

# THE CANDY FACTORY DAY CARE CENTRE

1411 BLOOR STREET WEST, TORONTO ONTARIO, M6P 3L4 Tel: 416 537-3682 Fax: 416 537-2740

## INITIAL PARENT/GUARDIAN INTERVIEW

Child Name: \_\_\_\_\_ Birthmarks: \_\_\_\_\_

Child's Disposition: \_\_\_\_\_ Sleeping Patterns: \_\_\_\_\_

Please describe special requirements for rest/ sleeping habits: \_\_\_\_\_

Does your child have a security item? (e.g. Blanket, bear, pacifier, sucking thumb) \_\_\_\_\_

Circle what the child eats: Water, Juice, Fruits, Vegetables, Meat, Cereal \_\_\_\_\_

Feeding: General information about eating habits or food restrictions/sensitivities and symptoms: \_\_\_\_\_

Please describe special requirements for physical/other activities (if applicable): \_\_\_\_\_

Diapering Instruction: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Is your child talking, comprehending? \_\_\_\_\_

Cultural events celebrated at home \_\_\_\_\_

Circle the activities the child enjoys: Toys/ Games/ Music/ Stories/ Books/ Dramatic play/ Songs

Does your child have special interests or abilities? \_\_\_\_\_

What method of discipline do you use in your home? \_\_\_\_\_

What previous childcare arrangement has your child had? \_\_\_\_\_

Does your child have any specific fears/frustrations? \_\_\_\_\_

Reaction to fear/frustrations: \_\_\_\_\_ How do you handle it: \_\_\_\_\_

## MEDICAL AND HEALTH CARE INFORMATION (MEDICAL RELEASE)

### PARENTS CONSENT FOR MEDICAL TREATMENT

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

**Parent's/ Guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

General Health: \_\_\_\_\_

Please specify any symptoms, signs to look for: \_\_\_\_\_

Is your child asthmatic? \_\_\_\_\_ Is your child using a puffer? \_\_\_\_\_

Date of last examination: (y/m/d) \_\_\_\_\_ Current weight: \_\_\_\_\_

At the present time is the child free of communicable diseases? \_\_\_\_\_

List previous history of any communicable diseases? \_\_\_\_\_

# THE CANDY FACTORY DAY CARE CENTRE

1411 BLOOR STREET WEST, TORONTO ONTARIO, M6P 3L4 Tel: 416 537-3682 Fax: 416 537-2740

## CHILD'S DAILY SCHEDULE

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 /PREMISES SAFETY

All parents must make sure that all playground gates and Centre's 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. Strollers are folded and safely stored away in the shelter behind the wooden gate.

I, the parent/guardian of (child's name) \_\_\_\_\_ have read and understand and will comply with the Playground Safety Policy.

\_\_\_\_\_  
**Parent/Guardian's signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Witness**

## DIAPERING, SUN BLOCK AND HAND SANITIZING

I, the parent/guardian of (child's name) \_\_\_\_\_ authorize the staff at High Park Early Learning Center 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's signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Witness:**

I, the parent/guardian of (child's name) \_\_\_\_\_, give my permission to the Centre's teachers to use Sanitizer provided by the day care to sanitize my child's hands when water is not available (trips, parks, playgrounds).

\_\_\_\_\_  
**Parent/Guardian's signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Witness**

## 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's signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Witness:**

# **THE CANDY FACTORY DAY CARE CENTRE**

1411 BLOOR STREET WEST, TORONTO ONTARIO, M6P 3L4 Tel: 416 537-3682 Fax: 416 537-2740

## **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's signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness:

## **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, behaviour or development.

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

\_\_\_\_\_  
Parent/ Guardian's signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness:

## **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's signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness:

## **PARENT HANDBOOK AND THE CENTRE'S POLICIES AND PROCEDURES**

I, the parent/guardian of (child's name) \_\_\_\_\_ hereby consent that I have read and understood the Centre's Parent Handbook and will comply with Centre's policies and procedures.

\_\_\_\_\_  
Parent/Guardian's signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness: