

COOK'S HOME CHILD CARE AGENCY – REGISTRATION FORM 2008/2009

A copy of the court document, outlining custodial / visiting arrangements, must be submitted to the office to ensure your child(ren)'s safety. Comments? _____

OTHER CHILDREN IN THE FAMILY

Name: _____ Date of Birth: (D) _____ (M) _____ (Y) _____

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**IN CASE OF EMERGENCY *and* RELEASE OF THE CHILD
PERSON/S OTHER THAN PARENT or GUARDIAN *This space cannot be left blank.***

Name:	Name:
Address:	Address:
Telephone: () -	Telephone: () -
Can this child be released to this Person? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can this child be released to this Person? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Name:
Address:	Address:
Telephone: () -	Telephone: () -
Can this child be released to this Person? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can this child be released to this Person? Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILD'S HEALTH HISTORY

Child's Physician: _____ Physician's Address: _____

Physician's Telephone: () _____ - _____

List all symptoms / reactions which indicate that your child is feeling unwell: _____

May your child participate freely in physical exercise? YES () NO ()

Comments: _____

ILLNESS HAS THE CHILD EXPERIENCED TO DATE?

Chicken pox () age ____ Scarlet fever () age ____ Diabetes () age ____ Mumps () age ____
 Measles () age ____ Hepatitis () age ____ Other(). Specify: _____ age ____

ALLERGY / FOOD RESTRICTIONS

List all allergy / restrictions or limitations below:

Food Allergies (Items to be omitted)	Food Limitations (Items to be limited)	Environmental Allergies (Medication, insect bites, etc.)

List all signs/symptoms/reactions that are observed if the child has contact with the source of the allergy: _____

Has medical attention been obtained because of above condition? YES () NO ()

IS YOUR CHILD AT RISK OF ANAPHYLAXIS (life threatening allergic reaction)? YES () NO ()

If YES, you must complete an Individual Emergency Response Plan for your child. The forms may be obtained from the office and must be updated immediately as changes occur.

Help us get to know your child! Any additional information about your child to ensure his / her comfort (personality, fears, sleeping / eating habits, etc.) would be appreciated. _____

IMMUNIZATION

- A copy of your child's up-to-date immunization card must accompany your completed registration form before care can begin.
- An update of any further immunizations must be submitted immediately after administration of the needle.

FEEDING SCHEDULE

- You are responsible for supplying all food and beverages for your infant until the child is eating table food.
- An infant feeding form must be completed describing your child's normal feeding schedule, including amounts, times and items to be served. This is to be updated as your child's diet develops.
- Your child's provider will refer to this schedule for a consistent routine.
- Food bottles must be clearly labelled with your child's name on them.

CHILD'S SCHEDULE

Indicate precisely the days of the week and the hours of care required. If you require an irregular schedule you must submit it to the Provider and this office at least one week in advance. Billings are calculated according to what is indicated on the following schedule or submitted to this office.

A "Change of Schedule" Form must be completed and submitted to this office prior to a change occurring. Allow a 2-week period before the change may take effect. Your Provider must agree to the new schedule.

PLEASE CHECK HERE IF YOU REQUIRE AN IRREGULAR SCHEDULE OF CARE ()

SCHEDULE: Your children's schedule will be... (Complete below)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DROP OFF							
PICK UP							

KINDERGARTEN / SCHOOL-AGED CHILDREN

Please State: Name of School: _____

Teacher's Name: _____

Present Grade: _____

KINDERGARTEN CHILD (JUNIOR AND SENIOR)

Schedule: Please check below the type of care required.

Full Day Program	Before School	After School	PA Days, Non-School Days
YES () NO ()	YES () NO ()	YES () NO ()	YES () NO ()
	Escort to School	Escort to Provider's	
	YES () NO ()	YES () NO ()	

Regulations state that all kindergarten children who attend the child care program for six hours or more are required to participate in a short quiet/rest time after lunch. Do you want your child to sleep?

YES () NO ()

MEDIA RELEASE FORM

() Permission is granted for my child(ren) to be involved in any media coverage events conducted with Cook's Child Care Program, Victoria Park Child Care Centre or Cook's Home Child Care Agency.

() Permission is refused for my child(ren) to be involved in any media coverage events conducted with Cook's Child Care Program, Victoria Park Child Care Centre or Cook's Home Child Care Agency

Parent/Guardian Signature: _____ Date:(d)____(m)____(y)_____

TRAVEL AND CONSENT FORM

Children in Cook's Home Child Care homes are ordinarily included in family activities outside the home, such as local shopping excursions, visits to the playground and local parks within approximately 40 kms. Please indicate below if you consent to your child being taken on such routine trips either by foot, car or public transportation. Our understanding would be that:

- ☉ Normal safety precautions will be taken at all times. During an outing in a provider's car, your child will be secured in the appropriate safety device.
- ☉ Your written permission will be required before your child participates in other than routine outings, (i.e., out of town excursions more than approximately 40 kms).
- ☉ Having established the above conditions, neither the agency nor the caregiver shall incur any responsibility or liability for any loss or damage to property and any injury sustained while participating in any outing.

Parent/Guardian Signature: _____ Date:(d)____(m)____(y)_____

Signature of E.C.E. Consultant _____

EVERY ATTEMPT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN OR EMERGENCY CONTACT IN THE EVENT OF AN EMERGENCY!

In case of accidental injury to my child or illness while attending the child care program I agree to:

- ❖ The Child Care Provider or E.C.E. Consultant calling a doctor/ambulance to transporting my child to the hospital in case of emergency.
- ❖ Assume responsibility of any resulting expenses.

Parent/Guardian Signature: _____ Date:(d)____(m)____(y)_____

PARENT / GUARDIAN AGREEMENT

		<u>PARENT/GUARDIAN INITIAL BELOW</u>
<input checked="" type="checkbox"/>	I have received and take responsibility to read my copy of the Parent Handbook.	
<input checked="" type="checkbox"/>	I understand and agree to abide by the financial arrangements.	
<input checked="" type="checkbox"/>	I understand that ALL FAMILIES must enroll in the pre-authorized payment program to pay child care fees. Payments are automatically withdrawn from my savings/chequing account	
<input checked="" type="checkbox"/>	I am responsible for any applicable service charges if a payment is declined.	
<input checked="" type="checkbox"/>	I have fully completed the consent form and attached/included my account information (void cheque/savings account information).	

		<u>PARENT/GUARDIAN INITIAL BELOW</u>
<input checked="" type="checkbox"/>	I understand that <u>two weeks written</u> notice is required if I Plan to TEMPORARILY OR PERMANENTLY withdraw my child(ren) from Cook's Home Child Care Agency. I will be billed until Cook's Home Child Care Agency receives my <u>written notice</u> .	
<input checked="" type="checkbox"/>	I understand that if my schedule is irregular I must call in the hours of care needed at least one week prior to the schedule to both the <u>Provider and the office of Cook's Home Child Care Agency</u> or I may be charged full care hours or be at risk of my Child Care Provider not able to fulfil my child care requirements for that schedule.	
<input checked="" type="checkbox"/>	I understand that regular fees are billed for ALL STATUTORY HOLIDAYS/DAYS OF CLOSURE if my child regularly attends in that day of the week - NO EXCEPTIONS. Refer to your Parent Handbook for a list of days.	

Parent/Guardian Signature: _____ Date:(d)____(m)____(y)_____

OFFICE USE ONLY

START DATE			PROVIDER'S NAME	PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE
D	M	Y			
WITHDRAWAL DATE			REASON FOR WITHDRAWAL		
D	M	Y			