

Stoney Creek Child Care Centre

Registration Package Checklist:

- Filled registration Form
- Filled questionnaire
- Filled statement of Immunization
- Filled Child health Record
- Read the Parent Handbook and filled forms (Partnership Compliance Form, Day Care fees, Photo and Video Release form, Sunscreen form, Allergy aware Policy)

For Indoor

- Back pack/school bag
- 2 Extra sets of clothes including socks and underwear
- Blanket & soft toy for rest time (if your child uses one)
- 2 Pictures, one for your child's cubby and one for the file
- Indoor shoes (a must)

For outdoor

- Sun hat (spring and summer)
- Sun screen
- Winter hat, mittens, neck warmer, snow suit, winter boots
- Splash pants, rain boots (spring and fall)
- Outdoor shoes

Everything which your child(ren) bring into the day care must be labelled.

Stoney Creek Child Care Centre is not responsible for lost or misplaced items.

Stoney Creek Child Care Centre

Registration Form

Child Information		(mm/dd/yyyy)
Last Name:		First Name:
Date of Birth:		
Address:	Street:	City/Town: Postal Code:
Home Phone #		Cell #
E-mail address:		
Doctor's Information		
Health Card Number:		
Doctor's Name:		Phone:
Parent / Guardian Home Information		
Parent / Guardian Information:		Parent / Guardian Information:
Name:		
Address:	Street:	Address: Street:
City/Town:	Postal Code:	City/Town: Postal Code:
Home Phone #		Home Phone #
Cell Phone #		Cell Phone #
The address and telephone number where the above can be reached in case of an emergency during child care hours		
Address:		Address:
City/Town:		City/Town:
Postal Code:		Postal Code:
Work Phone #		Work Phone #
Cell Phone #		Cell Phone #
Contact # () in order of priority		Contact # () in order of priority
Emergency Contact Information (Who may be contacted in case parent('s) cannot be reached)		
(1) Name:		Relationship to child:
Full Address:		City: Postal Code:
Home Phone#		Cell Phone#
(2) Name:		Relationship to child:
Full Address:		City: Postal Code:
Home Phone#		Cell Phone#
Name of Emergency Child Release (Who may pick up child other than parent ('s):		
(1) Name:		Cell Phone#
(2) Name:		Cell Phone#
(3) Name:		Cell Phone#
(4) Name:		Cell Phone#
Parent Signature		Date:
To be completed by Daycare Management		
Registration Fee:		Two Weeks Deposit
Date:		Date:
Amount Paid :		Amount Paid :
Date of Admission:		Date of Withdraw:
Days of Enrolment:		

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Child Health Record: A copy of your child's yellow immunization schedule is required.

Child's Name: _____

Medical information if necessary:

Are there any physical or other problems that we should be aware of that may interfere with your child's full participation in the program, or which may require special attention? (E.g. any symptoms indicative of ill health, prior injury, operations, etc.) Yes No If yes, include details:

History of Communicable Disease:

Please indicate if your child has had any of the following communicable diseases:

- Chicken Pox Mumps Measles Whooping Cough Rubella (German Measles)
 Hepatitis B]

Other history: Skin Conditions Sight Difficulties Hearing Difficulties

Other If other include details: _____

Allergies: Does your child have an allergy? Yes No

If yes, please indicate: Mild Moderate Severe Life Threatening

If your child has a life-threatening allergy please fill out our "Individual Anaphylactic Treatment Plan" prior to start date (please ask Supervisor for copy).

If allergy is none life threatening, please provide details of allergy: _____

Please indicate if you have completed an **Individual Anaphylactic Treatment Plan** : Yes No

Medication:

If your child has asthma or any other medical condition such as epilepsy, hemophilia, diabetes and requires medication or has reactions to drugs or other substances, which could be a complicating factor, please note this below and complete Administration of Medication Request Form with the Supervisor if necessary.

Please provide additional information we may require regarding your child's health if necessary:

Signature of Parent/Guardian: _____ **Date:** _____

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Partnership Compliance Form:

I, _____ Parent/Guardian have read the Stoney Creek Child Care Centre Parent Handbook and agree to follow all Policies outlined.

Please sign below indicating that you have read the parent handbook and agree to follow all policies outlined.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Day Care Fees: Thank you for choosing Stoney Creek Child Care Centre

You have registered your child in our _____ Program. The daily fees for this program are _____ payable on the First of each month.

As our fee policy indicates, payment can be made by cash or cheque. Cheques are made payable to Stoney Creek Child Care Centre, dated for the 1st of each month. Receipts for payments by cheque will be issued on a yearly basis in February.

I have read and understood the fee policy stated.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Photo and Video Release Form:

I, _____ parent/guardian of _____ grant and release to Stoney Creek Child Care Centre the right to use photographs and /or videos in which I and/or my child/children appear for use in the day care centre.

In the event that any of these photos/videos are to be used for any other purpose, such as publicity brochures, newsletters, the annual report or any material and articles promoting Stoney Creek Child Care Centre Programs, it is understood and agreed that my consent shall be obtained prior to any use.

Signature of Parent/Guardian: _____ **Date:** _____

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Sun Screen Form:

Stoney Creek Child Care Centre is committed to the health and well being of your child/children. To ensure your child is able to participate in all aspects of our outdoor program, we require them to wear sunscreen.

It is recommended that you apply sunscreen before your child/children arrive at the day care. We will re-apply for the afternoon outdoor time.

We ask parents to supply their child's sunscreen, labelled in large letters with their child's name.

I, _____ parent/guardian of _____ will provide sunscreen for my child. And authorize the staff to apply it.

Signature of Parent/Guardian: _____ Date: _____

Allergy Aware Policy:

Stoney Creek Child Care Centre is an Allergy Aware facility. If you are bringing special treats for birthdays or celebrations, please ensure products are commercially bought and clearly labelled with "nut free". See staff before bringing treats in. Parents will be notified when other allergens become a significant matter affecting the health of our children, staff, and community members.

I, _____ parent/guardian of _____ acknowledge and agree to comply with the above guidelines regarding Allergy Aware policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Emergency Treatment Permission:

If I am not immediately available I hereby give my permission, in case of an emergency for attending physician to hospitalize , secure proper treatment , order injections , blood transfusions, anaesthetics or treatment as noted to be needed by the physician caring for my Child.

I grant permission for Stoney Creek Child Care Centre to transport my child by ambulance to the Emergency Department of nearest hospital, with no liability on the Staff or Centre.

Parent/Guardian/ Signature: _____ Date: _____

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Dietary information:

Food sensitivities, food restrictions and meeting dietary needs is our concern at Stoney Creek Child Care Centre .

Provide information on specific nutritional requirements or food restrictions if applicable.

Name; _____

- My child can receive a regular diet
- provide my child with a restricted diet

Provide details:

If applicable, describe symptoms of sensitivity and/or allergy to food or drink items:

If applicable, precautions which should be taken to avoid sensitivity and/or allergy to food or drink items:

If applicable, can you provide information on food or drink substitutions?:

Any further concerns regarding food allergies of any description, food Sensitivities, food Restrictions and special diet for your child?:

Parent/Guardian/ Signature: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

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<p>Questionnaire: The following information is requested to help us better understand your child whilst visiting our child care center. The information you provide is strictly confidential and strictly for the use of Stoney Creek Child Care Centre only.</p>	
<p>'Our goal is meeting your child's every need'.</p>	
Child's Name:	Age:
<p>Would you like us to know if there any other children in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Name:	Age:
Name:	Age:
Name:	Age:
<p>Would you like us to know if there are Grandparents, Uncles, Aunts, Cousins in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Name:	Relationship to child:
Name:	Relationship to child:
Name:	Relationship to child:
<p>Has your child attended infant/toddler groups/nursery programs/preschool before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If yes, where (optional) and for how long?</p>	
<p>Is there anyone else who cares for your child on a regular basis, outside of parent working hours?</p>	
<p>At approximately, what time will your child be dropped off & picked up?</p>	
<p>Drop off time:</p>	
<p>Pick up time:</p>	
<p>What language does your child speak or understand at home? Any other languages spoken at home?</p>	
<p>If other than English, please list. 1. _____ 2. _____</p>	
<p>Does your household care for any pets?</p>	
Name:	Type:
Name:	Type:
Name:	Type:
<p>Does your child have special circumstances or educational needs that we need to be aware of? (if yes, please describe)</p>	
<p>How is your child's sleeping routine?</p>	
Day nap from _____	to _____
Day nap from _____	to _____
During night from _____	to _____
<p>Does your child have a special sleep toy?</p>	
<p>Does your child have a special blanket?</p>	
<p>Do you have any recommendations to make on your child's naptime?</p>	
<p>Describe your child's appetite and any concerns around your child's eating habits?</p>	

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Is your child toilet trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, does your child have accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For toilet purposes does your child	<input type="checkbox"/> Uses a toilet <input type="checkbox"/> Use a potty chair
Does your child suffer from a diaper rash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what ointments do you use as a barrier cream? Name: _____ Name: _____	
Does your child have regular bowl movements? If yes, state times (approximate)	
Can you tell us a bit about your child's personality? How he/she is at home, include anything that upsets or frightens your child or makes him/her really happy or sad.	
What form of self-protection does your child use when conflict arises? <input type="checkbox"/> Talking <input type="checkbox"/> Biting <input type="checkbox"/> Hitting <input type="checkbox"/> Pushing <input type="checkbox"/> Kicking <input type="checkbox"/> Does not protect him/herself <input type="checkbox"/> other Explain:	
How does your child respond, react to your discipline?	
What are your child's favorite toys, play activities,, and special interests?	
What do you want your child to gain from his/her experience at Stoney Creek Child Care Centre?	
What experience has your child had away from parents and how does he/she react when left by parents	
Please add any additional comments, which you feel might be helpful in understanding your child or his/her background for their well being at our center. Use back of this page if required.	

Thank you for providing the above information to help us better understand your child at Stoney Creek Child Care Centre . The above information is confidential and will only be used for the files of Stoney Creek Child Care Centre .

I _____ (Parent/guardian name) have read and filled the above information and provided all information that is best to my knowledge about my child. I will inform the centre in writing when there are changes to my child's file.

Parent/Guardian/Signature _____ Date _____