



Registration Form- Licensed Home Child Care

Email completed application to homecare@caringforkids.ca

Hours of Care:

MON	TUES	WED	THURS	FRI

Age Group Placement at Time of Enrolment: ☐ Full-time ☐ Part-time Drop off and pickup time: _____

☐ Infant ☐ Toddler ☐ Preschool ☐ School Age

Date of when child care is needed? _____ **What is your Main Intersection?** _____

Child Information

Full Legal Name:	Date of Birth (dd/mm/yyyy):
Home Address:	
Other Children in the family enrolled with the agency (list names, if applicable)	

Parent/Guardian Information

Full Legal Name:	Relationship to Child:
Home Phone Number:	Cell Phone:
Place and Address of Employment/School:	Email Address:
Home Address: <input type="checkbox"/> Same as Child	

Full Legal Name:	Relationship to Child:
Home Phone Number:	Cell Phone:
Place and Address of Employment/ School:	Email Address:
Home Address: <input type="checkbox"/> Same as Child	

Medical Information

Indicate if your child experiences or has experienced any of the following:

**** if your child requires an Epi-pen, an Individual Anaphylaxis Form and Administrations of Medications Forms must be completed. Please discuss with the office.**

Allergies ☐YES ☐NO **Epi-pen** ☐YES ☐NO

If yes, indicate all allergy types: _____

Any dietary or exercise restrictions? ☐YES ☐NO

If yes, indicate details: _____

Reason for special diet etc.: Food Allergy ☐YES ☐NO **Food Sensitivity** ☐YES ☐NO **Halal** ☐YES ☐NO

List all the foods to be avoided _____

Will you be bringing own meals? ☐YES ☐NO

If yes, indicate details: _____

Medication: (ie.) Vision/Hearing? Seizures/Diabetes/Mobility) ☐YES ☐NO

If yes, indicate medical details: _____

Asthma: ☐YES ☐NO

Inhaler: ☐YES ☐NO

Is Inhaler given during program? ☐YES ☐NO

Will your child self-carry? ☐YES ☐NO

Currently taking medication? ☐YES ☐NO

If yes, indicate type: _____

Will medication be given during program time? ☐YES ☐NO

If yes, indicate type: _____

If your child requires medication during program, please fill out the Administration of Medication Form and review the medication policy outlined in the Parent Handbook.

Developmental/Learning: (ie. ADD/ADHD/Autism/Delays) ☐YES ☐NO

If yes, indicate details: _____

Does your child require any additional assistance? ☐YES ☐NO

If yes, is there anything we should know concerning school, relationship, learning abilities etc.?

Is your child immunized? (If NO, please attached a copy of exemption) ☐YES ☐NO

Please provide a copy of your child's immunization record (yellow card) prior to your child's first day of care

You are required to provide proof of any further booster if choosing to immunize the child once enrolled in the program

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below:

☐Measles ☐Chicken Pox ☐Whooping Cough ☐Rubella ☐Hepatitis

Other:

Parent/Guardian Signature: _____

Safe Sleep

Children between the ages of 0-12 months of age will be placed for sleep in a manner consistent with the recommendations set out in the Joint Statement of Safe Sleep; Preventing Sudden Infant Deaths in Canada, Public Health Agency of Canada.

Written documentation from a doctor / physician will be kept in your child's file if you are choosing to waive this requirement.

- **Caregiver will periodically performs a direct visual check of each sleeping child who is under 24 months of age, by being physically present beside the child while the child is sleeping and looking for indicators of distress or unusual behaviours every 30 minutes or as needed.**
- the visual checks will be documented on the Daily Sleep Checklist or in logbook, observations are available for parents to review.
- parents will be consulted respecting a child's sleeping arrangements at the time the child is enrolled in a CFK program and at any other appropriate time, such as at transitions between programs or rooms or upon a parent's request;
- there is sufficient light in the sleeping area or room to conduct direct visual checks
- If electronic sleep monitoring device is used- each device is able to detect and monitor the sounds and, if applicable, video images of every sleeping child. The devices are not used as a replacement for the required direct visual checks. Device is checked daily by the caregiver.
- Caregiver and parent must follow Canada Consumer Product Act that complies with standards
- Children who do not sleep will be given a quiet activity after 1 hour of quiet rest time.
- Sleep will not exceed 2 hours

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?

Please describe your child's nap routine and preferences, including any special toys or blankets needed?

I, _____ parent or guardian of my child, _____, give permission for said child to sleep on a sleeping cot/ playpen that is provided by Caring For Kids/Caregiver during rest time. I understand that this cot, playpen and bedding will be individually assigned and only used by my child

Parent/Guardian Signature: _____

Toileting
Does your child use diapers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Disposable <input type="checkbox"/> Cloth If no, my child:
<input type="checkbox"/> Uses the washroom independently <input type="checkbox"/> Requires some assistance <input type="checkbox"/> Requires full support
If training is in progress, please describe your method/routine or any concerns.

Development
What languages do you speak in the home?
Does your child have fears (the dark, loud noises, animals etc.)?
Do you have any concerns about your child's emotional, social or physical development/ behaviour? Please include supports that your child is currently receiving to help the transition into the program.

Play
Does your child play well with other children? Please comment:
What are your child's favourite toys and activities?

This Section- Kindergarten/ School Age children ONLY		
Name of school:	School Phone Number:	
Name of Principal:	Start of school:	End of School:
Method of transportation:	Pick Up time:	Drop off time:
Bus route Number:	Bus stop Location:	
Present Grade:	Location:	
Non- School Days, PA Days, School Holidays <input type="checkbox"/> YES <input type="checkbox"/> NO	Before School <input type="checkbox"/> YES <input type="checkbox"/> NO Escort to School <input type="checkbox"/> YES <input type="checkbox"/> NO	After School <input type="checkbox"/> YES <input type="checkbox"/> NO Bussing Available <input type="checkbox"/> YES <input type="checkbox"/> NO
Comment: Is there anything further we should know concerning your school age care request?		
Communication Request		
Communication through email? <input type="checkbox"/> YES <input type="checkbox"/> NO Note: Email addresses are collected so that you can receive updates regarding the Program, including PA Day Flyers, Parent Surveys and Account Information. If you would like to receive these updates, please complete your email address above. The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act. Caregiver communication through text? <input type="checkbox"/> YES <input type="checkbox"/> NO		Initial(s)

Transportation		
My child is allowed to be transported in the caregiver's vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO	Initial(s)
My child is not ALLOWED to be transported in the caregiver's Vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO	Initial(s)
Child Safety seats/restraint systems are to be provided by <input type="checkbox"/> Parents <input type="checkbox"/> Caregivers <input type="checkbox"/> Both		
<p>Note: it is the responsibility of the parent and the caregiver to make sure that the children are transported in the approved car seat at all times for each child's weight, height and age as required. Parents and caregivers are responsible for making sure that the child restraint system meets CSA standards, and not expired and are installed properly. The agency takes no responsibility for supplying car seats/auto insurance.</p>		Initial(s)
<p>To participate in excursions involving public or private transportation to locations I give permission for my child care provider, or any approved alternate driver to transport my child(ren) for the following reasons (check all that apply): <input type="checkbox"/> Field trips <input type="checkbox"/>Library <input type="checkbox"/>EarlyON <input type="checkbox"/>Family Centre <input type="checkbox"/>Excursions to the park <input type="checkbox"/>Local stores</p> <p>Your child may use outdoor play equipment and structures when visiting public playgrounds and parks with caregiver supervision.</p>		Initial(s)
<p>Note: This is to certify that the caregivers and/ or their Back-up caregivers have my permission to drive my child in his or her vehicle, this includes but not limited to community outings, field trips and to and from school etc. Please note that sometimes the caregiver may transport my child to other locations outside the local area and that I will be notified in advance. The caregiver may ask you to sign off on permission forms.</p>		Initial(s)
Water Play Consent		
<p>It is encouraged that children should be supported in the following water play activities such as the following water activities: splash pads, sprinklers, hoses and water tables under the close supervision of the home child caregiver. Children will develop gross motor and fine motor skills, problem solving, language, social and emotional learning.</p>		Initial(s)
Pet Agreement		
<p>I am fully aware that some Home Child Care locations may have pets on their premise. Caregivers are to follow the pet policy and we encourage the parents and caregivers to model proper behaviours when around pets etc.</p> <ul style="list-style-type: none"> • Avoid chasing and kissing animals • Don't interfere with an animal that is eating or sleeping 		Initial(s)
Media / TV Consent		
<p>I give permission for my child to participate in the following activities for no more than an hour per day while in the care of their caregiver:</p> <p><input type="checkbox"/>Television/Movies <input type="checkbox"/>YouTube for educational purposes <input type="checkbox"/> gaming Consoles (Wii, Xbox other)</p> <p><input type="checkbox"/>Hand held gaming device (tablet, ipods, DS, other)</p> <p>Restrictions?</p> <p>PERMISSION IS GRANTED for my child to be involved in media coverage involving Caring For Kids. His/her name may accompany media photos. <input type="checkbox"/>YES <input type="checkbox"/> NO</p> <p>PERMISSION IS DECLINED for my child to be involved in media coverage involving caring For Kids. <input type="checkbox"/>YES <input type="checkbox"/>NO</p>		Initial(s)

Outdoor Supervision	
The Ministry of Education requires that children in care for six hours or more per day spend a minimum of two hours outside each day weather permitting, unless a physician advises in writing. It's the parent responsibility to provide the appropriate clothing at all times including a change of clothes	Initial(s)
<p>The Outdoor Play Supervision Plan Includes but is not limited to the following:</p> <ul style="list-style-type: none"> Caregiver brings emergency cards, phone, first aid kit outside at all times when going outside or leaving the premises. Outdoor play area should be cleaned and free of hazardous materials. Grass should be trimmed on a regularly or as needed and check the yard daily before the children play Caregiver will make available a variety of materials, toys to the children. Sand toys, balls, tricycle, ride-on toys, blocks, etc. are some of the toys that can be used outside. Other activities will include walks, playground, water play (sprinkler in summer). Caregiver will keep safety in mind on walks and do a safety check of the playground before allowing the children to play. Playing outdoors provides the children to climb, jump, balance, explore and learn in the moment based on their interest. Caregiver may choose to use Backyard including grass area or on deck <input type="checkbox"/>YES <input type="checkbox"/>NO Back yard maybe fenced with a latched gate <input type="checkbox"/>YES <input type="checkbox"/>NO Backyard is sometimes not fenced (new development or Condo townhouse) <input type="checkbox"/>YES <input type="checkbox"/>NO Caregiver may use front yard including driveway <input type="checkbox"/>YES <input type="checkbox"/>NO 	<p>Initial(s)</p> <p><u>Restrictions</u></p>
The Child Care and early Years Act indicates that the supervision of outdoor play shall be agreed upon by the parent, the Caregiver and the Home Visitor. Please keep in mind that the levels of supervision varies with physical environment and the maturity of each child. Children 6 years of age and older may play outdoors as indicated in their individual agreements. At all times, the Caregiver MUST know where the children are and MUST have full contact as agreed upon.	Initial(s)
<p>Parent/Guardian Agreement</p> <p>Please read each of the following statements to confirm your acknowledgment</p> <ol style="list-style-type: none"> I will access and review the parent handbook I am aware that Caring For Kids policies & procedures including but not limited to: prohibited practices, self-regulation, sleep and rest. I will ask for assistance if I require help finding information on Caring For Kids Website I understand and agree to abide by the financial arrangements (found in the Family handbook) I understand ALL FAMILIES must pay their child care fees by their due date or lack of payment leads to possible termination of care will result. I am responsible for any applicable service charges, including NSF I understand I must submit each child care schedule (2 Weeks) request form to the office and the caregiver on or before the deadline date. My space is not guaranteed unless I submit my schedule on or before the date indicated. I understand that regular fees are billed for ALL STATUTORY HOLIDAYS/DAYS OF CLOSURE-NO EXCEPTIONS as per Family handbook policies. I understand that a fee of \$5.00 per 5 minute may be charged if my child is dropped off prior to scheduled drop off time and/or picked up after scheduled pick up time (according to the providers clock) I understand that two weeks written notice is required if I plan to TEMPORARILY OR PERMANENTLY withdraw my child/ren from any program of Caring For Kids. I will be billed until Caring For Kids receives my written notice. I understand bullying, harassment and violence are not tolerated in this workplace. <p>Signature of Parent/Guardian _____</p>	

Consent For Emergency Treatment	
<p>In case of serious illness or injury to my child while attending the child care program, I agree to: The agency calling an ambulance to transport my child to the hospital. I understand that parents/guardians are contacted and informed to go directly to the hospital. Assume responsibility of any resultant expense (I.e., ambulance costs). Every attempt will be made to contact the parent/guardian or emergency contact in the event of an emergency. It is important to keep all information current at all times!</p>	Initial(s)
Acknowledgement	
<p>I/we acknowledge receipt of the Parent Handbook. I/We have reviewed and agree to abide by the policies of caring For Kids, Home Child Care Agency. I/We further understand that failure to fulfill these responsibilities may result in termination from the program.</p>	Initial(s)
Authorization For Non-Prescription Skin Products	
<p>The following non-prescriptions items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):</p> <p> <input type="checkbox"/>Sunscreen <input type="checkbox"/>Diaper creams/ointment <input type="checkbox"/>Lip balm/Vaseline <input type="checkbox"/>Hand sanitizers <input type="checkbox"/>Insect repellent <input type="checkbox"/>Lotions *Please ensure you label the item *Parents and or Caregiver may supply items <input type="checkbox"/>YES <input type="checkbox"/>NO </p>	

Photography permission, digital or video images
<p>I, _____ (print your full name), give Caring For Kids, the caregiver permission, with respect to the photographic, or video image(s).</p> <p>PLEASE CHECK THE BOX THAT YOU AGREE TO GIVE CONSENT FOR: Only certain circumstances, specifically (tick all those that apply)</p> <p> <input type="checkbox"/>Posting in the home <input type="checkbox"/>in house photo albums <input type="checkbox"/>creative activities <input type="checkbox"/>parent gifts <input type="checkbox"/>learning story portfolio <input type="checkbox"/>Social Media Apps for Agency Caring For Kids Ads <input type="checkbox"/>Caregiver Training Opportunities <input type="checkbox"/>Caring For Kids Website (public) <input type="checkbox"/>Caring For Kids Print Material </p> <p>If my child appears in a group learning story photo, I consent to the photo being shared with the families of the children in the photo.</p> <p>OR <input type="checkbox"/>I do not consent to having my children or my picture taken and used in any way.</p>
<p>Custody Arrangements (if applicable) If applicable, a copy of the CURRENT court document, outlining custody and /or visiting arrangements, must be submitted to the office to ensure your child/ren's safety. Custody document provided? <input type="checkbox"/>YES <input type="checkbox"/>NO <input type="checkbox"/>Not applicable Name(s) of individuals prohibited from accessing/picking up your child: _____</p>

Feeding Arrangements (Infants ONLY)

*For children under 12 months, please complete Supplementary Information for Children Under 12 Months. You are responsible for supplying all food and beverages for your infant until the child is eating regular table food. (Please fill out the Feeding Schedule for a consistent routine)

Does your child have any special feeding arrangements? ☐YES ☐NO

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

Food and bottles must be clearly labelled with your child's name on them.

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., mealtimes, favourite foods):

Instructions for Feeding:

A. Bottles (formula, milk, juice)

B. Food (cereal, baby food, table food):

The Child Care and Early Years Act 2014 require that all children under 12 months of age have a written feeding schedule.

Parents, please update regularly when there is change

Any child requiring a special diet shall be fed in accordance with the parent's written instructions. Special foods will be provided by the parent and labeled with child's name.

Signature of Parent/Guardian

Date

EMERGENCY INFORMATION CARD (please duplicate information given on the above registration form)

In the event of an emergency, if a parent/guardian cannot be reached, the following individual(s) may be contacted. Please list in order of preference. Other than Parent/Guardian. (This space cannot be left blank) The following additional individuals are authorized to pick-up (photo ID will be required to confirm identity before the child will be released. We will not release a child to anyone under the age of 18 years without consent.

Child Information

Full Legal Name:

Date of Birth:

Home Address:

Medical Information (please describe any allergies or medical information):**Parent**

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone number:

Parent

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone number:

Emergency Contact

Full Legal name:

Phone Number:

Emergency Contact

Full Legal name:

Phone Number:

Persons Authorized to Pick up the child.

1.

Persons Authorized to Pick up the child

2.

Note: It is very important that the Caregiver is able to contact you at all times. Please remember to keep all emergency information up to date.

I hereby consent to the collection, use, and disclosure of my parental and my child(ren)'s personal information by the agency for the purposes of providing child care services to my child(ren) enrolled our programs. I understand that CFK's protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the centre's Privacy policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Agency Representative: _____ Signature of Caregiver: _____