**Toronto Woods Daycare** **Registration form**

3080 Bayview Ave, Toronto, ON. M2N 5L3 Tel: 416-222-7333 E-mail: info@torontowoodsdaycare.com

* **For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Admission date (dd/mm/yyyy) |  | Discharge date  (dd/mm/yyyy) |  |
| Program | Toddler ( ) | Preschool ( ) | |
| Full time ( ) | | Part time ( ) M T W Th F | |

* Child Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Date of Birth (dd/mm/yyyy):** | **Gender (M/F):** |
| **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:**  □ Same as Child | |

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address:** |
| **Home Address:**  □ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |
|  |  |  |
|  |  |  |
|  |  |  |

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**   Full Legal Name:  Relationship to Child:  Phone Number:  Home Address:  □ Authorized to pick-up child |
| * **Emergency Contact #1**   Full Legal Name:  Relationship to Child:  Phone Number:  Home Address:  □ Authorized to pick-up child |
| * **Emergency Contact #1**   Full Legal Name:  Relationship to Child:  Phone Number:  Home Address:  □ Authorized to pick-up child |

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 List of Reportable Diseases 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.**

* **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 |  |  |  |

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](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=medical+exemption&NO=010-3041E) form or a [Statement of Conscious or Religious Belief](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=religious+belief&NO=010-3042E) 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]](#footnote-1) | Date(s) of Immunization | | | |
| DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos)  Diphtheria, Tetanus, Pertussis, Polio,  *Haemophilus influenzae* 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) |  |  |  |  |

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

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

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:

**All about me**

Please list the names and ages of siblings.

|  |
| --- |
|  |

Are there any babies expected this year? If so, when?

|  |
| --- |
|  |

Has your child attended any other programs for children? (Library, church, swimming, etc.)

|  |
| --- |
|  |

What activities does your child enjoy?

|  |
| --- |
|  |

How would you describe your child’s personality?

|  |
| --- |
|  |

What are some of the outings you provide for your child?

|  |
| --- |
|  |

Does your child have any special needs?

|  |
| --- |
|  |

**Sunblock/Sunscreen**

All children are required to wear sunblock prior to going outside in the morning and afternoon.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give permission to the staff of Toronto Woods Daycare to apply sunblock to my child.

Sunblock brand Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diaper cream**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give permission to the staff of Toronto Woods Daycare to apply Diaper cream to my child.

Diaper cream name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Use Hand Sanitizer**

[](https://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwifmqbcpcjeAhUi7YMKHTVwD9oQjRx6BAgBEAU&url=https://en.wiktionary.org/wiki/square&psig=AOvVaw3ncE6W87032bu-uqAkWyEu&ust=1541886699970467)I give permission for Toronto Woods Daycare to use hand sanitizer with my child­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name).

I understand that my child will be closely supervised, and that hand sanitizer will only be used when a sink is not available, for cleaning hands that are visibly soiled.

I do not want to use hand sanitizer to my child.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Petroleum Jelly (Vaseline)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to the staff of Toronto Woods Daycare to apply petroleum Jelly to my child.

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

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Lotion (Cream)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to the staff of Toronto Woods Daycare to apply personal lotion (cream) to my child.

Brand name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of administration (When does he/she needs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography/Video**

Toronto Woods Daycare is authorized to use my child’s photos or videos in its website/brochures or any sort of advertising materials or through social media related to the Daycare. YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If NO, please note that to promote Toronto Woods Daycare, our Face book page/social media will be updated regularly with the activities of the children along with picture in which no child’s face will be identified.

We will be taking pictures/videos of children doing activities for the internal use of the daycare to Kidsnote or e-mail to parents. These will only be used for parents whose children are registered with TWD.

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

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Agreement**

The conditions of the agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and The Toronto Woods Daycare protect both parties in assuring the financial stability of the program and protect the security of my child while in care. I agree with and will abide by all policies of the center including the following terms and conditions:

1. Cheques are made payable to Toronto Woods Daycare.
2. No refunds will be given in case of absences, illness and in the event of missed days (personal issues).
3. Days are not interchangeable for part -time program.
4. To advise the supervisor in writing if I am unable to pay my fees so an arrangement may be reached. I understand that failure to pay my fees may result in the immediate loss of care for my child.
5. To pay a non-refundable 150.00 registration fee per family, in advance at the time of registration.
6. If the childcare fee is not paid on the first day of the month, reminders of late childcare fees will be sent by e-mail for parents/guardians. If these fees are not paid by the end of the month, Toronto Woods Daycare reserves the right to withdraw the child from care and the debt will be sent to a collection agency.
7. Any cheque returned with NSF (Non- sufficient funds) will result in a $25.00 charge.
8. **One month** written notice is required if you require to cancel registration. To give a minimum of one month’s written notice to the supervisor of the center prior to the withdrawal of my child(ren). **One-month fee will be charged if NO discontinuation notice given.**
9. The center closes at 6:00 p.m. Parents/guardians are required to notify the center as soon as possible, if they are unable to arrive by closing time. After 6:00 p.m. a late fee penalty of $1.00 per minute will be charged. Late fee is to be paid directly to the program staff at the time of pick up, or within 24 hours of being late.
10. In the event of an emergency, the center has my permission to administer first aid or any other emergency medical treatment in the best interest of the child. I agree to pay all expenses incurred due to an emergency involving my child.
11. **The fees** may need to be adjusted annually according to inflation percentage.
12. Toronto woods daycare will be closed on all statutory holidays, Rosh Hashanah(2days) and Yom Kippur (2days); closures (as outlined in the parent handbook) are included in the fees for children.
13. I have received and understand the policies and procedures of the Toronto Woods Daycare. I agree to abide by the policies and procedures outlined here and in the Parents Handbook.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  | Parent Signature |  | Date (dd/mm/yyyy) |
| Staff Name |  | Staff Signature |  | Date (dd/mm/yyyy) |

1. Ontario’s Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx> [↑](#footnote-ref-1)