# Brookhaven Child Care Centre

## REGISTRATION FORMS:

Note: All information must be completed for licensing purposes.

| Date of Admission: | Withdrawal Date: |
|---|---|

| Child's Name: | Date Of Birth: |
|---|---|
| | |

## PARENT and FAMILY BACKGROUND INFORMATION:

| **Custodial:** Circle one: **YES** **NO** | | **Custodial:** Circle one **YES** **NO** | |
|---|---|---|---|
| Name of Parent/Guardian: | | Name of Parent/Guardian: | |
| Home Address: | | Home Address: | |
| Cell number: | | Cell number: | |
| E-mail address: | | E-mail address: | |
| Place of Work/ School | | Place of Work/ School | |
| Address of work/school | | Address of work/school | |
| Phone Number: | Hours: | Phone Number: | Hours: |

**First Person to call in an emergency if parent is not available**

| Name: | Relationship: | Phone Number: |
|---|---|---|

**Other people who may pick up child(ren) from the centre (it is understood that the child/ren will not be released to anyone other than those listed here without written instructions from the parent)**

| Name: | Relationship | Phone Number: |
|---|---|---|
| Address: | | |
| Name: | Relationship | Phone Number: |
| Address: | | |
| Name: | Relationship | Phone Number: |
| Address: | | |

**Note:** **If anyone listed above is under the age of 16 years, please complete the Authorization for Youth Escort form.**

Is there anyone that is restrictly forbidden from visiting or picking up by way of a Court Order or any other legal action? Yes: No:

| Copy Received: Yes (to be kept in child/ren's file) | Date of most recent Court Order: |
|---|---|
| Name: | Reason: |

## Family Background / Heritage

1) What Language (s) are spoken at home?

2) Would you give us a list of essential words in your language,( i.e.; toilet, mom/dad is coming back, hungry/food, drink, sleep,etc.)

3) Could you provide the name of a person that could act as an interpreter for you if required?

4) Are there celebrations/special days you would like us to see incorporated into our program?

5) Would you or members of your family be willing to assist the centre staff to enhance the children's program with knowledge of your diverse background?

**Circle one:** Yes No

How would you want to be involved?

Storytelling _____ Celebrations _____

Craft activities _____ Displays _____

Cooking activities _____ Other _____

6) The centre is a non profit organization. It is operated by a parent board of Directors. The Parent board meets once a month in the evening. **Must attend Annual General Meeting.** Would you be interested in joining the Parent Board?

7) Please provide us with information on your child's sleep patterns and/or any arrangements that will help your child during sleep time?

# Medical / Health Information

Child's Name: Date of Birth:

Name of Physician : (Please print)

Address:

Phone Number:

## MEDICATION:

The child care staff will aminister only prescription medication s required. All medication must come in the original container with the prescription label. Parents must sign a medication form that gives consent to administer any medication. The c entre will document all medication on the apprpriate forms.

Does your child have any Allergies that we need to be aware of? (anaphylactic that requires Epi-pen)

Allergies to medication: _____

Any other allergies: ( nuts, eggs, milk, fruit) _____

Health concerns/ daily medication required: _____

Special instructions / treatment to be provided: _____

## Special Diets/ Food Restrictions:

If your child has a special diet or a food restriction, please provide the following information. Special written instructions must be obtained by the parent / or physician explaining the details of the health related food restriction. This must be maintained in the child's file and updated when there is a change request and/ or yearly.

Food Allergies: List all foods to be avoided: _____

What actions should be taken if child accidentally receives the food: _____

Medical (e.g. diabetic): List foods to be avoided: _____

Personal Observance (e.g. Religious): List foods to be avoided: _____

Written letter on file: Please circle: Yes No

**Please Check if your child has had any of the following:** Please check all that apply:

Red Measles: _____ Meningitis: _____

German Measles: _____ Rheumatic Fever: _____

Scarlet Fever: _____ Poliomyelitis: _____

Chicken Pox: _____ Convulsions: _____

Mumps: _____ Other: _____

## Parent's Consent for Medical Treatment:

Child's Name: | Date of birth:

If, at any time, due to such circumstances as accident, sudden illness or emergency, medical treatment is required, this may be given, including anesthetic, if necessary by a physcian at a hospital.

**Special Considerations:**

I authorize Brookhaven Child Care- North York to seek medical treatment for my child if necessary. I understand I will be contacted immediately if any emergency arises.

_____ _____

Signature of Parent/Guardian Date:

_____ _____

Signature of Director/ Supervisor Date:

TORONTO Public Health

**Immunization Form**
**For Registrants of Child Care Centres**

Dear Parent or Guardian:

Under the Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 all children who attend a Child Care Centre must be vaccinated according to Ontario's Publicly Funded Immunization Schedule, as **recommended** by the local Medical Officer of Health. Annual flu vaccination is also **strongly suggested.**

The Child Care Operator is required to keep each child's updated immunization information on file.

**Don't have updated immunization records?**

- See your doctor for updated immunization records or missed vaccines
- Each time your child receives a vaccine, give a copy of that information to your Child Care Centre
- No Health Card? Call 416-392-1250 for locations where your child can receive free vaccination
- Always keep a copy of your child's immunization record for your reference

**Exemptions:**

If an exemption is required, please speak to your Child Care Centre staff.
For more information, call Toronto Public Health; Immunization Information Centre at 416-392-1250

Name of Child Care Centre _____

Child's Name _____
LAST NAME MIDDLE NAME FIRST NAME

Date of Birth _____
(year/month/day)

Home Address _____
NUMBER STREET NAME UNIT# CITY POSTAL CODE

Parent/Guardian Name _____
LAST NAME FIRST NAME

Telephone Number _____
HOME BUSINESS

Doctor's Name _____ Doctor's Telephone Number: _____

**Please attach a photocopy of your child's immunization record and return it to the Child Care Centre.**

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.h.7. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program, including maintaining immunization records for Child Care Centres. The confidentiality of this information is protected. For more information, visit our Privacy Statement at tph.to/personalhealthinfo or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2nd floor or by telephone at 416-392-1250.

## Anaphylaxis and Food Allergies:

There are children attending the child care centre who have severe allergies which can cause an anaphylactic reaction. An anaphylaxis reaction is an allergic reaction so severe it can cause death. To ensure the safety of all children with severe allergies, you need to help us reduce the risk of exposure to any causation agents.

- Nuts and peanuts are a common trigger to an anaphylactic reaction. Nuts, peanuts, or nut/peanut products are not PERMITTED in the child care setting.
- If your child is entering the childcare after recently eating peanut butter or other such products please ensure that hands are thoroughly washed and teeth are brushed. ( peanut/nut allergy can be so severe that even touching or inhaling a trace can trigger a life threatening reaction.
- If for a health reason your child is bringing in any food for personal consumption it must be NUT/PEANUT FREE. Any food brought to the centre must be approved by the Director/ Supervisor and a list of the ingredients must be provided.

I understand and I am aware of the policy and procedures regarding Anaphylaxis and Food Allergies.

_____ _____

Parent / Guardian Signature Date

## Smoke-Free Centre- Smoke Free Ontario Act

No person is smoking or holding a cigarette in the childcare setting or in a playground.
Every staff/student/volunteer/parent/visitor is to be informed that smoking is prohibited.
"No Smoking" signs are posted throughout the centre and in all washrooms.
Any person who refuses to comply is in contradiction of the Smoke-Free Ontario Act.
Smoking is prohibited at all times in a day nursery.

Any person smoking or handling a cigarette will be asked to put it out or asked to leave the premises immediately.

Public Health may be contacted if required at 416-338-7600.

I have read and understand to agree to comply with the Smoke-Free Policy.

_____ _____

Parent/ Guardian Signature: Date:

## Anti Racism Policy:

Brookhaven Child Care- North York is a multicultural setting. Our staff, board, children, and their parents have differing lifestyles and come from all over the globe. We value diversity. The centre is committed to the creation of a working, caring and learning environment that recognizes the dignity and worth of every person, and to the provision of equal rights and opportunities without discrimination. We strive to provide opportunities for all children, staff, parents/caregivers and board members to develop positive attitudes towards and understanding of all forms of diversity.

- Diversity refers to all of the ways people can and do differ from one another, such as but not limited to: Race, religion, culture, ethnicity, language, gender, ge, sexual orientation, political beliefs, socio-economic status, marital status, physical ability, mental ability, education, work styles, thinking styles...
- Ensure that children respect themselves, each other and the staff. The following situations will be dealt with immediately:
    - Bullying or teasing
    - Name calling
    - Use of racist, discriminatory or harassing behaviour or language between children
    - Any other physical behaviour or verbal comments that we feel is, or may be, hurtful to any child or staff.

I have read, understand, and will abide the Anti-Racism Policy.

_____ _____

Parent / Guardian Signature Date

## Supervision of Children by Volunteers and Students:

Brookhaven Child Care- North York has always complied with the Child Care and Early Learning Act which stipulates that Volunteers and Students must NEVER be left alone with any of the children in our care. Volunteers and Students must be 18 years or older.

## Sunscreen Use:

In order for the staff to apply any sunscreen to your child during the day we need your consent.
I understand that I will apply sunscreen to my child prior to arriving each day. I will provide the child care will sunscreen for my child.

I hereby give the staff at Brookhaven Child Care - North York permission to apply sunscreen to my child before they go outdoors.

_____ _____

Parent/ Guardian Signature: Date:

## Sanitizer Use: School-Age Children ( 6 and older):

Sanitizers will not be used on any child except for the school-age children in the school age room program where access to water for hand - washing is not available. The school age children will be using sanitizer during lunch and snacks. They do not have any access to running water to wash their hands.
In order for the children to use sanitizer we need your consent.

I understand and give permission for my child to use sanitizer when they are in the school-age program. I understand that there may be no running water in the room area to wash their hands before lunch or snack.

_____ _____

Parent / Guardian Signature Date

## Authorization and consent for Neighbourhood Outings/Walks:

As scheduled in the program plan, staff will be taking children for walks within the community.
I hereby consent to have my child leave the premises to participate in outings/walks in the area of the child care centre. I understand that my child will be escorted and supervised by the staff at all times while participating in these activities.

_____ _____

Parent / Guardian Signature Date

## Authorization for Youth Escort (Between 16- 18 years of age)

I hereby authorize my child to leave the child care centre, on an occasional basis,

escorted by _____ who is _____years of age.
I hereby release and relieve Brookhaven Child Care- North York from any and all responsibility for and in respect to the said child after leaving the child care centre as hereinbefore set forth.
I understand and accept that the Director/ Supervisor/Staff has the right to refuse release of the said child into the care of the youth; this only to be done if the staff has reason to believe that the child may be at risk in the care of the youth.

_____ _____

Parent/ Guardian Signature Date

## Authorization and Consent for Taking Pictures/ Videos:

Photographs will be taken by staff for the purpose to display learning opportunities your child is participating in. Photographs may be displayed within the centre for newsletters, booklets, information boards or any other display for educational purposes.

I hereby give Brookhaven Child Care- North York consent for:

☐ My child's pictures to be taken and displayed for educational/ promotional purposes.

☐ Participation in the taking of videos for educational purposes ( for centre use only)

_____ _____

Parent/ Guardian Signature Date

## TERMS OF ENROLMENT

When a child(ren) need to move up to the next program, priority will be given to the younger children at the centre.

**Preschool Program:**

To accommodate the toddler children into the preschool program the following criteria will be followed in the preschool grouping:

- families that have siblings in our centre.
- Families who live or work in the community
- Priority will be given to accommodate younger children .
- Toddler children moving into the preschool program will be given priority over the oldest children.
- Preschool children will be given 6 weeks notice if we are not able to keep them in the preschool program based on the above priorities.
- All other children

**School -Age Program**

- School -Age children will be asked to withdraw from the centre if no space is available. Older children will be asked to withdraw first and so forth. Two-month notice will be given to those families asked to withdraw.

I acknowledge and understand that my preschool or school age child (ren) will be asked to be withdrawn from the centre to accommodate the younger children.
I agree with its terms. I will respect and abide by its conditions.

_____ _____

Parent/Guardian Signature: Date:

## Children attending Kindergarten or School Age:
## Information Sharing Consent

Ongoing communication among professionals involved in your child's day enhances your child's educational and centre experience. In order to best serve children's needs, there are times when it is appropriate for the School and Brookhaven Child Care to exchange information about the children participating in both programs. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation, or behaviour.

Shared written information will be kept confidential and will be shared only during the time in which the child is enrolled in Brookhaven Child Care, or upon the request of the parent.

In the event that it is necessary to refer to clinical records or Ontario Student Record (OSR) documents, parents will be asked to sign the appropriate consent form before such information is disclosed.

Your consent will give permission for the exchange of information between the School and Brookhaven Child Care.

I/we give permission to: **Brookhaven Child Care Centre** and

the school _____ for the reciprocal exchange

of information about my child

_____ _____

Name of child Date of Birth [yy/mm/dd]

_____ _____

Name of Parent/Guardian *(please print)* Signature of Parent/Guardian

_____ _____

Witness (Signature) Date

The Municipal Freedom of Information and Protection of Privacy Act, 1989, Subsection 32 (b) states: "An institution shall not disclose personal information in its custody or under its control except, if the person to whom the information relates has identified that information in particular and consented to its disclosure",

Copy to: School Parent/GuardianGO2(R:\secretariat\Staff\gO2\O3\forms\692A.doc)sec.1530

# LATE FEE PARENT CONFIRMATION AGREEMENT

I understand that the Child care centre closes at 6:00pm. There is a LATE FEE charge for picking up children after 6:00pm. A LATE FEE will also be charged for leaving the premises after 6:00pm. The staff will follow the time as indicated on a cell phone for the late fee charge.
Late fee payments are to be made to "Brookhaven Childcare Centre".

**The late fee charged is $3.00 per minute from 6:01pm to 6:05pm. At 6:06pm the fee increases to $5.00 per minute. On Early Closing days (12noon) - Christmas Eve and New Years Eve the fee charged will be $5.00 per minute from 12:01 onward.**

## LATE FEE POLICY:

Departure:

Parent/guardian must notify the Staff if their child will be picked up earlier or later than the usual time. Children must be picked up no later than 6:00 PM, or late fees will be applied as follows:

Late fees are incurred when your child is at the centre after 6:00PM, according to the designated clock on the cell phone. **Also, a late fee will be charged for remaining in the hallway after 6:00PM. The date, time of late pick up, parent and Staff signatures will be recorded in the late fee book.**

It is not acceptable for parent/guardian to be repeatedly late, as it is not fair to the child nor to the Staff. The Director will monitor frequent lateness and further action may be taken to ensure that the child is picked up by the end of the program in the future.

Procedure:

1) **Parent/ guardian arriving after 6:00 PM time will be charged a late fee of $3.00 per minute from 6:01PM to 6:05PM. Then $5.00 per minute from 6:06PM onwards.**
   On early closing (12noon) on Christmas Eve and New Year Eve the late fee charge will be $5.00 per minute from 12:01 onward.

2) The Staff is only responsible for having a parent sign the late pickup form. No payments are to be given to Staff directly but must be submitted directly to the Director. The fee will be added to your fees due. Late fees must be paid within two weeks from the date of lateness.

3) Parents must make every attempt to contact the centre if they are going to be late. If the centre has had no communication from the parent/guardian of the late pick-up, at 5:50pm the staff will begin to contact the parent/guardian or authorized individuals. If the child has not been picked up by 6:45 PM and the centre has not been successful in contacting the parent/guardian or authorized individuals, Children's Aid Society (CAS/CCAS) will be contacted.

4) The Centre administration continues to reserve the right to make decisions around the late policy. Late fees will still be charged during any unforeseen circumstances.

**A Late fee will still be charged if you are on the premises beyond 6:00pm. All parents, children need to be off the premises at 6:00pm.**

Parents in disagreement with decisions made by the Director regarding late fees may appeal the matter to the Board of Directors in writing. Upon receipt of the letter, a member of the Board will contact the parent to resolve the issue. Again, these decisions are also final.

Payments for unresolved late fees will lead to the withdrawal of your children from the Centre.

A confirmation of having read and agreeing to the terms of the policy will be kept on file as a record for your continuing complicity with the policy.

_____ _____

Parent/Guardian Name: Parent/ Guardian Signature:

Date: _____

On Behalf of Brookhaven Child Care- North York

_____ _____

Director's/ Supervisor's Name Signature

Date: _____

## PARENT CONTRACT:

The conditions of this agreement provide protection for our parents, as well as our program. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of our program be stable. The salaries and overhead expenses of the program cannot be reduced because of absentee losses. In essence, this agreement is a parental guarantee that you will financially support the enrolment space guaranteed for your child (ren).

## AGREEMENT

**I agree:** To carry out the parent's responsibility under the policies and procedures of Brookhaven child care-North York.

I have read , understand and agree with all the information contained in the PARENT HANDBOOK and agree to follow the policies as set out.

I have reviewed the Privacy and Confidentially Policy. I agree that the child care can collect, use and disclose all personal information. Brookhaven Care Child- North York will ensure that the information is handled confidentially and in accordance with applicable privacy legislation.

I have read, understand and agree with the Anti-Racism/ Diversity Policy.

I have read and will comply with the LATE FEE Policy as well as the SLEEP Policy.

Child's Name: _____

_____ _____

Parent/Guardian Signature Date

On Behalf of Brookhaven Child Care - North York

_____ _____

Director / Supervisor Signature Date

# EMERGENCY CARD:

(Office Use: Start Date: _____ Court Order : _____ Withdrawal Date:_____

**Child's Name:_____ D.O.B.: D/_____ M/_____Yr._____**

Mother's Name:_____ Father's Name:_____

Address: _____ Address: _____

Cell#; _____ Cell#: _____

email address: _____ email adddress _____

Work/School Name:_____ Work/School: _____

Work Address: _____ Address:_____

Work Phone #: _____ Work phone #:_____

## MEDICAL INFORMATION:

Doctor's Name: _____

Address: _____Phone #:_____

Allergies/Food Restriction: (Allergies that require E-Pen need doctor's form to be completed)

_____

_____

**Any ongoing Baseline Health Conditions :**_____

## EMERGENCY CONTACTS: (List people for us to call if we cannot get in touch with you!)

1) Name:_____

Address: _____

Phone#: _____ Work #:_____

2) Name:_____

Address:_____

Phone #:_____ Work #:_____

## PICK UP AUTHORIZATION: ( People allowed to pick up your child other than a parent must be 18 years or older)

1) Name:_____ Home/Work #:_____

2) Name:_____ Home/Work #:_____

Parent Signature:_____ Date:_____

## Pre-Authorized Debits (PADs) Agreement
## Brookhaven Child Care Centre – North York

I/We authorize Brookhaven Child Care Centre and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Brookhaven Child Care Centre account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account each month. Brookhaven Child Care Centre will provide 10 days written notice of any fee increases and/or changes. Brookhaven Child Care Centre will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Brookhaven Child Care Centre has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Brookhaven Child Care Centre may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 30 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

**BROOKHAVEN CHILD CARE CENTRE** **Date:** _____

**Type of Service:** ☐ **An Individual** ☐ **A Business**

| | | | |
|---|---|---|---|
| Parent Name: | | | |
| Address: Street Name | | | |
| City: | | Province: | |
| Postal Code: | | Phone: | |
| Financial Institution (FI). | | | |
| FI Account Number: | | FI Transit Number: | |
| Signature(s): | | | |

**NSF (Insufficient Fund) Return is subject to a Fee of $45**

BROOKHAVEN CHILD CARE CENTRE– NORTH YORK
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