

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.

<u>HEALTH</u>

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.

YEAR ONE IMMUNIZATION REQUIREMENT

After receiving the one-year vaccination, some children have the below reactions.

- Redness, swelling or tenderness of muscles and joints at the site of the injection.
- Irritability

- Temperature
- Poor feeding
- Unsettled and/or sleepy
- Rash
- Diarrhea

These above side effects normally last one to two days. Once proper notice has been given, Wednesday the week before at noon, this day will be a non-billed day. This is a one-time non-billed day for the 12-month shots only. Any other days taken off there after will be billed as per your set schedule contract. All other shots given thereafter will be billed days as per your set schedule contract and will be monitored by the classroom staff.

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

Playing outside in a safe environment promotes active exploration, inquiry and active lifestyle. Living in a geographical area which can experience fluctuation in temperatures and weather conditions. Classroom teachers will monitor weather conditions at all times to ensure the health and safety of the children within Tilbury Tots Early Learning Centre program.

<u>Under the CCEYA</u>, infants are required to participate in outdoor play for a minimum of two (2) hours per day, one (1) hour in the morning and one (1) hour in the afternoon.

Rainy days are fun days. Children will participate in outdoor play when the weather is lightly raining (drizzling, misting etc.), appropriate clothing is desired.

Since we do not have additional staff to supervise children indoors, all children in attendance must be well enough to engage in outdoor play. Please ensure that your child is dressed appropriately for the season. **Example:** snow pants, winter coat, hat, mittens in the Winter and one-piece rain coat and/or rain coat, rain boots in the Spring months.

Site Supervisors or Designate will give the final approval for the children to go outside along with the recommended length of time, taking in all weather conditions and warnings.

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		
ls your (breast fee	d) child used to fe	eding from a	bottle?		
Does your child d	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 an favourite foods):	y other instructio	ons regarding	feeding arrangements for your child (e.g., meal times,		

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)? Yes 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?

Is 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 soother provided by you? How often?

Does your child take a special blanket or toy to nap time?

Special instructions to the staff for the care of your child:

Notes:

- 1. Please keep us up to date on any changes
- 2. Eggs, fish, oranges and nuts will not be offered to children under 1 year of age because of susceptibility of allergies
- 3. 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.

Parent/Guardian Signature

Date

Child Care Director Signature



For Office Use Only:

Date of Admission:

Date of Discharge:

Age Group Placement at Time of Enrolment:
□ Infant
□ Toddler
□ Preschool
□ JK/K
□ School Age

Together

Anticipated Elementary School:
St. Joseph
St. Francis
TAPS
WAPS
MAPS
Ste. Marie
Other

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

Child Information

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

Parent/Guardian Information

Do you require the use of an accessible entrance? Should you require wheel chair accessibility, please reach out to your Site Supervisor for further details

Full Name:	Relationship to Child:
Primary Phone Number:	Email address:
Place and Address of Employment:	Employment Phone Number:
Home Address:	

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Primary Phone Number:	Email address:
Place and Address of Employment:	Employment Phone Number:
Home Address:	

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 Name:	Full Name:
Primary Phone Number:	Primary Phone Number:
Relationship to child:	Relationship to child:
Authorized to pick-up child	Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up (Photo ID and/or ID will be required to confirm identify before the child will be released. We will not release a child from TTELC to anyone, not authorized on the below list, without proper documentation such as email, Fastoche text/email). **Phone calls are not permitted.**

Full Legal Name	Relationship to Child	Primary Phone

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child?	□ YES	
	•	

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 needs(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)

Children that are registered and who will be receiving their one-year shots, will be required to be out the next full day once their one-year shots have been received. This is for precautionary measures.

Allergy Information

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

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

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

If yes, please provide relevant details:				
	Physical Re	equirements		
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? \Box YES \Box 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 B: Authorization for Non-Prescription Skin Products

Child's Full 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

CONSENT/ AGREEMENT FORM

Please read the following parental policies and initial your understanding and your willingness to	o 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 <u>www.tilburytots.com</u> 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 weekly or bi- weekly. My account will be paid in full by the 20 th of the current month. Non-payment will result in my childcare services being suspended until full payment is received and TTELC will not adjust billing for any unattended days due to non-payment	
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. Failure to exit the TTELC site specific closure will result in a late pick-up charge of \$10.00 per child per 10 minutes. 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 could affect my child care space.	

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



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

Name of Parent / Legal Guardian Please Print

Site Supervisor/TTELC Staff

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

Signature of Parent / Legal Guardian

Date of Birth (YYY/MM/DD)

Date



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:	(Last Name)
Date of Birth:	nth) (day)
Ontario Health Card Number:	
	(Version Code)
Health Care Provider:	
CHILD CARE CENTRE:	School:
SITE:	
	(H) Phone:
Address:	PO Box:
City:	Postal Code:
	blic Health and your child care centre hild receives their shots.
	zations to CK Public Health at
www.chatham-k	kent.ca/vaccinations or
call our immunization to	eam at 519 355 1071 ext 5900