

For Office Use Only

Date of Admission:

Date of Discharge:

Type of Child Care Required: Set Schedule Varied/Flex time

Hours of Care:

MON	TUES	WED	THURS	FRI

Age Group Placement at Time of Enrolment: Infant Toddler Preschool School Age

Child Information

Full Legal Name:	Date of Birth (dd/mm/yyyy):
Home Address:	
Child's Health Card Number:	
Doctor's Name, Address and Phone Number:	

Parent/Guardian Information

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

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

Emergency Contacts

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.

Emergency Contact #1	Emergency Contact #2
Full Legal Name:	Full Legal Name:
Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up (Photo ID will be required to confirm identify before the child will be released. We will not release a child from TTELC to anyone under the age of 18 years.):

Full Legal Name	Primary Phone

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Health Information

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

Does your child have any medical need(s) that requires additional support (e.g., Diabetes, Asthma)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and TTELC prior to your child's first day of care.

Immunization Records

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

If you have chosen not to immunize your child, a Statement of Medical Exemption form or a Statement of Conscious or Religious Belief form must be completed, notarized and provided to TTELC prior to your child's first day of care. (These forms can be obtained at any TTELC location)

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES

NO

ALLERGY TO: _____

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and TTELC prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES

NO

If YES, please provide relevant details, including what your child is allergic to, symptoms of reaction and treatment required:

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision or hearing difficulties):

Dietary and Feeding Arrangements

***For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.**

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)? YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? YES NO

If yes, please provide relevant details:

Sleep Arrangements

***For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.**

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? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)? YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers? YES NO Disposable Cloth

If no, my child:

Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity? YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name: _____

Child's Date of Birth (dd/mm/yyyy): _____ Age (in months): _____

Feeding Arrangements

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., meal times, favourite foods):

Sleep Arrangements

Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS). A copy of the statement can be provided for parent to read from your child's centre.

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

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? _____

Does your child have any special sleep requirements (e.g., soother, blanket)? YES NO

If yes, please provide relevant details:

Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name: _____

Date of Birth (dd/mm/yyyy): _____

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen
- Diaper Creams/Ointment
- Lip balm
- Hand sanitizers
- Insect repellent
- Lotions

Parent has agreed to provide:

Note: Consider adding the brand name of the non-prescription items for transparency.

Signature of Parent/Guardian

Date

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

CONSENT/ AGREEMENT FORM

Please read the following parental policies and initial your understanding and your willingness to abide. Our Parent Handbook can be found on our website at www.tilburytots.com

	Please Initial
I have read and understand the policies of TTELC located on our website at www.tilburytots.com and I will follow the policies set out in it.	
I agree to bring our child(ren) into the classroom and greet the teacher at drop off and pick up times to exchange pertinent information.	
I will keep TTELC and/or program staff informed and up to date of changes in information relevant to my child, i.e. file information such as telephone numbers, unusual happenings at home etc.	
I will keep payments current and up to date. My account is required to be paid in FULL weekly or bi-weekly. If I am paying monthly my account will be paid by the 15 th of the current month. My account will be PAID IN FULL by the end of the current month. Non-payment will result in my childcare services being suspended until full payment is received. Full payment is required regardless of days missed due to illness.	
I allow my child(ren) to use all the play equipment and participate in all of the activities of the program. I hereby grant permission for my child to leave the centre premises under the supervision of a staff member for neighbourhood walks.	
The Board of Directors reserves the right to review and adjust the current fees on a yearly basis and can be increased with one month notice to families.	
Depending on the site your child attends, closing times will vary. Any parent who arrives to pick up their child after their pre-determined scheduled times will be required to pay a late fee of \$1.00/minute. Fees owed will be invoiced. Any family with a record of being late three (3) or more times may be required to withdraw their child and or children from our program.	
TTELC reserves the unilateral right to cancel any arrangements, if policies of TTELC are not followed by a child or parent.	
I give consent for the appearance of my/our child to appear in any publicity arranged by TTELC through the various media, newspapers, radio, television, slide presentation and other publicity or educational purposes. This publicity may be in the form of photographs, video, writing pieces, and artwork with child's first name It is felt that it is important for the community to be kept informed of activities of the program.	<input type="checkbox"/> Yes I agree <input type="checkbox"/> No I do not agree
I am aware that as a 'Set Schedule', my child will be scheduled accordingly and I will not deviate from unless I receive authorization and confirmation. A 'Flex /Varied Schedule' will require mandatory weekly or monthly booking calendars whether attending or not. It is my responsibility to submit hours and changes no later than NOON WEDNESDAY for the following week, failure to could affect my child care space.	

I have read the above policies and fully understand all of the above information:

Signature of Parent/Guardian

Date

Ongoing communication among professionals involved in your child’s day enhances your child’s educational and childcare experience. In order to best serve children’s needs, there are times when it is appropriate for the school and child care centre as well as other agencies to exchange information about the children participating in all programs. (Public Health Unit, CTC, CKCS, OEYC, Municipality, Child Care Centre, School Board and other)

The kind of information shared may include, but is not limited to:

- Daily Progress
- Attendance/Illness
- Transportation
- Strategies to support child’s social emotional and / or learning
- Any school plan, or parts of a plan, that could provide information on your child’s well-being (where applicable)

Shared written information will be kept confidential and will be shared only during the time in which the child is enrolled in TTELC, or upon the request of the parent/guardian. Written information will be sorted securely and destroyed in a secure manner in accordance with the Child Care and Early Years Act.

Your consent will give permission for the exchange of information between the School Board staff, other agencies, and TTELC staff.

I give permission to Tilbury Tots Early Learning Centre, the school my child attends as well as services and agencies to share information pertaining to my child’s health, development and well-being.

Name of Child

Date of Birth (YYYY/MM/DD)

Name of Parent / Legal Guardian Please Print

Signature of Parent / Legal Guardian

Witness

Date

Authorization of Information – Sharing valid while child enrolled in program. It can be withdrawn at any time by notification in writing to TTELC.



Child Care Centre Entry Immunization Form

Chatham-Kent Public Health is required by law to keep up to date immunization records for every child attending a child care centre. The immunization records are monitored in order to protect your child in the event an outbreak of any vaccine preventable disease occurs. If you are unable to immunize your child for medical reasons, or choose not to have your child immunized, please contact the health unit at 519.355.1071 ext. 5900 to arrange for an exemption form for your child.

Please complete this form and attach a copy of your child's immunization record.
Please return these forms to your child care centre.

Date: _____

Name of Child: _____ Female Male
(First Name) (Last Name)

Date of Birth:
(year) (month) (day)

Ontario Health Card Number:
(Version Code)

Health Care Provider: _____

CHILD CARE CENTRE: _____ School: _____

SITE: _____

Legal Guardian Name: _____ (H) Phone: _____

Address: _____ PO Box: _____

City: _____ Postal Code: _____

It is important to update CK Public Health and your child care centre every time your child receives their shots.
You can report immunizations to CK Public Health at www.chatham-kent.ca/vaccinations or call our immunization team at 519.355.1071 ext. 5900.

Emergency Information Sheet

Child Information

Full Legal Name:	Date of Birth:
Home Address:	
Health Card Number:	Allergy:
Doctor's Name, Address and Phone Number:	Medical and/or Other Information:

Parent/Guardian Information

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

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

Emergency Contacts

Pick Up Authorization

Emergency Contact #1	Pick Up Authorization #1
Full Legal Name: Phone Number: <input type="checkbox"/> Authorized to pick-up child	Full Legal Name: Phone Number:
Emergency Contact #2	Pick Up Authorization #2
Full Legal Name: Phone Number: <input type="checkbox"/> Authorized to pick-up child	Full Legal Name: Phone Number

