate my (our) childcare contract prior to the end of the year.
- To notify North Lambton Child Care Centre in writing two weeks in advance of withdrawing my (our) child from the program or full fees will be charged.
- To notify and discuss any special needs, or dietary restrictions with the Program Supervisor.

Parent Initials: _____

North Lambton Childcare Centre Parent/Guardian Contract (page 2 of 2)

I (we) understand that the fees are set by the Board of Directors and reviewed as needed. I (we) accept responsibility to pay the full monthly fee unless I (we) receive a fee subsidy from the County of Lambton or other funding source. If I (we) do receive a child care fee subsidy, I (we) accept full responsibility to fulfill all requirements of the County of Lambton or other funding source necessary to maintain the subsidy. If I become ineligible for child care fee subsidy, I (we) accept responsibility for paying the full daily fees.

Print Name of Parent/Guardian

Parent/Guardian Signature

Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Signature of Site Supervisor