

Family Name: _____

Registration Package



Family Information

Parent/Guardian's Name: _____
Guardian's Relationship to Child (if applicable) _____
Home Address: _____

Phone No. _____
Cell Phone/Pager No. _____
E-mail Address: _____
Occupation : _____
Employer Name: _____
Employer Address: _____
Employer Phone No. _____
Identification Information:
Date of Birth: ____/____/____
 M D Y

Parent/Guardian's Name: _____
Guardian's Relationship to Child (if applicable) _____
Home Address: _____

Phone No. _____
Cell Phone/Pager No. _____
E-mail Address: _____
Occupation : _____
Employer Name: _____
Employer Address: _____
Employer Phone No. _____
Identification Information:
Date of Birth: ____/____/____
 M D Y

Additional Household Family Members Information

Name: _____	Relationship: _____	DOB: ____/____/____ M D Y
Name: _____	Relationship: _____	DOB: ____/____/____ M D Y
Name: _____	Relationship: _____	DOB: ____/____/____ M D Y

Is your child(ren) or your family involved with another children's treatment agency or treatment centre? (If yes, please provide name of agency, agency contact and reason for the involvement.)

Are you receiving any funding assistance for your child care fees? Yes: ____ No: ____

(If yes, please provide Caseworker's name, phone number, e-mail address and the file number.)

Is there anything else we should know about your child(ren) or your family situation?

Emergency Contact Information

(In the event that we are unable to reach the parents/guardians, the parents/guardians understand and agree that we can release their child(ren) to the persons indicated as Emergency Contacts listed below. Emergency Contacts must be at least 16 years old.)

Emergency Contact 1 – First person to contact in an emergency if parents/guardians are not available:

Name: _____

Address: _____

Relationship to Child(ren): _____

Phone No. _____ Cell No. _____ Wk No. _____

Emergency Contact 2 – Second person to contact in an emergency if parents/guardians are not available:

Name: _____

Address: _____

Relationship to Child(ren): _____

Phone No. _____ Cell No. _____ Wk No. _____

Emergency Contact 3 – Third person to contact in an emergency if parents/guardians are not available:

Name: _____

Address: _____

Relationship to Child(ren): _____

Phone No. _____ Cell No. _____ Wk No. _____

Individuals Authorized to Pick-up

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

If any of the individuals stated above arrive to pick up your child and are not known to the staff, we will only release your child to them if a photo identification is presented and verified.

Parent/Guardian Signature: _____

Date: _____

Child's Personal Information
(First Child to be registered)

Child's Name: _____ / _____
(Last) (First) (Middle Initial) (Nickname)

Home Address: _____

Phone No.: _____ OHIP Card: _____

Date of Birth: ____/____/____
M D Y

Gender: M F

Has your child had previous childcare experience? Yes _____ No _____
If so, when and what type? _____

Language(s) spoken at home: _____

Physician's Name: _____

Dentist's Name: _____

Address: _____

Address: _____

Phone No.: _____

PhoneNo.: _____

Does your child have any **allergies** or **special dietary** needs? _____

Does your child have any fears, likes or dislikes? _____

During sleep time, does your child have a special blanket or toy? _____

Is there anything else we should know about your child? _____

Do you have any specific expectations relating to your child's care and early learning? _____

Child's Medical Information

(First Child to be registered)

Communicable Disease History (Dates)

Red Measles: _____

Chicken Pox: _____

German Measles: _____

Mumps: _____

Scarlet Fever: _____

Whooping Cough: _____

Other: _____

Other: _____

Medical Conditions:

Asthma: _____ Yes _____ No

If yes, was this in the last 6 months? _____ Yes _____ No

Is Diarrhea or Constipation a problem? _____ Yes _____ No

Do you have any concerns regarding their sleep habits? _____ Yes _____ No

If yes, please specify _____

Allergies: _____ Yes _____ No

If yes, please specify _____

Is an Epi-Pen required? _____ Yes _____ No

Is there anything else we should be aware of regarding your child's health or medical history? Does your child have now (or has your child ever had) any medical problem or behavior that would require special attention, medication or special diet? If so, please specify. _____

Immunization History

Child care providers are required to collect and submit to their Public Health Unit information on the immunizations of all children registered in the Centre. **Please attach a copy of your child's yellow immunization record to this form.** Please note that it is the parent's responsibility to provide this information to the child care agency and to keep it updated on a regular basis. Failure to do so could result in suspension of child care or termination.

In the event that a parent has chosen a **non-immunization plan** for their child, the parent or a legally qualified medical practitioner will submit in writing the reason why the child should not be immunized.

Parent/Guardian Signature: _____ Date: _____

Child's Personal Information
(Second Child to be registered)

Child's Name: _____ / _____
(Last) (First) (Middle Initial) (Nickname)

Home Address: _____

Phone No.: _____ OHIP Card: _____

Date of Birth: ____ / ____ / ____
M D Y

Gender: M F

Has your child had previous childcare experience? Yes _____ No _____
If so, when and what type? _____

Language(s) spoken at home: _____

Physician's Name: _____

Dentist's Name: _____

Address: _____

Address: _____

Phone No.: _____

PhoneNo.: _____

Does your child have any **allergies** or **special dietary** needs? _____

Does your child have any fears, likes or dislikes? _____

During sleep time, does your child have a special blanket or toy? _____

Is there anything else we should know about your child? _____

Do you have any specific expectations relating to your child's care and early learning? _____

Child's Medical Information

(Second Child to be registered)

Communicable Disease History (Dates)

Red Measles: _____

Chicken Pox: _____

German Measles: _____

Mumps: _____

Scarlet Fever: _____

Whooping Cough: _____

Other: _____

Other: _____

Medical Conditions:

Asthma: _____ Yes _____ No

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Is Diarrhea or Constipation a problem? _____ Yes _____ No

Do you have any concerns regarding their sleep habits? _____ Yes _____ No

If yes, please specify _____

Allergies: _____ Yes _____ No

If yes, please specify _____

Is an Epi-Pen required? _____ Yes _____ No

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In the event that a parent has chosen a **non-immunization plan** for their child, the parent or a legally qualified medical practitioner will submit in writing the reason why the child should not be immunized.

Parent/Guardian Signature: _____ Date: _____

Arrival & Departure of Children

Parents/Guardians are responsible to:

- sign their child in and out using the computer at the reception desk
- attend to the child's needs such as removing/putting on outdoor clothes, changing shoes/boots etc.
- escort their child to the appropriate classroom/from the classroom
- ensure that the teacher is aware of the child's arrival or departure

Authorized Persons/ Releasing a Child

Children must arrive and depart the centre with an authorized person. Authorized persons include:

- Parents/Guardians
- Any person over the age of 16 years designated in the child's file as an authorized contact
- Any person between the ages of 12 to 15 years of age, designated as an authorized person be a signed parental release form in the child's file
- Any person verbally designated by a parent/guardian as an alternate authorized person in the event of an emergency. The alternate person will be required by staff to complete a release form and present **photo identification** when picking up.

Evacuation Plan for Before & After School Program

The children at the Before & After School Program will evacuate to the **Dutton Fire Hall** if there is an emergency. The Director will notify the parents that this has happened and confirm where to pick them up.

Evacuation Plan for the Main Centre (3 Lions Rd. location)

The children at the Main centre location will evacuate to **Bobier Villa** if there is an emergency. The Director will notify the parents that this has happened and confirm where to pick them up.

Consent for Supervised Walks, Field Trips and Off-site Activities

As part of our regular child care program, the children occasionally leave the Centre property to go on walks in the neighbourhood and to participate in field trips. During these outings employees of the Centre continuously supervise the children and all Dutton Child Care policies apply.

I give permission for my child to participate in supervised walks and field trips outside of the child care center.

Parent/Guardian Signature: _____ Date: _____

Consent to Photograph, Videotape or Website

From time to time we will take pictures of the children to post in the classroom, on our website or for promotional purposes. Please put "yes" or "no" beside each.

_____ **I give permission** for Dutton Co-Operative Child Care to take pictures or videotape my child in the **classroom.**

_____ **I give permission** for Dutton Co-Operative Child Care to take & post pictures of my child on their **Website.**

_____ **I give permission** for Dutton Co-Operative Child Care to take pictures of my child for **promotional purposes.**

Parent/Guardian Signature: _____ Date: _____

Food Restrictions

For health and safety reasons, no outside food is permitted beyond the administration area at the main centre. For allergy reasons, we ask that parents do not bring food(s) into the centre.

Bagged Lunch policy is in effect for the Before & After School Program. Your child's lunch bag **must be labeled with your child's name.**

We are a **NUT FREE** centre at both locations.

FOOD CHART

Please indicate with a check mark the foods that your child has tried at home. If your child has or develops any food allergies or sensitivities, please inform us as soon as possible. *****Public Health recommends for children under 3 years of age: Avoid shellfish & Avoid peanuts.**

Family allergy history.....

If parents or siblings have any allergies, it would be best to avoid these foods until the child can be tested or has been introduced to these foods **at home at least twice.**

Please list any family allergies: _____

Meat

Beef _____

Pork _____

Chicken _____

Fish _____

Milk and Milk Products

Homogenized _____

2% _____

Vegetables

Tomato _____

(sauces, salsa) _____

Eggs

Whites _____

Yolks _____

Fruits

Kiwi _____

Pineapple _____

Oranges _____

For allergy reasons, staff **will not** introduce new foods. Parents are encouraged to check daily menus. Staff will introduce food at the child care after they have tried it at home at least twice.

Permission to provide Emergency Medical Care

Dutton Co-Operative Child Care will make every attempt to protect the children in our care from injury or illness. In the event of an accident or illness affecting my child, I authorize the Director and or Designate to provide Emergency treatment and arrange for transportation to the Hospital should it be necessary. It is understood that transportation to the Hospital will only occur when immediate contact with the undersigned cannot be made or it is deemed essential for care and well being of the child.

Parent/Guardian Signature: _____ Date: _____

Illness

Control of the spread of illness is a vital concern in the Centre. The Centre has specific policies and procedures that determine if a child may be permitted to attend if ill. Please refer to the Parent/Guardian Handbook for additional details on the signs and symptoms of illness that could result in a child's exclusion from the program.

Our policies are within the guidelines of the local Public Health Unit and are designed to maintain a safe and healthy environment for all of the children, while recognizing the impact illness has on a parent's schedule. You are expected to abide by these policies at all times that your child is enrolled in the Centre.

Parent/Guardian Signature: _____ Date: _____

Medications

The administering of prescription and non-prescription medication to any child in the Centre is very tightly controlled and regulated. The Child Care Centre has specific policies that determine if a particular medicine may be administered to a child, how each medication is to be stored, who is authorized to administer a medication to a child, and the procedures required of a parent before a medication may be administered. Our policies are within the guidelines of the local Public Health Unit and are designed with the best welfare of the child in mind. You are expected to abide by these policies at all times that your child is enrolled in the Centre.

Please note:

- It is the parent's/guardian's responsibility to notify the Child Care Centre if the child is taking any prescription or non-prescription medication;
- It is the parent's/guardian's responsibility to hand any prescription or non-prescription medicine directly to a staff member, so that it can be safely stored out of reach of the children and in the proper lock box.
- All medication must be in the **original container**, clearly labeled with the child's name, the name of the medication, the dosage to be given, the date of purchase, and instructions for storage and administration of the medication.
- It is the parent's/guardian's responsibility to fill in the required information on the **Authorization for Prescription and Non-Prescription Medication** form, date and sign it.

Parent/Guardian Signature: _____ Date: _____

BAGGED LUNCH POLICY

Dutton Co-Operative Child Care Centre Inc. is dedicated to ensuring that children attending the full-day School-Aged Programs are receiving nutritious and healthy foods. DCCCCI is asking that lunches packed for a full-day program follow Canada's Food Guide recommendations.

*Recommended Number of Food Guide **Servings** per Day*

<i>AGES IN YEARS</i>	CHILDREN	
	<i>4-8 YRS.</i>	<i>9-13 YRS.</i>
Vegetables & Fruit	5	6
Grain Products	4	6
Milk And Alternatives	2	3-4
Meat And Alternatives	1	1-2

Having the amount and type of food recommended will help contribute to your child's overall health and vitality. DCCCCI will provide nutritious AM & PM snacks that meet the Canada's Food Guide requirements.

Lunches are **NOT** to contain peanuts or nut products or products that have been produced in a facility that may have come in contact with nuts.

Bagged lunches should contain:

- At least one serving of fruit or vegetable
- Beverages that are either water, white or chocolate milk or fruit juice
- A meat or substitute
- A whole grain or enriched bread or substitute

**A copy of "Eating Well with Canada's Food Guide" will be included in the School Age Registration Package.

Your child's bagged lunch should be in an insulated lunch bag with a freezer pack to keep foods safe (hot foods should be kept hot in an insulated thermos).

Your child's lunch bag **MUST BE LABELLED WITH YOUR CHILD'S NAME.**

*Please keep in mind that pre-packaged treat items have little nutritional value. We strongly encourage parents to consider this when packing lunches.

If your child has forgotten their bagged lunch or it contains peanut or nut items, DCCCCI will provide a nutritious replacement for your child. The fee for this lunch will be \$5.00 and it will be charged to your account.

Staff will be monitoring the bagged lunches and will take appropriate actions when there are concerns regarding the nutritional adequacy of the lunches.

For children in Preschool, Kindergarten and Before & After School Programs, “0” Tolerance will be practiced in conjunction with the Aggressive Behaviour by a Child at the Centre policy. When the parent is contacted to pick up their children, they will be given a copy of the Aggressive Behaviour Policy and the step being enforced will be highlighted so the parent is aware of the policy guidelines and what the next step will be should the parent be contacted again.

“0” Tolerance Infractions:

- Slapping – to strike sharply with an open hand or with something flat
- Fighting – to engage with another in an attempt to defend oneself or to impose harm, hitting a teacher
- Kicking – a vigorous blow with the feet or to strike with the foot
- Biting – to grip or hold with the teeth
- Verbal Abuse – to use abusive anger, criticism, name calling, swearing, threats or to blame
- Spitting – to eject saliva from the mouth or to express hatred, contempt by or as if by ejecting Saliva or food from the mouth
- Destruction of Property – to willfully or intentionally destroy the centre’s, staff’s or children’s property
- Throwing Objects – to propel or cast in any way, especially to project or propel from the hand by a sudden forward motion or straightening of the arm and wrist
- Possession of a non prohibited weapon or replica of a prohibited weapon
- Running away from the program

If the child has an occurrence which is a “0” tolerance infraction:

1. Parents/Guardians will be contacted. Depending on the degree of intensity of the infraction and the safety of the children and the staff, the parent maybe asked to pick up their child immediately if he/she is unmanageable (needing the supervision of one staff and leaving the program inadequately supervised).
2. A copy of the “Aggressive Behaviour by the Child at the Centre” form will be given to the parent and if:
 - **FIRST INFRACTION – Step 1** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent
 - **SECOND INFRACTION – Step 2** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 1 of the Plan will be highlighted
 - **THIRD INFRACTION – Step 3** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 2 of the Plan will be highlighted
 - **FOURTH INFRACTION – Step 4** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 3 of the Plan will be highlighted
 - **FIFTH INFRACTION – Step 5** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 4 of the Plan will be highlighted

Dutton Child Care Fee Agreement

Thank you for enrolling your child/children in our Child Care Centre. Please note that your child care fees may change as a result of an increase in our fees or due to changes in your child's/children's enrollment.

Hours of operation are Monday to Friday
 Main centre 7:00 am – 6 pm
 Before & After School Program 7:30-9:00am & 3:30-6pm
 PD days & camps 7:00am – 6pm

Effective October 1, 2010, the fees for child care are as follows:

PROGRAM	FULL-TIME 5 DAYS/WK	PART-TIME FULL DAYS	½ DAY W. LUNCH 7 AM – 12:30 PM	½ DAY NO LUNCH 12:30 PM – 6 PM
INFANT RATIO 1:3	\$ 195 <input type="checkbox"/>	\$ 46 <input type="checkbox"/>	\$ 29.50 <input type="checkbox"/>	\$ 25 <input type="checkbox"/>
TODDLER RATIO 1:5	\$ 190 <input type="checkbox"/>	\$ 43.50 <input type="checkbox"/>	\$ 28.50 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>
PRESCHOOLER RATIO 1:8	\$ 160 <input type="checkbox"/>	\$ 37.25 <input type="checkbox"/>	\$ 26.25 <input type="checkbox"/>	\$ 22 <input type="checkbox"/>
KINDERGARTEN (JK/SK) RATIO 1:8	\$ 160 <input type="checkbox"/>	\$ 37.25 <input type="checkbox"/>	\$ 26.25 <input type="checkbox"/>	\$ 22 <input type="checkbox"/>

PROGRAM at the Dunwich-Dutton Public School	RATES
BEFORE SCHOOL only	\$7.00 flat rate (7:30 – 9:00 am) <input type="checkbox"/>
AFTER SCHOOL only	\$11.00 flat rate (3:30 – 6:00 pm) <input type="checkbox"/>
BEFORE & AFTER daily	\$16.00 flat rate per day <input type="checkbox"/>
PD DAY CARE, MARCH BREAK CAMP SUMMER CAMP, CHRISTMAS CAMP	\$27.50 PER DAY <input type="checkbox"/>

Please indicate with a check mark the program you will be enrolling in.

Subsidy may be available through St. Thomas-Elgin Ontario Works. Contact a child care assessment worker at 1-800-265-4362 extension 122.

There is a non-refundable **registration fee** of \$25 per child upon enrollment.

There is also a \$25 **membership fee** per family upon enrollment and on your anniversary date each year.

Deposit for the last week of care (weekly full time fee amount, example Infant deposit = \$195)

PAYMENT PLAN

Fees – You are required to pay fees in advance of care. For your convenience, we offer two payment options. Fees may be paid in full at the 1st of each month, or 50% payment at the 1st of the month and 50% payment by the 15th of each month. Payment may be made by VISA, Mastercard, debit card, cash or personal cheques.

Enrollment in the Child Care Centre is conditional on full and timely payment of all fees. It is your responsibility to keep your account balance current. When amounts owing are **15 days past due**, we will send you a letter notifying payment to be made immediately and apply a **\$25 late charge** to your account. At **30 days past due**, the family will be notified that care can no longer be provided & your child's name will be placed at the bottom of the waiting list.

There is a **\$25.00 service charge on all NSF cheques.

*** 2% interest will be charged on accounts over 30 days.

If you leave the Centre with an outstanding balance owing, we will use any and all measures available to us to collect the balance.

STAT FEES & ABSENCES

You are required to pay fees for any day on which your child is scheduled to be at the Child Care Centre regardless whether they are in attendance or not. This includes all statutory holidays and days your child is away due to illness or absent due to inclement weather. No rebate or reduction can be given for these absences.

FULL- TIME: children enrolled in a program 5 full days/week

PART- TIME: children enrolled in a program 4 or less full days/week

VACATION

Each child enrolled will be allocated **15 days/year to be used for scheduled time off or vacation**. The 15 days will be renewed on January 1 of each year. No unused days will be rolled over. When you have used all your 15 days, you will pay for any scheduled time off or vacation days. You are required to give the Program Supervisor a **minimum of 1 week written notice** for scheduled time off or vacation.

WITHDRAWAL

We require **two weeks written notice** when withdrawing your child(ren) from the Centre. Full tuition for the two week period is payable if inadequate notice is given.

TAX RECEIPTS

Tax Receipts for all accounts that are not outstanding will be available for **pick up** at the Centre by the end of February of each year. If you have withdrawn part way through the year, your tax receipt will be mailed to you.

Please sign below, acknowledging that you have read, understood and agree to comply with all the terms and conditions outlined in the Dutton Child Care Fee Agreement. Thank you.

Parent/Guardian Signature: _____ Date: _____

Nipissing District Developmental Screening Tool

The Dutton Co-Operative Child Care Centre would like to inform the parents that we will be using the "Nipissing District Developmental Screen" in the upcoming months here at the centre. This Developmental Screening Tool will provide the staff with an easy method of recording the development and progress of the children in their classrooms.

Our goal is to use this checklist before a child transitions to another classroom to monitor that the child has reached definitive developmental milestones. The staff may also use this tool during other times of your child's development as well.

Once your child's teacher has completed this checklist, the checklist will be shared with you at a time that is convenient for both you and your child's teacher.

Samples of the Nipissing District Developmental Screen are available upon request. If you have any questions or concerns about this tool, please speak with either your child's teacher or the Program Supervisor.

Below you will find a consent form for you to fill out and sign providing us with permission to complete this assessment with your child while in our care.

This form will be kept in your child's file.

I _____ being the parent /guardian of _____
(parent/guardian) (child's name)

acknowledge and understand that the Nipissing District Developmental Screen will be used at the centre as an on-going practice.

Parent/Guardian Signature: _____ Date: _____

**DUTTON CO-OPERATIVE CHILD CARE CENTRE
PARENT PARTICIPATION AGREEMENT**

As a member of the Dutton Co-Operative Child Care Centre Inc., I have read and fully understand my commitment to, and agree to comply with the Parent Participation Agreement as outlined below.

Between now and 1 year from signing of this agreement, I agree that I am responsible for:

A. Work 1 Bingo per family per year

I agree to work 1 bingo or \$75 will be charged to my account. (This money will help cover for a worker to go in my absence.)

B. Annual General Meeting (AGM) – held annually in May

I agree to attend the AGM or I must work 1 additional bingo or \$50 will be charged to my account.

Upon withdrawing your child from the program:

- If you **withdraw** from the centre with the **first 30 days**, you will not be held to your Parent Participation Agreement.
- If you **withdraw after 30 days**, you will have to work your bingo or **\$75** will be charged to your account.
- If you **withdraw before your anniversary date**, you will not have to attend the Annual General Meeting.

Parent/Guardian Name: _____ Signature: _____

Signing Date: _____ Renewal Date: _____

Office Use:

Bingo Date: _____ Attended AGM: _____