



REGISTRATION PACKAGE

*Family Information

*Child's Information

*Arrival, Departure and Release of Children from the Centre

*Policies: Permissions and Consents

*Policies That Directly Affect Your Child's Care

*Child Care Fee Agreement

Get To Know Me

Siblings & Ages _____

Does your child have any allergies? If yes, what are they and list the symptoms please?

Does your child have any special dietary needs? _____

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

How does your child react to anxiety or stressful situations?

Does your child nap? _____ During rest time does your child have a special blanket or comfort item? _____

Is your child toilet trained or in the process of training? What strategies are you using?

Does your child have any medical concerns regarding diarrhea or constipation?

What activities does your child like to do? _____

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

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

*In order to maintain appropriate teacher to child ratios at all times, we need to know of your estimated time of drop-off and pick-up:

Drop-off time: _____

Pick-up time: _____

Infant Room Personal Information

(If your child is starting in the Infant Room)

Present Routine:

What time does your baby usually wake up in the morning? _____

What does your baby eat for breakfast? At what time? _____

Does your baby eat a morning snack? What are some of the foods they eat? _____

How many naps does your child have during the day and for how long? _____

Does your baby have a special blanket or comfort item for nap time? Does your baby liked to be swaddled? _____

Describe how you settle your baby to put them down for a rest. _____

Does your baby like to be cuddled, carried, walked or rocked? _____

What time does your child have lunch? What are some of the foods your baby likes to eat? _____

Does your baby like to feed themselves? Do they need help? Describe what you do at home. _____

Does your baby use a bottle, cup or both? _____

Do you heat up your baby's milk/formula? How? _____

What kind of milk does your baby drink? _____

Will you provide special food for your baby? (blended foods, food from home etc..)

Does your baby use a soother? When? _____

Do you use special creams, powders or lotions when diapering your baby? _____

Is there any other special instructions for the staff about the care of your baby?

Please let us know if any of these things change.

Date: _____

Signature of Parent

Arrival, Departure and Release of Children from the Centre

Upon your child's arrival to the centre, we would ask that you bring your child directly to their classroom or the designated area upon opening of the centre:

- The teacher will sign your child in for the day.
- Please provide your child's teacher with any pertinent information about your child's evening or morning

We ask that your child/children be dropped off at the centre by 10 am so that they may participate in the day's activities. If your child has not arrived by 10 am the office will be calling parents/guardians to confirm the child's absence. If there is a change to drop off due to an appointment, please let the child's teacher know at drop off or you can send an email through the Lillio app or by phone. There may be times where drop off would be later in the day because of an appointment. In those cases, the office will confirm if the child should stay home or if coming in later will not disrupt the routine of the class.

We are not able to release any child into the custody of any person who has not been pre-authorized on the Child's Emergency Contact Information Sheet. If a child needs to be picked up by an individual who is not listed, the parent/guardian is to provide written authorization. This can be a hand written note or by email. For safety reasons we ask that the person we are releasing the child to be at least 16 years old.

The authority to release a child to someone other than the parent/guardian is normally provided to us at the time the child is registered in the centre. After that time, if you would like to add additional people, please see the office staff.

Please let the office or Teacher know in the morning if there will be an alternate person picking up that day. Please note that that an alternate person authorized to pick-up may be asked for photo I.D. if our staff has not met this person before.

We reserve the right to not release a child to any person who, in the sole opinion of our employee(s), is impaired or otherwise unable to suitably and safely care for the child.

Please sign below, acknowledging that you have read and understood this policy. Thank-you.

Parent/Guardian Signature:_____ Date:_____

Permission to Provide Emergency Medical Care

If your child is seriously injured or becomes ill suddenly, employees of the Centre will, in this order:

- 1) Administer appropriate first aid
- 2) Attempt to contact the child's parents or legal guardians using the telephone numbers you have provided and are on file in the Centre
- 3) Attempt to contact one of the designated Emergency Contacts using telephone numbers on file you have provided
- 4) Seek emergency medical treatment if needed

I hereby consent that if due to circumstances such as an accident or sudden illness, emergency medical treatment may be given to my child by a physician or hospital.

Parent's/Guardian's Signature: _____ Date: _____

Acknowledgement of Immunization Records

We are required to have updated immunization records on file at all times. Families are required to update us and the Health Unit when their child(ren) receive immunizations. Failure to supply updated immunization records may forfeit your child's space at F.D.N. school.

I hereby acknowledge that my child's immunization records need to stay current with Faith Day Nursery and the Health Unit when my child(ren) receives immunizations.

Parent/Guardian Signature: _____ Date: _____

Consent to Photograph or Videotape

We respect the privacy of our children, families and educators. We strive to ensure that our work is created in an environment that is safe and respected by all those who view and learn from its use, and that it is utilized only for its intended purpose.

Within our Emergent Curriculum program philosophy, we regularly take photographs of the children participating in activities, which we incorporate into our environment, creating child portfolios and for centre functions (ex. graduation and Christmas concert etc...)

There are occasional events held at our Daycare where other families and visitors are taking pictures. It is our expectation that any pictures taken of children or staff would be kept for your personal use and not posted on any social media without written consent of the parent or employee. If you are attending an event and do not want yours or your child's picture taken, you are responsible to advise anyone at the event taking pictures, of your wishes.

I consent to have my child's photo taken for internal purposes only with the exception of the individual child portfolio.

Parent/Guardians Signature: _____ Date: _____

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, visit a nearby park or participate in field trips. During these outings employees of Faith Day Nursery are continuously supervising the children. Parents may be asked to volunteer to help on a field trip.

I hereby grant permission for my child(ren) to participate in supervised walks and field trips outside of the childcare centre. I hereby release, indemnify, and hold harmless Faith Day Nursery from any and all damages, claims and other liabilities, resulting from any such walk or field trip.

Parent/Guardian Signature: _____ Date: _____

Food Restrictions In The Centre

Lunch and snacks are provided by the Centre, with the exception of formula and baby food that can be substituted in the infant room.

We are a nut free facility. From time to time we have children at our centre who have life threatening allergies (anaphylactic allergy). For this reason we have a “no outside food policy.” We ask that you do not bring food from home. This policy is in place to protect all the children in the centre that have food allergies.

There may be special circumstances where children who have severe allergies may need food substitutions that cannot be provided by our centre. In these special cases our centre will approve outside food to come in that parents will provide. We ask that parents be extremely careful that they are bringing in nut free foods. The staff will check before these foods are served to make sure they are nut free.

We would also ask that you introduce high allergen foods like (eggs, strawberries, fish etc...) at home first.

Please sign below, acknowledging that you have read and understood this policy. Thank-you.

Parent's/Guardian's Signature: _____ Date: _____

Illness

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

Our policies follow the guidelines outlined by the Middlesex London Health Unit and are designed to maintain a safe and healthy environment for all the children, while recognizing the impact illness has on a parent's schedule. The expectation is that all parents follow these policies to aid in a healthy, happy environment for everyone at our child-care centre.

A complete copy of the policy is available for your review at any time by contacting the director.

Please sign below, acknowledging that you have read and understood this policy. Thank-you.

Parent's/Guardian's Signature: _____ Date: _____

Medications

The administering of prescription medication for all the children is done following certain guidelines. Our policies are in keeping with guidelines of the local health unit and the ministry of education. They are designed with the best welfare of the children in mind. A complete copy of the policy is available for your review at any time by contacting the director.

Please note:

- It is the parent's/guardian's responsibility to notify the centre if the child is taking any prescription or non-prescription medication at home.
- It is the parent's/guardian's responsibility to hand prescription medication to the staff to be stored in a locked box in accordance with medicine's instructions. Please do not leave medication in your child's bag.
- All prescription medication must be in the original container, clearly labeled with your child's name, name of the medication, dosage of the medication to be given, date of purchase and instructions for storage
- Children need to be on a new prescription for 24 hours after the first dosage, before they can return to childcare.
- It is the parent's/guardian's responsibility to fill in the required information on the medication sheet and provide detailed information. "As needed" does not provide enough information for us to administer medication.
- There may be special circumstances or for emergency situations that over the counter non-prescription medication may be needed. We can administer this medication **only** if a doctor's note is obtained. This note must have the child's name, name of medication to be given, dosage information, date and the doctor's signature

Please sign below, acknowledging that you have read and understood this policy. Thank-you.

Parent's/Guardian's Signature:_____ Date:_____

Late Fees Policy

All children must be picked up by 5 p.m. If you pick up between 5:01 and 5:15 you will be charged 15 dollars. If you child is here past 5:15 you will be charged an additional dollar per minute. If your child/children are not picked up by 5 p.m. we will be calling. If there is no response then we will be calling the emergency numbers provided. If we cannot reach anyone within the first half hour, Children's Aid Society will be notified.

Please sign below, acknowledging that you have read and understood this policy. Thank-you.

Parent's/Guardian's Signature:_____ Date:_____



CONSENT FOR THE USE OF OVER THE COUNTER MEDICINAL PRODUCTS

There are many over the counter products that are used at Faith Day Nursery on a regular basis that may have a very small amount of medicine in the product. Most of these products are supplied from home. It is important that you check the label to make sure the product is **nut free** before bringing it in. Please check the boxes of the products you give us permission to use with your child. Please write the brand name you will be bringing in and/or check off the box if various brands may be brought in. **Some of these products are:**

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Diaper Wipes _____ | <input type="checkbox"/> Body Lotions _____ | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Diaper Cream _____ | <input type="checkbox"/> Face Creams _____ | <input type="checkbox"/> Powders |
| <input type="checkbox"/> Lip balm _____ | <input type="checkbox"/> Hand Soap _____ | <input type="checkbox"/> Sun Screen |
| <input type="checkbox"/> May provide various brand names | | |

I HEREBY GIVE CONSENT FOR THE ABOVE OVER THE COUNTER MEDICINAL PRODUCTS TO BE USED WITH MY CHILD.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



As per the Middlesex London Health Unit we are no longer able to share sunscreen. Aerosol or spray varieties are not allowed to be used at the child care at this time.

We ask that each child bring a bottle of sunscreen that can be left here at Faith Day.

Lillio Participation and Photo Release Form

Dear parent/legal guardian,

In the interest of safety and security, we require parental permission for the publishing of photographs and videos of your child/children through a software program called Lillio (formerly HiMama) (the "Program").

By signing this form, you grant permission for us to photograph or video your child and share this information with you through the Program. You will also receive updates and information about your child through the Program through the email you provided.

Please note: Other children may be featured in photos, videos, or stories of your child. By giving your consent, you agree not to share pictures or videos of any child – other than your own - outside the Program without permission. To learn more about the Program, please visit www.lillio.com

Please complete, sign, and return this form to the center if you wish to participate. Please contact us if you have any questions.

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

CHILD'S NAME

PARENT / LEGAL GUARDIAN NAME

EMAIL

PARENT / LEGAL GUARDIAN SIGNATURE

DATE



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