

SLCC APPLICATION FOR ENROLEMENT

SWEET LOVE CHILDCARE CENTRE INC. 5 WALNUT STREET, QUEENSTON, L0S1L0

For Office Use Only

Date of Admission:

Date of Discharge:

Type of Child Care Required: Full-time Part-time

Age Group Placement at Time of Enrolment:

Toddler _ Preschool _

Hours of Care:

MON	TUES	WED	THURS	FRI

Child Information

Full Legal Name:	Preferred Name:
Date of Birth (dd/mm/yyyy):	Age (years, months):
Home Address(es):	
Language(s) Spoken at Home:	
Other children in the family enrolled in the centre (list names, if applicable):	

Parent Information

Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	
Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	

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: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<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 my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

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/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

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

YES NO

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

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

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 and provided to the centre. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) ¹	Date(s) of Immunization			
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				

¹ Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

Allergy Information

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

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre 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 a reaction and treatment required:

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

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.):

I have read have and truthfully completed the enrolment package for my child _____.

_____ Parent Name	_____ Parent Signature	_____ Date (dd/mm/yyyy)
_____ Supervisor Name	_____ Staff Signature	_____ Date (dd/mm/yyyy)

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.

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).²

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, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

Date (dd/mm/yyyy)

Signature of Parent

² Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

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:	Sweet Love Childcare agrees to provide:
Sunscreen (seasonally)	Hand sanitizer
Diaper Cream (if needed)	
Lotion (If needed)	
Lip Balm (if needed)	
Insect Repellent (if needed)	

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

Date (dd/mm/yyyy)

Signature of Parent

HiMama App Consent

Our aim is to use the app as a tool to enhance our service to our families by keeping parents connected with their children throughout the day.

Educators will send several pictures directly to each parent enabling them to see all of the fun and educational activities your child takes part in daily.

Parents will also receive daily reports through the app which will outline exactly what your child has eaten and how much, how long they napped and if in diapers how many changes.

All important information will be communicated to families through the app to streamline communication. If the centre is ever closed due to weather or if your child is unwell, you will receive an alert.

Parents can use the messaging feature of the app to message the Centre Supervisor if you have any questions regarding your child throughout the day. We urge parents to use the messaging feature to let us know if your child will be late or if they will not be attending school.

The app is very secure and only parents of the selected child will receive the photos unless it is of the entire class. Pictures will not appear on the internet or anywhere other than on the app in your child's account.

The app will make children's learning visible to parents and is a great tool to help parents engage in conversations about your child's day.

☺ All parents will receive a link either via email or text message, please follow the link and download the app and create an account for your child to begin receiving pictures and reports ☺

Please feel free to speak to the Centre Supervisor if you have any questions or concerns.

CONSENT:

As a means of capturing each child's learning photographs will be taken daily to document discoveries and experiences. We will be photographing your child while at school, on field trips, during special events and during outdoor play times. These images will be uploaded to the HiMama App and shared with families in real time.

- **I CONSENT** for my child to be photographed and for the images to be shared to the designated parents or guardian via the HiMama App.
- **I DO NOT CONSENT** for my child to be photographed and for the images to be shared to the designated parents or guardian via the HiMama App. I do understand by not consenting I will not have access to the HiMama App and therefore will be unable to receive any updates or photos of my child throughout the day.

Parent/Guardian Signature

Date

CONSENT TO USE INFORMATION AND PHOTOGRAPH(S)

My child, _____ (the "Child"), attends programs offered by Sweet Love Childcare Centre at the 5 Walnut Street Niagara On The Lake, ON. Sweet Love Childcare Centre may require, from time to time, the use of the name and/or photograph(s) of the Child for promotional and marketing materials. The undersigned is not required by law to consent to such use of personal information or photograph(s). Pursuant to the provisions of the Privacy Act, subject to certain exceptions, the undersigned has the right of access to, and protection of, personal information and materials, which may be collected by Sweet Love Childcare Centre about the Child.

The undersigned consents to Sweet Love Childcare Centre using the name of the Child and/or photograph(s) of the Child at the following location or for the following promotional materials:

- the Centre
- the blog
- advertising and marketing materials
- specials events notification in local newspapers
- open social media pages (available to the public)
- all of the above
- none of the above
- BY CHECKING THIS BOX**, I acknowledge that I have been informed that Sweet Love Childcare Centre has cameras installed for security and internal monitoring.

Date: _____

Parent Signature: _____

All About ME!

Child's Name: _____

My first day will be: _____

I have been to daycare before: Yes or No (Please circle)

My favorite things to do are:

My fears are:

I am potty trained; here is how I ask to go to the bathroom:

I need a little bit of help with:

If I am having a bad day this is sure to cheer me up:

My personality is: _____

I typically take a rest (nap) every day: Yes / No (Please Circle)

My regular rest (nap) time is:

Things that help me to rest my body are:

My level of physical activity is usually:

I have the following restrictions or limitations with physical activity:

Other things my teachers need to know:

Appendix C: List of Reportable Diseases

Acquired immunodeficiency syndrome (AIDS)	Chancroid	Chlamydia trachomatis infections	Creutzfeldt-Jakob disease, all types
Cytomegalovirus infection, congenital	Encephalitis	Gonorrhea	Hemorrhagic fevers
Hepatitis B	Hepatitis C	Influenza	Legionellosis
Leprosy	Meningitis, acute	Ophthalmia neonatorum	Personal service settings
Respiratory infections, including institutional outbreaks	Severe acute respiratory syndrome (SARS)	Streptococcal infections	Syphilis
Tuberculosis			