

THE CANDY FACTORY DAY CARE

1411 Bloor Street West, Toronto, Ontario. M6P 3L4 Tel: 416 537 4154 Fax: 416 537 2740

Child's Name:	Date of Birth dd/mm/yy	Subsidy Approved? Y/ N
		file #

IN CASE OF EMERGENCY PLEASE CONTACT THIS PARENT FIRST

PARENT/GUARDIAN'S NAME		PARENT/GUARDIAN'S NAME	
e-mail address:		e-mail address:	
Home address:		Home address:	
Home phone #		Home phone #	
cell phone #		cell phone #	
Work/ School address and postal code		Work/ School address and postal code	
wk/school phone #		wk/school phone #	
Doctor's Name		Dr's Phone #	
Dr's address		Dr's Postal code	
Does your child have any known allergies or food restrictions?		Please list any allergies or food restrictions	Is an Epi pen required?
Does your child have any medical concerns?		Please list any medical concerns	
Does your child have any Special sleep requirements?		Please list any special sleep requirements	

Custody Agreement in place?	custody agreement states.....		
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Hand Sanitizer Y or N	Photograph Consent Y or N	Security Password
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Persons to call in case of emergency (other than parent/guardian) and Authorized pick-up list

Name:	Relation	Home #
Address		Alt #
Name:	Relation	Home #
Address		Alt #
Name:	Relation	Home #
Address		Alt #

Please note anyone picking up may be required to show photo ID. Names provided must appear on the ID

Parent Signature	Supervisor/ Designate signature	Date
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FOR OFFICE USE ONLY

Date of Admission	Daily rate	Deposit Required	Reg Fee Required
Notes:		Deposit Paid	Reg Fee Paid

Deposit /Registration fee paid by:	Cash _____	Chq # _____	E-Transfer _____
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All registration fees are non-refundable, and 2 weeks written notice is required to be provided to the day care in order to get a refund.

INITIAL PARENT/GUARDIAN INTERVIEW

Child's Name:	Birth Marks:
Child's Disposition:	Sleeping Pattern:
Does your child have a security Item?	
examples include: Blanket, Bear, Pacifier, or sucking thumb.	
Feeding: (general information about eating habits or food restrictions:	
What items does your child eat? Water Juice Fruits Vegetables Meat Cereal	

Diapering Instruction

Language spoken at home:	Is your child talking/ comprehending?
Cultural events celebrated at home:	
The activities your child enjoys: Toys Games Music Books Dramatic Play	
Does your child have special interests or abilities?	
What method of discipline do you use at home?	
What previous child care experiences has your child had?	
Does your child have any specific fears?	
Reaction to fear?	How do you handle it?
What frustrates your child?	
How do you handle these frustrations?	

MEDICAL AND HEALTH CARE INFORMATION (MEDICAL RELEASE) PARENTS CONSENT FOR MEDICAL TREATMENT

In the event of medical emergency such as an accident or sudden illness, I the parent/ guardian of:
 _____, authorize a qualified staff, supervisor or director of the Centre to transport my child
 by ambulance and/or taxi to hospital and or licensed physician's office and authorize immediate medical
 treatment if required, including anesthetic.

Parent/Guardian Signature	Date	Witness Signature
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General Health: _____

Please specify any symptoms, signs to look for: _____

Is your child asthmatic? _____ Is your child using a puffer? _____

Date of last examination (D/M/Y) _____ Current weight? _____

At the current time is your child free of communicable diseases? _____

List previous history of any communicable diseases? _____

Please complete the child's morning and afternoon routine and schedule. By providing this information staff will have a better understanding of your child's day (i.e. naps, play schedule, eating schedule and time spent out doors)

MORNING

AFTERNOON

PLAYGROUND / SAFETY

All parents must make sure that all playground gates and doors are ALWAYS closed and locked behind them upon entering and exiting. This will ensure the safety of all the children and staff from unwanted visitors. Repeated failure to comply with this policy may result to your child's withdrawal.

_____ have read and understand and will comply with the Playground Safety Policy.

Parent/Guardian Signature

Date

Witness Signature

DIAPERING, SUN BLOCK and HAND SANITIZING

I, the parent/guardian of (child's name) _____ authorize the staff of the child care centre to use the following diapering and sun block products on my child when required.

Sun block to be used:

Diapers, wipes, and creams to be used:

Parent/Guardian Signature

Date

Witness Signature

I, the parent/guardian of (child's name) _____ authorize the staff of the child care centre use Sanitizer provided by the day care to sanitize my child's hands when water is not available (trips, parks, Playgrounds).

Parent/Guardian Signature

Date

Witness Signature

MEDICATION

The Centre will administer only prescription medication as required. All medication must come in the original container with the prescription label. The Centre will document all medication on the appropriate consent form and parents/guardians must sign this form before the medication is administered to their child.

PHOTOGRAPH CONSENT & AUTHORIZATION

I, the parent/guardian of (child's name) _____ hereby consent to have my child's photograph taken by staff of the Centre for use of the Centre (activities, displays, identification and newsletters).

Parent/Guardian Signature

Date

Witness Signature

AUTHORIZATION FOR RECREATIONAL WATER PLAY

I, the parent/guardian of (child's name) _____ hereby give my consent for him/her to participate in water play under the supervision and guidance of the Centre staff. We permit the use of wading pools, splash pads, sprinklers and water table

Parent/Guardian Signature

Date

Witness Signature

DISCLOSURE OF INFORMATION POLICY

Consent for sharing information among professionals involved in a child's day enhances educational and family support. Consent for sharing information is a necessary legal and ethical practice and must be obtained. In order to provide quality care for children, there are times when it is appropriate for the Child Care Centre, the School, Toronto Children's Services and the Family Resource Programs to exchange information. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation or behaviour.

CONSENT FORM

I, the parent/guardian of (child's name) _____ hereby consent to the Centre and/or Resource teachers and/or Toronto Children's Services for the reciprocal exchange of information about my child.

Parent/Guardian Signature

Date

Witness Signature

TRAVEL CONSENT PARENTS AUTHORIZATION

I, the parent/guardian of (child's name) _____ hereby consent to him/her leave the premises of Centre under the teacher's supervision to participate in daily outings, trips to parks, playgrounds, school and libraries. I allow my child to go on these outings on foot, by bus, taxi, TTC.

Parent/Guardian Signature

Date

Witness Signature