



INFANT ROOM

We would like to welcome you and your family to the infant room. Here, in the infant room we strive to ensure our families feel as welcome as possible. Our door is always open, please feel free to address any questions or concerns that may arise. By doing this, we can ensure that you and your child experience at TTELC is the best that it can be.

In the infant room we work on a variety of skills that reflect their diverse development stages. Some of these skills include self-soothing, problem solving, sensory, literacy, fine and gross motor skills.

We, at TTELC are pleased that you have chosen our child care centre and are looking forward to getting to know your child and family.





Welcome to the TTELC Infant Room!

At TTELC, our dedicated staff strive to establish an infant classroom that offers care to your child in a safe, healthy, and nurturing environment. An infant's day at TTELC follows a flexible schedule; it is TTELC policy that our infant care practices are responsive to the schedules of each individual child so we can be as consistent as possible between home and TTELC. We are committed to making the transition easy and natural for you and your child. On the "Infant Personal Schedule" form, parents provide detailed specifics of their routine. We have a phone line directly in the infant classroom so parents can call during the day and ask how their child is doing, and staff can also call the parent if they have any questions or concerns. TTELC also uses a web-based parent communication tool, Fastoche, which allows the staff to send email updates about your child's day along with photos.

A minimum of 4 days per week is required to attend the Infant Room.

An update to date immunization record or a Statement of Medical Exemption Form or a Statement of Conscious or Religious Beliefs Form is required.

ORIENTATION SCHEDULE:

- 1) A week prior to infant enrollment, the child and parent schedule a minimum of (1) hour visit (9am-10am)
- 2) a second visit will be scheduled for a minimum of 2 hours so that the infant may familiarize themselves with their surroundings and the staff may familiarize themselves with the infant schedule and get to know your child prior to their official start date. (9am-11am)
- 3) A second visit will be scheduled for up to 6 hours. (9am-3pm)

RELATIONSHIPS

The maximum group size for infants at TTELC is 6 or 10, depending on the location, and the teacher: child ratio is 1:3. Our teaching staff at TTELC:

- Express warmth through behaviors such as physical affection, eye contact, tone of voice and smiles
- Engage infants in frequent face-to-face social interactions each day.
- Provide one-to-one attention to infants when engaging in care giving routines.
- Are sensitive to child's various signals and learn to read their individual cries.

HEALTH

Personal cribs, separate areas for changing and feeding, ensure that the children will have clean playing, eating and sleeping spaces. Toys and play areas in the room are sanitized on a daily basis or as needed. Staff will carry out daily health checks as well as document in Fastoche children who are sick and all accidents/incidents.

CLOTHING & SUPPLIES

Each child will have his or her own personal cubby space for belongings. Please label all items with your child's name. Please provide:

Disposable diapers/cloth diapers
Wipes/diaper cream
Formula
Baby Food (If not able to follow our menu)
Inside Shoes
Sleep time Blanket/sleep sack (will remain at the centre and sent home on Fridays to be laundered)
Complete change of clothes
Spill proof Cup

In order to maintain sanitary conditions clothing/cloth diapers that are soiled by bodily fluids is immediately placed in a plastic bag (without rinsing) and sent home that day for laundering.

FEEDING INFANTS & MENU

Parents will provide food for their child who have yet to start on solids/table food or are unable to follow our menu. Infants starting a new food for the first time must try the food at home before we can introduce that food at TTELC due to the susceptibility of allergies.

A 4-week rotating menu can be viewed on our website or daily on Fastoche. The menu follows the recommendations of the Canada's Food Guide and offers a variety of nutritiously balanced meals and snacks that are vital to a child's health, growth and development. Children in attendance will receive a morning snack, lunch and an afternoon snack. Each classroom is provided with open snack and water, which is made available to the children throughout the day.

Please be aware that TTELC is a nut aware environment and that there will be no peanuts, tree nuts, or products that may contain nuts brought into the centre.

CURRICULUM

The early years in a child's life set the tone for future learning. Our goal at TTELC is to stay current on research in child development so that we are able to build a foundation for each child that lasts a lifetime. Our infant program implements the pedagogical approach "How Does Learning Happen?" as mandated by the CCEYA. The curriculum and activities implemented by the teaching staff reflect the developmental stages and upcoming milestones of each child. Most of the activities are hands-on enabling children the opportunity to explore the world around them.

OUTDOOR PLAY

Under the CCEYA, infants are required to participate in outdoor play for a minimum of two (2) hours per day, one hour in the morning and one hour in the afternoon (weather permitting). Since we do not have additional staff to supervise children indoors, children in attendance must be well enough to engage in outdoor play. Please ensure that your child is dressed appropriately for the season.

The teachers of the Infant Program are dedicated to creating and maintaining the highest quality of care that encourages your child to grow to his/her fullest potential in all areas of development. We look forward to working with you to achieve this goal. Thank you for choosing TTELC!





INFANT PERSONAL SCHEDULE

This form will be given to the staff in the Infant Room. It will help to ensure that the transition from home routines to the routines of the Centre is accomplished with as little disruption to your infant as possible. Name of Child: Date of Birth: **Dietary/Feeding Arrangements** Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)? ☐ Yes □ No If yes, please provide details: Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? □ Yes □ No If yes, please provide details: My child drinks: □ breast milk □ formula □ breast milk and formula Is your (breast fed) child used to feeding from a bottle? ___ Does your child drink milk, 2%? At what temperature? From a cup or bottle? 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 instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods): What does your child eat for breakfast; and at what time?

Will you be providing food for your child? (Any blended infant foods are supplied by parents as well as formula and/or milk needed for bottles).
Is your child use to a morning snack? What does your child eat; and at what time?
What time does your child have lunch? What does your child eat at this time?
What is your child used to eating and drinking in the afternoon; and at what time?
Sleeping Arrangements
Under the CCEYA and 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).
The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.
What time does your child wake up to start their day?
What position does your child sleep in (back)?
How many naps does your child typically have each day?
At what time 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, specific blanket, soother, needs to be rocked to sleep)? \Box Yes \Box No
If yes, please provide details below:
What is your child's night time sleep patterns?
What kind of activities does your child enjoy?
Does your child like to be cuddled? Carried? Walked? Or rocked in a rocking chair?

s your child used to a swing? Stroller? Snuggly? Do you have any objections to the use of any of this equipment?					
Do you regularly use creams/powders/special soaps/etc. when diapering your child? If so, what? Please supply and label any creams, etc. to be used.					
Does your child use a soother at times other than nap time? Do you wish the staff to give your child a sooth provided by you? How often?	ner				
Does your child take a special blanket or toy to nap time?					
Special instructions to the staff for the care of your child:					
Notes:					
 Please keep us up to date on any changes Eggs, fish, oranges and nuts will not be offered to children under 1 year of age because of susceptibe of allergies At no time will a bottle be given to an infant in a crib or when in a flat position. All infants will be in a sitting position when drinking. 	oility				
Parent/Guardian Signature Date					
Child Care Director Signature					





For Office Use Only	
Date of Admission:	

Date of Discharge:

	L							
Age Group Placement at Time of Enrolment:	□ Infant □ To	ddler Preschool	□ JK/K □ School Age					
, , ,	Should you require guidance when filling out this registration form, please contact our front desk Receptionist at our Main Site location, located within St. Joseph School (519) 682-0804							
<u>Ch</u>	ild Information							
Full Name:		Date of Birth (dd/mm/yyyy):						
Home Address:								
Child's Health Card Number:								
Doctor's Name, Address and Phone Number	:							
Parent/G	Buardian Informa	<u>tion</u>						
Do you require the use of an accessible entrance	? □ Yes □ N	0						
Should you require wheel chair accessibility, plea	se reach out to yo	our Site Supervisor	for further details					
Full Name:	Relations	ship to Child:						
Primary Phone Number:	Email add	dress:						
Place and Address of Employment:	Employm	ent Phone Numbe	ər:					
Home Address: Same as Child	I							
Full Name:	Relations	ship to Child:						
Primary Phone Number:	Email add	dress:						
Place and Address of Employment:	Employm	ent Phone Numbe	er:					
Home Address: □ 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.

Emarganay Cantact	# 4		morganov Contact #2		
Emergency Contact : Full Name:	#1	Emergency Contact #2 Full Name:			
i dii Name.					
Primary Phone Number:		Primary Phone N	lumber:		
Relationship to child:		Relationship to c	hild:		
□ Authorized to pick-up child		□ Authorized to p	pick-up child		
The following additional individuals are before the child will be released. We wanted	vill not release a ch	k up (Photo ID will hild from TTELC to	anyone under the age of 18 years.):		
Full Legal Name	Relationsh	ip to Child	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 a	ppropriate legal do	cumentation (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)?					

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])? $\ \square$ YES $\ \square$ 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					
Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? $\ \square$ YES $\ \square$ NO					
If yes, please provide relevant details:					

Physical Requirements

Does your child use	e diapers?	□ YES	□ NO	□ Disposable	□ Cloth	
If no, my child:						
□ Uses the washroo	om independe	ently	□ Require	s some assistance	□ Requires full support	
Please provide rele	vant details:					
Does your child req	luire any addi	tional support	or accomn	nodation with respec	t to physical activity?	
If yes, please provid	de relevant de	etails:				
		Ad	lditional In	<u>formation</u>		
Please indicate ar frequent shoulder			at is relevar	nt to the care of your	child (e.g., prone to colds,	
Child's Full Name:				on-Prescription Ski		
Date of Birth (dd/mi	m/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 C	Creams/Ointm	ent	□ Lip balm	□ Hand sanitizers	
□ Insect repellent	□ Lotions					
		Paren	t has agre	ed to provide:		
_						
_						
Note: (Consider addi	ng the brand	name of the	e non-prescription ite	ems for transparency.	
Signature	e of Parent/Gu	uardian			Date	

CONSENT/ AGREEMENT FORM

Please read the following parental policies and initial your understanding and your willingness to abide.

Our Davant Handhaak aan ha farmal an arm wahaita at wuun tilhum tata aana	
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.	☐ Yes, I agree☐ No, I do not agree
I am aware that as a 'Set Schedule', my child will be scheduled accordingly and I will be billed monthly. I will not deviate from set schedule 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:	l
Signature of Parent/Guardian Date	



INFORMATION – SHARING CONSENT

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	
Site Supervisor/TTELC Staff	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:	(First Name)	(Last Name)	Female □ Male □
Date of Birth:	(year)	(month) (day)	
Ontario H	ealth Card Number:		(Version Code)
Health Care Pro	ovider:		(10.0.0
CHILD CARE C	ENTRE:	School:	:
5	SITE:		
Legal Guardian	Name:	(H) Phone:	
Address:		PO Bo	ox:
City:		Postal Co	ode:

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.