**Application for Enrolment**

**For Office Use Only**

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Type of Child Care Required: □ Full-time □ Part-time □ Occasional □ Other:Click here to enter text.

Age Group Placement at Time of Enrolment:

□ Infant □Toddler □ Preschool □ Kindergarten □Primary/Jr. School Age □Jr. School Age

Hours of Care:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MON | TUES | WED | THURS | FRI | SAT | SUN |
|  |  |  |  |  |  |  |

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:
□ Same as Child

Business Name & Occupation:

Full Legal Name: Preferred Name:

Relationship to Child: Primary Phone Number:

Alternate Phone Number: Email address(es):

Home Address:
□ Same as Child

Business Name & Occupation:

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:Preferred Name:Relationship to Child:Primary Phone Number:Alternate Phone Number:Home Address:□ Authorized to pick-up child | Full Legal Name:Preferred Name:Relationship to Child:Primary Phone Number:Alternate Phone Number:Home Address:□ Authorized to pick-up child | Full Legal Name:Preferred Name:Relationship to Child:Primary Phone Number:Alternate Phone Number:Home Address:□ 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 |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

Siblings

| Full Legal Name | Age | Full Legal Name | Age |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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.

**Doctor’s information**

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 of Immunization | Date of Immunization | Date of Immunization | Date 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) |  |  |  |  |

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.):

Parent Name

Parent Signature Date (dd/mm/yyyy)

Staff 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]](#footnote-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

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

|  |  |
| --- | --- |
| [Centre Name] has agreed to provide: | Parent has agreed to provide: |
| Ex. Sunscreen |  |
| Hand sanitizers |  |
|  |  |
|  |  |
|  |  |

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

Date (dd/mm/yyyy) Signature of Parent

**Fee Policy**

* + 1. A one time registration fee of $25.00 per family is required with an application for enrollment. This fee is not refundable.
		2. Fees are due within the first week of receiving your invoice with E-Transfer, cheque or cash Stepping Stones operates on these fees and is our main source of income. Therefore it is important that fees are paid at the beginning of each month.
		3. There is a 2% interest fee per month on any outstanding fees greater than 30 days or 24% per yr.
		4. The monthly fee is due regardless of the number of days in the month,

absenteeism due to illness or inclement weather, plus school and statutory holidays. The centre closes for Christmas in accordance to the way the Holiday falls each year and for one week during the July and August contract period. Notice will be given in advance once the Church has provided us with the date.

* + 1. Parents withdrawing their child(ren) for summer holidays will be required to pay for two days per week for the month of July and August if you wish to have a space held for the fall.
		2. If, for some reason, it becomes necessary to withdraw your child, a minimum of two weeks notice is required, or two weeks fees in lieu of that notice
		3. Parents may apply to the United Counties of Leeds and Grenville (Community and Social Services Department) to seek assistance with all or part of the fee to their child to Stepping Stones Children's Learning Centre.
		4. I understand that the parent(s)/Legal guardian(s) listed on the child’s registration forms, contract and or notice of subsidy approval are responsible for outstanding fees even if they have failed to sign and/or return these documents.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stepping Stones Children’s Learning Centre**

Permission to Participate in Child Care Activities and

To Receive Emergency Medical Care

* I hereby grant permission for my child to use all play equipment in all activities of Stepping Stones Children’s Learning Centre. Int beside Yes \_\_\_\_\_ No\_\_\_\_
* I hereby grant permission for my child to be included in pictures connected with the Stepping Stones Children’s Learning Centre. Int beside Yes \_\_\_\_\_ No\_\_\_\_
* I hereby grant permission for my child to be included in pictures/live streams connected with Stepping Stones Children’s Learning Centre on social media outlets such as facebook but not limited to.

 Int beside Yes \_\_\_\_\_ No\_\_\_\_

* I hereby grant permission for my child to leave the Stepping Stones Children’s Learning Centre premises under supervision of a staff member for neighborhood walks and field trips.

 nt beside Yes \_\_\_\_\_ No\_\_\_\_

* I hereby grant the Child Care Staff to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include the following steps to be taken:
	1. Call 911
	2. Attempt to reach child’s parent or guardian.
	3. Attempt to contact the alternate adult listed in the Emergency Information Sheet.
	4. Have the child taken to emergency at the hospital by the 9-1-1 response team.

Any expenses incurred from the 4 steps listed above will be the responsibility of the child’s family.

**Reminders from the handbook:**

1. The Child Care Centre will not take responsibility for a child who has not been brought in and left with a teacher when he or she arrives.
2. I understand that Stepping Stones is enrolled with the Canada Wide Early Learning Child Care system and may opt out with 90 days notice.
3. I understand that 2-week written notice of withdrawal or two weeks of fees are required. Even if a bi-annual contract is not signed.
4. I understand that fees are not prorated for illness or absences due to communicable diseases.
5. Fees are required for statutory holidays or vacation days if it is your child’s regular day in childcare. This will keep your child’s space in the program.
6. I understand that a late fee of $25.00 per 15 minutes per child is required. It is paid to the Staff who has stayed with your child after the centre has closed.
7. I understand that I am responsible to contact the centre by phone, e-mail or messenger to report any absenteeism and the related reason.
8. I understand that my child may not attend if they have had any of the following as it may pose a health concern for all other children attending Stepping Stones; a) my child has had a fever and has not been fever free for **48hrs**.

 a) Diarrhea or vomiting

 b) On antibiotics less then **24hrs**, as a reaction may occur.

 c) Head lice and is not nit free.

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date.

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date.

Appendix C: List of Communicable 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

Regulatory Requirements: Ontario Regulation 137/15

Children’s Records

72(1) Every licensee shall ensure that up-to-date records that are available for inspection by an inspector or program adviser at all times are kept of the following matters in respect of each child receiving child care at a child care centre operated by the licensee or receiving child care at a premises where it oversees the provision of home child care:

1. An application for enrolment signed by a parent of the child.

2. The name, date of birth and home address of the child.

3. The names, home addresses and telephone numbers of the parents of the child.

4. The address and telephone number at which a parent of the child or other person can be reached in case of an emergency during the hours when the child receives child care.

5. The names of persons to whom the child may be released.

6. The date of admission of the child.

7. The date of discharge of the child.

8. The child’s previous history of communicable diseases, conditions requiring medical attention and, in the case of a child who is not in attendance at a school or private school within the meaning of the Education Act, immunization or required form completed by a parent or legally qualified medical practitioner as to why the child should not be immunized.

9. Any symptoms indicative of ill health.

9.1 A copy of any individualized plan.

10. Written instructions signed by a parent of the child for any medical treatment or drug or medication that is to be administered during the hours the child receives child care.

11. Written instructions signed by a parent of the child concerning any special requirements in respect of diet, rest or physical activity.

12. A copy of any written recommendation referred to in subsection 33.1 (1) from a child’s physician regarding the placement of a child for sleep.

(2) The records listed in subsection (1) shall be kept, as the case may be,

(a) on the premises of the child care centre at which the child receives child care; or

(3) See Manual Section 10.3.

(4) Revoked.

(5) Every licensee shall ensure that the records required to be maintained under this section with respect to a child are kept for at least three years from the date the child is discharged at the child care centre or home child care agency.

**Disclaimer:** This document is a sample template that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each child care centre it operates.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry’s authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.

1. Ontario’s Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx> [↑](#footnote-ref-1)
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> [↑](#footnote-ref-2)