

Goderich Municipal Child Care Centre

Registration and Health Information

For Office Use Only

Date of Admission:

Date of Discharge:

Type of Child Care Required: Full-time Part-time Occasional Flex care weekly scheduleGroup Placement at Time of Enrolment: Infant Toddler PreschoolDoes your child have any allergies or medical needs? YES (see page 3) NO

Days required (please check) Hours of Care:

MON	TUES	WED	THURS	FRI

Child Information

Full Name:	Health Card Number:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address(es):	
Family Doctor:	Address:

Parent/Guardian Information

Full Name:	Work Place and Address:
Relationship to Child:	Work Phone Number:
Home Phone Number:	Email address (required for HiMama App)
Cell Phone Number:	
Same address as Child <input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Address:	

Full Name:	Work Place and Address:
Relationship to Child:	Work Phone Number:
Phone Number:	Email address (required for HiMama App)
Cell Phone Number:	
Same address as Child <input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Address:	

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
Name:	Name:	Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Phone Number:	Phone Number:	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

Please advise the office or classroom if there is someone other than the parent/guardian picking up.

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 childcare 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 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, direction is available through the local health unit.

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:

***Any changes must be reported to the office as soon as possible.**

Dietary and Feeding Arrangements for Children

*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:

***Any changes must be reported to the classroom**

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: (Including where your child sleeps at home e.g. crib/co-sleeps, toddler bed etc.)

***Any Changes must be reported to the classroom.**

Physical Requirements

Does your child use diapers?

YES NO Diapers and wipes are provided by parent (Pull ups with velcro sides only)

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. **Infant parents please fill in a brief "typical day" outline**

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

Child's Full Name:

Child's Date of Birth:

Age (in months):

Feeding Arrangements

My child drinks: breast milk formula breast milk and formula

Homogenized Milk (other milks need to be NUT FREE and provided by parent)

My child has started eating solid foods

YES NO

If YES, food must be: small pieces 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., mealtimes, 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).¹

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:

Signature of Parent _____ Date (dd/mm/yyyy) _____

^{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>

Authorization for Non-Prescription Creams and Lotions

Child's Full Name: _____

Non-prescription creams and lotions may be applied to my child in accordance with the manufacturer's instructions on the original container.

This includes any sunscreen or lotions that are supplied by parent/guardian in the original, labelled container.

Parent signature: _____ Date: _____

Authorization for Community Walking Excursions-Off Property from the Goderich Municipal Child Care Centre:

I give permission for my child (full name) _____ to participate in occasional walking excursions within our community.

Signature of parent _____ Date: _____

Child's Full Name: _____

I hereby give permission for any photography or videotaping featuring my child to be used by the following individuals:

- Staff at the Goderich Municipal Child Care Centre for documentation in Centre and on the HiMama App.
- High School Co-op, College and University students for educational purposes.
- Outside agencies (e.g. Growing Together, Thames Valley, Small Talk)
- Agencies for news purposes (e.g. Newspaper, TV News, Social Media)

Parent Signature: _____ Date: _____



Parent or Guardian COVID-19 Handbook Receipt Form

Parents or Guardians,

Please thoroughly review the attached Parent Handbook "COVID-19" edition for GMCC (revised edition) which contains the policies and procedures for Goderich Municipal Childcare Centre. After reading the handbook, please complete this form and return it to the centre as soon as possible. This form will be kept in your child's confidential file

Thank you in advance for your cooperation.

Sincerely,

Bonnie Hastings RECE

Director

Goderich Municipal Childcare Centre

519-542-7441

I, _____ (print your name), the parent/guardian of
_____ (print child's name), hereby acknowledge receipt of Goderich
Municipal Childcare Centre's Parent Handbook COVID-19 revised edition. I have read and agree to adhere to all the
policies and regulations set forth in this handbook.

Parent/Guardian Signature: _____