



## REGISTRATION FORMS

CHILD'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (INITIAL)

PREFERRED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (APARTMENT)

\_\_\_\_\_  
(CITY) (PROVINCE) (POSTAL CODE) PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_ LANGUAGES SPOKEN BY CHILD: \_\_\_\_\_

CUSTODY ARRANGEMENTS (WHO HAS CUSTODY OF THE CHILD; WHO THE CHILD LIVES WITH; WHO DOES AND DOES NOT HAVE ACCESS TO THE CHILD, ETC) \*\* THE PERSON WITH CUSTODY RIGHTS MUST SUBMIT LEGAL DOCUMENTATION TO DEMONSTRATE THEIR RIGHTS. WITHOUT A COURT ORDER, THE CENTRE WILL NOT DENY ACCESS OF CHILD TO A NATURAL OR ADOPTIVE PARENT\*\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? (\*\* NOTE: ANAPHYLACTIC ALLERGIES REQUIRE SEPARATE DOCUMENTATION TO BE COMPLETED\*\*) \_\_\_\_\_  
\_\_\_\_\_

WHAT MEDICAL ATTENTION IF ANY, IS REQUIRED SHOULD YOUR CHILD BE EXPOSED TO, OR REACTS TO THE ABOVE MENTIONED FOOD OR ALLERGEN? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL DIET/ MEDICAL REQUIREMENTS: \_\_\_\_\_

DOES YOUR CHILD REQUIRE ANY OTHER ACCOMODATIONS? \_\_\_\_\_

ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR DAYCARE STAFF:  
\_\_\_\_\_  
\_\_\_\_\_  
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**FOR OFFICE USE ONLY:**  
DATE ENROLLED: \_\_\_\_\_ WITHDRAWN: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

\*PARENT/GUARDIAN'S NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\*PARENT/GUARDIAN'S NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**EMERGENCY INFORMATION (PERSONS THAT MAY BE CONTACTED IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED):**

CONTACT 1) NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

CONTACT 2) NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

**AUTHORIZATION TO RELEASE CHILD: THE FOLLOWING INDIVIDUALS MAY PICK UP MY CHILD FROM THE CENTRE:**

\*NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\*NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\*NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\*NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

MEDICAL TREATMENT MAY BE GIVEN TO \_\_\_\_\_ AT ANY TIME REQUIRED DUE TO ACCIDENT, ILLNESS OR OTHER EMERGENCY.

I HEREBY GIVE MY PERMISSION THAT IF I AM NOT IMMEDIATELY AVAILABLE, EMERGENCY AMBULANCE TRANSPORTATION WILL BE ARRANGED BY CHILDCARE STAFF. THE ATTENDING PHYSICIAN WILL ADMINISTER EMERGENCY TREATMENT AS REQUIRED.

NAME OF PARENT/GUARDIAN (PLEASE PRINT): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
PRINT NAME

**FIELD TRIP CONSENT**

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL OUTINGS OF LAKESHORE COMMUNITY CHILDCARE CENTRE. I UNDERSTAND THAT NEIGHBORHOOD OUTINGS ARE AN INTEGRAL PART OF THE PROGRAM, AGREE THAT MY CHILD WILL PARTICIPATE IN THESE, AND AGREE THAT PRIOR CONSENT IS NOT NECESSARY FOR THIS TYPE OF OUTING.

NAME OF CHILD: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PHOTOGRAPH CONSENT**

WE OFTEN TAKE PHOTOGRAPHS (OR VIDEO) OF THE CHILDREN, FOR OUR OWN ENJOYMENT AND USE. ON OCCASION, WE MAY WANT TO USE SOME OF THE CHILDREN'S PICTURES FOR PROMOTIONAL OR EDUCATIONAL REASONS.

FOR ANY USE OF YOUR CHILD'S IMAGE, WE NEED CONSENT. PLEASE INDICATE BELOW IF IT IS PERMISSIBLE TO USE THE PHOTOGRAPHS OR VIDEOS OF YOUR CHILD OUTSIDE THE CENTRE.

CHILD'S NAME: \_\_\_\_\_

I GIVE PERMISSION FOR LAKESHORE COMMUNITY CHILDCARE CENTRE TO USE PHOTOGRAPHS OF MY CHILD IN THE CENTRE, FOR PROMOTIONAL OR OTHER PURPOSES.

I **DO NOT GIVE** PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE USED.

SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONSENT TO USE HAND SANITIZER**

A REQUIREMENT OF THE MINISTRY OF EDUCATION, IN ORDER FOR US TO MAINTAIN OUR DAY NURSERY LICENCE, WE REQUIRE WRITTEN CONSENT FOR EACH CHILD TO USE HAND SANITIZER. PLEASE COMPLETE:

CHILD'S NAME: \_\_\_\_\_

**YES**, I GIVE PERMISSION FOR MY CHILD TO USE HAND SANITIZER, UNDER ADULT SUPERVISION.

**NO**, MY CHILD MAY NOT USE HAND SANITIZER.

SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**RECORD OF COMMUNICABLE DISEASES**

A REQUIREMENT OF THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES, IN ORDER FOR US TO MAINTAIN OUR DAY NURSERY LICENCE, IS TO HAVE A RECORD OF COMMUNICABLE DISEASES FOR EACH CHILD ENROLLED IN OUR CENTRE.

PLEASE COMPLETE THE FOLLOWING CHART. AS ALWAYS, THIS INFORMATION REMAINS CONFIDENTIAL. (**\*\*\*SEE ATTACHED LIST OF REPORTABLE COMMUNICABLE DISEASES\*\*\***)

CHILD'S NAME: \_\_\_\_\_

<b>DATE:</b>	<b>COMMUNICABLE DISEASE:</b>	<b>TREATMENT:</b>
Example: <i>June 1996</i>	Example: <i>Chicken Pox</i>	Example: <i>None</i>

SIGNATURE OF PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\*List of Reportable Communicable Diseases\*\*\***

- Acquired Immunodeficiency Syndrome (AIDS)
- Amoebiasis
- Anthrax
- Botulism
- Brucellosis
- Campylobacter enteritis
- Chancroid
- Chicken Pox (Varicella)
- Chlamydia trachomatis infections
- Cholera
- Cryptosporidiosis
- Cytomegalovirus infection
- Diphtheria
- Encephalitis including: primary, viral; post-infectious; vaccine related; subacute sclerosing panencephalitis
- Food poisoning: all causes
- Gastroenteritis, institutional outbreaks
- Giardiasis, except asymptomatic cases
- Gonorrhea
- Group A Streptococcal infections, invasive Group B Streptococcal infections, neonatal.
- Haemophilus influenzae b disease, invasive.
- Hemorrhagic fevers, including: Ebola virus disease; Marburg virus disease; other viral causes.
- Hepatitis, viral; Hepatitis A, B, C, & D (Delta Hepatitis)
- Herpes, neonatal
- Influenza
- Lassa fever
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- Malaria
- Measles
- Meningitis, acute, bacterial, viral or other
- Meningococcal disease, invasive
- Mumps
- Ophthalmia neonatorum
- Paratyphoid Fever
- Pertussis (whooping cough)
- Plague
- Poliomyelitis, acute
- Psittacosis/ Ornithosis
- Q Fever
- Rabies
- Rubella & Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Verotoxin-producing E. Coli infection; indicator conditions including Hemolytic Uremic Syndrome (HUS)
- Yellow Fever
- Yersiniosis



## Lakeshore Community Childcare Centre PARENT CODE OF CONDUCT

At Lakeshore Community Child Care Centre, (LCCC) we strive to promote positive examples of behaviour, as well as the modeling of appropriate social skills to our children. All staff, parents, children, and guests are to be treated with respect and dignity at all times regardless of race, religion, gender, sexual orientation, disability, or any other grounds.

We expect parents/guardians to conduct themselves in a manner that is conducive to the health and well-being of the children, staff, and guests of the centre. We understand that issues may arise from time to time, and while we try our best to resolve these situations, we expect that any issues are addressed in a respectful manner that is aligned with the mission, values, and goals of Lakeshore Community Child Care Centre, as well as all applicable laws and legislation.

All Parents/Guardians and visitors of LCCC are responsible for contributing to a safe and healthy environment for the children that attend our programs. This includes:

1. Being respectful and supportive of the learning environment, which includes all children, parents, and staff.
2. Respecting the guidance provided by staff at the centre, and addressing any issues in a respectful way.
3. Acknowledging the differences in learning, developmental capabilities, and values that children and families possess.

### **Should a problem arise :**

We respect the privacy and confidentiality of our children, staff, parents/guardians and guests, and request that all parents handle any conflicts or situations that arise with respect for the members of the child care centre.

Parents are encouraged to observe the following procedure:

1. Speak directly to your child's teacher. They are your best source of information, as they know your child. In the case of teaching teams, you may want to speak with each teacher.
2. If you need further clarification, or assistance, speak with the Director or assistant director.
3. If you are not satisfied after speaking with the two levels of staff members, the Chairperson of the parent program committee will try to be of assistance.

If you still remain unsatisfied, you will be referred to the Board of Directors

***PLEASE NOTE: It is never acceptable for a parent or guardian to discuss any matter or conflict with another child at LCCC. Bring your concern to a staff member; never approach a child that is not yours!***

Any incident that occurs at Lakeshore Community Child Care Centre that involves any of the following will be dealt with in accordance with LCCC's breach of Parent Code of Conduct Policy:

- Any type of discrimination (racial, ethnic, or otherwise)
- Any perception of physical intimidation, violence or threatening behaviour toward another parent, staff, child, or guest of LCCC.
- Conduct that puts the children, staff, or guests of the centre at risk of harm.
- Perceived to be under the influence of alcohol or drugs.
- Verbal intimidation, yelling, threatening, or profane language directed at anyone in the centre.
- Inappropriate conduct, gossip or criticism that is damaging to other individuals at the centre.

(7)

**BREACH OF PARENT CODE OF CONDUCT POLICY**

If an incident occurs at Lakeshore Community Child Care Centre that breaches the Parent Code of Conduct, it **may result** in the following actions:

1. A written warning that will be kept in the family's file.
2. The situation being brought to the board of directors for resolution.
3. Immediate withdrawal from the child care centre.
4. The Police or Children's Aid being contacted for intervention.

\*All staff of LCCC has a duty to report any suspected cases of child maltreatment in accordance with the Child and Family Services Act\*

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This code of conduct **must be signed by any and all adults** that will be involved in your child's experience at Lakeshore Community Childcare Centre on a regular basis, including parents, guardians, grandparents, siblings and care givers.

*I have read Lakeshore Community Childcare Centre's Parent Code of Conduct and agree to terms as stated. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary.*

**LAKESHORE COMMUNITY CHILDCARE CENTRE PARENT POLICY SIGN OFF**

I/We have read, have had the opportunity to ask questions and understand all the following policies and procedures of Lakeshore Community Childcare Centre as outlined in the *Parent Policy Manual*. I/We agree to adhere and abide by them.

**(EACH INDIVIDUAL PARENT/GUARDIAN TO INITIAL EACH SPOT)**

- \_\_\_\_\_ \_\_\_\_\_ Operating Hours/ Arrival & Departure Procedures/ Parking & Building Access
- \_\_\_\_\_ \_\_\_\_\_ Pick up & Late pick up policy
- \_\_\_\_\_ \_\_\_\_\_ Access & Equity /Admissions/ Wait List & Withdrawal policy
- \_\_\_\_\_ \_\_\_\_\_ Evacuation site/ Lockdown Procedures
- \_\_\_\_\_ \_\_\_\_\_ Parent involvement/ Volunteers /Students Policy/ Family Events
- \_\_\_\_\_ \_\_\_\_\_ Parent Code of Conduct/ Breach of Parent Code of Conduct
- \_\_\_\_\_ \_\_\_\_\_ Program Statement/ Prohibited Practices
- \_\_\_\_\_ \_\_\_\_\_ Sleep Time policy- Nap/Rest Periods / Outdoor Play/ Sun & Air Safety
- \_\_\_\_\_ \_\_\_\_\_ Nutrition/ Birthday Celebrations & Treats from Home
- \_\_\_\_\_ \_\_\_\_\_ Allergies/ Special Diets/ Anaphylaxis Policy
- \_\_\_\_\_ \_\_\_\_\_ Clothing/ Personal Hygiene /Sanitary Practices
- \_\_\_\_\_ \_\_\_\_\_ Attendance/ Children Who Attend School / Suspended Children
- \_\_\_\_\_ \_\_\_\_\_ Medication Policy/ Health Policy/ Outbreak/ Head Lice Policy
- \_\_\_\_\_ \_\_\_\_\_ Prohibited Practices Policy
- \_\_\_\_\_ \_\_\_\_\_ Suspicion of Child Abuse/ Policy for Intoxicated/Impaired/III Parents
- \_\_\_\_\_ \_\_\_\_\_ Field Trips
- \_\_\_\_\_ \_\_\_\_\_ Smoke free Ontario Act
- \_\_\_\_\_ \_\_\_\_\_ Charitable Donations/ Fees/Payment Policy/ Registration/Payments
- \_\_\_\_\_ \_\_\_\_\_ Parent Code of Conduct

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Signature	Print Name	Date	Relationship to Child
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Signature	Print Name	Date	Relationship to Child
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## **Enrollment/Transition Information**

At LCCC, we strive to meet every child's needs. The following has been developed for you to share information about your perspective on your child's learning, development, and routines. This form will summarize your child's strengths and identifies their interests as they start or move rooms at LCCC. This is meant to provide you a formal opportunity to indicate how you feel your child's learning and development can be supported on a continuing basis.

During transitions between classrooms, your child's existing teachers will share with the next teachers, their observations of your child and they will complete this form as well. (It is often interesting on how the view of the child differs between the two environments) Your child will visit the new classroom (at a minimum) the week before the move up. As always, we appreciate your feedback and welcome any further comments or questions at any time. Please take a moment to answer the following questions:

Child: \_\_\_\_\_

1) What helps your child settle in new situations? Do you anticipate this will be a difficult transition for your child? \_\_\_\_\_

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2) How do you comfort your child when they're upset? \_\_\_\_\_

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3) How does your child express frustration or discomfort? \_\_\_\_\_

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4) Does your child need help dressing? \_\_\_\_\_

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(CON'T)

5) Does your child have a bathroom routine? Is your child potty trained? Are they still in diapers? Do they prefer standing or sitting to urinate? Have you started potty training?

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6) Please describe your child's sleep routine. Do they have any preferences? Do they have special toys or blankets?

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Anything else you would like to share?

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Thank you for taking the time to complete this!





## **IMMUNIZATION INFORMATION REQUIRED**

*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**

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