



GODERICH MUNICIPAL CHILD CARE CENTRE

REGISTRATION AND HEALTH INFORMATION

Type of Child Care Required: Full-time Part-time Occasional Flex care.

Age Group Placement: Infant Toddler Preschool.

Does your child have any allergies or medical needs? YES NO

Schedule must be confirmed by Administration Staff

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:
	Phone #:

Parent/Guardian Information

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

Full Name:	Workplace and Address:
Relationship to Child:	Work Phone Number:
Phone Number:	Email address (required for Lillio 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:
* Authorized to pick-up child	* Authorized to pick-up child	*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 in writing 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:

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

A copy of your child's immunization record (e.g., yellow card) must be submitted 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.

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 childcare 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 and submitted in writing via Lillio**

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:

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

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:

Children using "pull ups" must be able to pull them up and down on their own, tear side ones are recommended.

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 provide a brief "typical day" outline**

Payment information

- Full fee payments made by parent/guardian.
- Subsidy application completed by parent/guardian.

I have read and agree to the terms outlined in the Parent Handbook

Parent Name

Parent Signature

Date(dd/mm/yyyy)

Authorization for Non-Prescription Creams & lotions

Child's Full Name: _____

Lotions and creams may be applied to my child in accordance with the manufacturer's instructions on the original container. (Including sunscreen)

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.

Parent Signature _____

Date: _____

Authorization for Social Media

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 Lillio 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: _____

Appendix A: Supplementary Information for all Children-including under 12mths

Feeding Arrangements

My child drinks: breast milk formula breast milk and formula other

Homogenized Milk (other milk provided by parent need to be nut free)

If other, please specify: _____.

My child has started eating solid foods.

YES NO

My child can self-feed YES (independently) YES (with support) NO

Please provide any additional details that staff would find helpful e.g., drinks from a sippy cup etc.

Sleep Arrangements for Children Under 12 months

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) _____

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>

