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2012 APPLICATION - HOME

ANNUAL REGISTRATION FEE: \$20.00 PER CHILD/\$30 PER FAMILY
(ADDED TO THE 1ST PRE-AUTHORIZED DEBIT AND EVERY JANUARY 1ST THEREAFTER)

FAMILY INFORMATION

Child's Surname: _____ Child's First Name: _____ Sex: M or F
Child Lives With: _____ Date Of Birth :(D)____(M)____(Y)_____

MOTHER/ GUARDIAN	FATHER / GUARDIAN
Name:	Name:
<u>Address</u>	<u>Address</u>
Street, R.R. #, Apt:	Street, R.R. #, Apt:
Town, Province:	Town, Province:
Postal Code:	Postal Code:
Telephone: () -	Telephone: () -
Cell Phone: () -	Cell Phone: () -
Email Address:	Email Address:
<u>Employer/School</u>	<u>Employer/School</u>
Name:	Name:
Address (Street, Town):	Address (Street, Town):
Telephone: () -	Telephone: () -
Department/Extension:	Department/Extension:
School Program Name:	School Program Name:

CUSTODY / VISITING ARRANGEMENTS

If applicable, a copy of the CURRENT court document, outlining custodial/visiting arrangements, must be submitted to the office to ensure your child/ren's safety.

CUSTODY DOCUMENT PROVIDED? YES() NO() NOT APPLICABLE()

COOK'S HOME CHILD CARE AGENCY

OTHER CHILDREN IN THE FAMILY

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

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

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

**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: Street: _____ Town: _____	Address: Street: _____ Town: _____
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: Street: _____ Town: _____	Address: Street: _____ Town: _____
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 Telephone: () _____ - _____

Physician's Address (Street): _____ (Town): _____

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

ALLERGIES / FOOD RESTRICTIONS

List all allergies / restrictions or limitations below:

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

COOK'S HOME CHILD CARE AGENCY

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

Has medical attention been obtained because of allergies/ongoing medical conditions or illness? 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.

WHAT CONDITIONS AND/OR ILLNESSES HAS THIS CHILD EXPERIENCED TO DATE?

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

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

Comments: _____

IMMUNIZATION

A copy of your child's up-to-date immunization record must accompany your completed application form before care can begin. An update of any further immunizations must be submitted immediately after administration of the needle. The local Health Unit will obtain a copy of the record from the child care centre. **By order of the Health Department, a child will be excluded from the Program until such time as proof of up-to-date immunization is provided for the files.**

MORE ABOUT YOUR CHILD

(Personality, Fears, Sleeping/Eating Habits, Etc.)

Help us get to know your child! Any additional information about your child to ensure his/her comfort is appreciated. _____

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 on the CHILD CARE SCHEDULE REQUEST FORM available from the office or on our website www.cooksdaycare.ca. You are expected to submit the completed form to the office on or before the deadline date indicated on the form.

If you require a change to the schedule, it MUST be submitted IN WRITING to the office AT LEAST TWO WEEKS in advance of the change, using the form provided by Cook's School Day Care Inc.. Your Provider must agree to the new schedule.

Pre-Authorized Debit amounts are calculated directly from the schedules submitted to and approved by the Administration.

KINDERGARTEN / SCHOOL-AGED CHILDREN

Name of School: _____ Present Grade: _____

Location (Town, Village): _____

SCHEDULE: PLEASE CHECK BELOW THE TYPE OF CARE REQUIRED

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

QUIET-TIME / REST-TIME FOR KINDERGARTEN CHILDREN

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 ()

ALL PARENTS / GUARDIANS – PLEASE COMMENT

HOW DID YOU BECOME AWARE OF OUR SERVICE? _____

WHY DID YOU CHOOSE OUR SERVICE? _____

PHOTOGRAPHY and MEDIA RELEASE: Please check ALL that apply

Before completing this section, please refer to your Parent Handbook for details regarding our Photography Policy on page 17.

- I give my permission for my child to be involved in media coverage involving Cook's School Day Care Inc.. His/her name may accompany media photos.
- I give permission for my child's photo to be taken and displayed in the following ways (check all that apply): In-house photo albums Postings in playrooms Creative activities Parent gifts
- I do not give permission for my child to be photographed by Cook's School Day Care Inc. or photographer for Cook's School Day Care Inc. or media photographer for any reason.

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

TRAVEL AND CONSENT

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 SERIOUS ILLNESS OR INJURY TO MY CHILD WHILE ATTENDING THE CHILD CARE PROGRAM, I AGREE TO:

- The Child Care Centre calling an ambulance to transport my child to the hospital. I understand that Parents/Guardians are contacted and informed to go directly to the hospital when an ambulance is used.
- Assume responsibility of any resultant expense (i.e., ambulance costs).

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

PARENT / GUARDIAN AGREEMENT

Please read and initial beside each of the following statements to confirm your acknowledgement:

<input checked="" type="checkbox"/> I have received and take responsibility to read my copy of the Parent Handbook.	Your initials:
<input checked="" type="checkbox"/> I understand and agree to abide by the financial arrangements.	Your initials:
<input checked="" type="checkbox"/> I understand that ALL FAMILIES must enroll in the Pre-Authorized Debit (PAD) payment program to pay child care fees. Payments are automatically withdrawn from my savings/chequing account	Your initials:
<input checked="" type="checkbox"/> I understand all children are required to be scheduled a minimum of one (1) day per week. If my child attends less than one (1) day per week, I will be billed for one (1) day.	Your initials:
<input checked="" type="checkbox"/> I am responsible for any applicable service charges if a payment is declined or does not clear the bank.	Your initials:

COOK'S HOME CHILD CARE AGENCY

<input checked="" type="checkbox"/> I have fully completed the consent form and attached/included my account information (void cheque/savings account information).	Your initials:
<input checked="" type="checkbox"/> I understand I must submit each Child Care Schedule Request form to the office and the Provider on or before the deadline date. My space is not guaranteed unless I submit my schedule on or before the date indicated on the form.	Your initials:
<input checked="" type="checkbox"/> I understand that regular fees are billed for ALL STATUTORY HOLIDAYS/DAYS OF CLOSURE - NO EXCEPTIONS. Please refer to your Parent Handbook for a list of the days.	Your initials:
<input checked="" type="checkbox"/> I understand that a fee of \$5.00 per minute is charged if my child is dropped off prior to his/her scheduled drop-off time and/or picked up after his/her scheduled pick-up time (according to the Provider's clock).	Your initials:
<input checked="" type="checkbox"/> I understand that two weeks written notice is required if I plan to TEMPORARILY OR PERMANENTLY withdraw my child/ren from any Program of Cook's School Day Care Inc. I will be billed until Cook's School Day Care Inc. receives my written notice .	Your initials:
<input checked="" type="checkbox"/> I understand bullying, harassment and violence are not tolerated in this workplace.	Your initials:

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

OFFICE USE ONLY

START DATE			PROVIDER'S NAME	PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE
Day	Month	Year			
WITHDRAWAL DATE			REASON FOR WITHDRAWAL		
Day	Month	Year			

