

Little Lambs Home Daycare

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K0K3E0

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A Licensed Home Child Care
Agency
Regulated by The Ministry of
Education

Application

Annual Registration FEE: \$20.00 per child/\$30 per family
(Added to first invoice every January 1st thereafter)

FAMILY INFORMATION

Childs surname: _____ Child's First Name: _____ Sex: **M** or **F**

Child lives with: _____ Date of Birth: (D) _____ (M) _____ (Y) _____

Mother/Guardian	Father/Guardian
Name:	Name:
Address, St, RR#, Apt:	Address, St, RR#, Apt:
Town/Province:	Town/Province:
Postal Code:	Postal Code:
Telephone:	Telephone:
Cell phone:	Cell phone:
Email:	Email:

Mother/Guardian	Father/Guardian
Employer/School	Employer/school
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 custody and/or visiting arrangements, must be submitted to the office to ensure your child/ren's safety.

CUSTODY DOCUMENT PROVIDED? (circle) YES NO NOT APPLICABLE

Other children in the family:

Name:	DOB: (D/M/Y)
Name:	DOB: (D/M/Y)
Name:	DOB: (D/M/Y)
Name:	DOB: (D/M/Y)

IN CASE OF EMERGENCY AND RELEASE Other than parent/guardian. MUST BE LOCAL.	AND RELEASE OF THE CHILD This space cannot be left blank
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Name:	Name
Address: (street.town)	Address: (street/town)
Telephone: Work/other:	Telephone: work/other:
Cell:	Cell:
Can this child be released to this person: (circle) YES NO	Can this child be released to this person: (circle) YES NO

CHILD'S HEALTH HISTORY

Child's Physician: _____ telephone: _____.

Physicians address (street: _____.

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/other (Medication, lotions, insect bites, etc)

Will parent/guardian be supplying menu items?(circles) **Yes** **or** **No**

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? Circle **Yes** or **No** if yes please comment.

Is your child at risk of anaphylaxis? (A life threatening allergic reaction) YES or NO

If yes, an **individual emergency response plan** must accompany this application. The form is provided by Little Lambs and must be completed for any medical needs that may require immediate medical intervention. Examples: life-threatening allergic reaction, asthma, diabetes. The form must be updated

What conditions and or illnesses has your child experienced to date?

Please check beside any that apply

Chicken pox	Age:	Scarlet fever	age:
Mumps	Age:	Measles	Age:
Hepatitis	Age:	Diabetes (first diagnosed)	Age:
Other (please specify)	Age:	Other (please specify)	Age:

May your child participate in exercise? Yes or No if no please comment

Outdoor Play

The caregiver is required to remain with children under the age of six at all times during outdoor play. The supervision of outdoor play for children ages six and older shall be agreed upon by the parent and the caregiver. The caregiver must know the whereabouts of the children at all times and must have appropriate contact with them. I agree to the following outdoor supervision plan for my child(ren): Please select your choices
I agree to the following outdoor supervision plan for my child(ren) *

- A) constant physical supervision (provider able to touch child should they need assistance. This is mainly for infants in care)
- B) within ear/eyeshot (provider able to see and hear the child at all times. Appropriate for toddlers and preschoolers)
- C) other (complete outdoor supervision plan, for children 6 years +)

Immunization:

Proof of immunization or a written objection on a ministry-approved form, **statement of medical exemption for child** or **statement of religious belief** for child that excludes the child from being immunized must be provided upon enrolment. Families are required to provide proof of any further boosters if choosing to immunize the child once enrolled in the program.

The local health unit obtains a copy of the record from the agency office and will contact the family if any immunization information is lacking.

A child will be excluded from the program until the appropriate information is provided.

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 updated as your child's diet develops
- Your child's provider will refer to this schedule for a consistent routine.
- **FOOD AND BOTTLES MUST BE CLEARLY LABELLED WITH YOUR CHILD'S NAME ON THEM**

Child's Attendance 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.littlelambs hdc.com . You are expected to submit the completed form to the office on or before the deadline date indicated on the form. The provider must also receive a copy of your schedule.

If you require a change to your schedule, it must be submitted to the office **AT LEAST TWO WEEKS** in advance of the change, using the form provided by Little Lambs Home Daycare.

Child care invoice amounts are calculated directly from the schedules submitted to and approved by the administration.

Kindergarten/School age children

Name of school:

Present grade:

Location: (town/village)

Schedule: Please check below the type of care required

Before school (circle) YES NO	After school (circle) YES NO	
Escort to school (circle) YES NO	Escort to provider's. (Circle) YES NO	Non school days, pa days, school holidays (circle) YES NO

Travel & Consent

Little Lambs Home Daycare Agency children are ordinarily included in provider activities outside of the home (visits to the playground and local parks, libraries etc. (Within acceptable distances). Indicate your consent to your child being involved in 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 appropriate safety device.
- Your child may use outdoor play equipment and structures when visiting public playgrounds and parks with provider supervision
- Your written permission will be required before your child participates in other than routine outings, (ie., trips beyond local area, group trips with other providers via bus)

Having established the above conditions, neither the agency nor the caregiver shall incur any responsibility or liability for any loss damage to property and any injury sustained while participating in outing.

Parent signature:

Date: (d/m/y)

Child Care Account Updates

In an effort to reduce the amount of paper we use, we will prepare an electronic monthly account statement to be emailed to the address provided on this application. A paper copy can be made available upon request. Paper copies will be delivered in a confidential manner suitable to the family (through provider or by mail).

Photography Permission: Please check all that apply

- I give permission for my child's photo to be taken and displayed by Little Lambs Home Daycare Agency in the following ways (check all that apply)
- Activity room learning story bulletin board
 - Posting in the agency or home
 - Learning story personal portfolio
 - In-house slide shows
 - in-house photo albums
 - Creative activities
 - Parent gifts
 - agency/provider child care Facebook page
 - agency/provider childcare website
- If my child appears in a group learning story photo, I consent to the photo being shared with the families of the children in the photo
- I do not give permission for my child to be photographed by Little Lambs Home Daycare for any reason.**

Parent/ guardian signature

date: (d/m/y)

Media Release: please check one statement

- Permission is granted** for my child to be involved in media coverage involving Little Lambs Home Daycare. His/ Her name may accompany media photos
- Permission is Declined** for my child to be involved in media coverage involving Little Lambs Home Daycare

Parent/Guardian

Date (D/M/Y)

Parent/Guardian Agreement	Initial
Please read and initial beside each of the following statements to confirm your acknowledgment	
I have received and take responsibility for the parent handbook.	
I will access the website www.littlelambshdc.com or request hard copies (for an administrative fee) of: <input checked="" type="checkbox"/> The program statement <input checked="" type="checkbox"/> Fees <input checked="" type="checkbox"/> Policies (including prohibited practices, self-regulation policy, sleep & rest)	
I understand and agree to abide by the financial arrangements	
I understand that ALL FAMILIES must pay their child care fees by their due date or consequences such as 5% interest/week and possible termination of care will result.	
I understand that all children are required to be scheduled a minimum of one day per week. If my child attends less than one day per week, I will be billed for one day.	
I am responsible for any applicable service charges.	
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.	
I understand that regular fees are billed for ALL STATUTORY HOLIDAYS/DAYS OF CLOSURE-NO EXCEPTIONS as per parent handbook policies.	
I understand that a fee of \$5.00 per minute may be charged if my child is dropped off prior to scheduled drop off time and/or picked up after scheduled pick up time (according to the providers clock)	
I understand that two weeks written notice is required if I plan to TEMPORARILY OR PERMANENTLY withdraw my child/ren from any program of Little Lambs Home Daycare. I will be billed until Little Lambs receives my written notice.	
I understand bullying, harassment and violence are not tolerated in this workplace.	
Parent/guardian signature: _____ date: (d/m/y) _____	

Incase of serious illness or injury to my child while attending the child care program, I agree to:

<input checked="" type="checkbox"/> The agency calling an ambulance to transport my child to the hospital, I understand that parent's/guardian's are contacted and informed to go directly to the hospital.
<input checked="" type="checkbox"/> Assume responsibility of any resultant expense (i.e., ambulance costs)
Parent/guardian signature: _____ date:(D/M/Y) _____

Every attempt will be made to contact the parent/guardian or emergency contact in the event of an emergency. It is important to keep all information current at all times!

All Parents/Guardians-please comment

How did you become aware of our service?

Why did you choose our service?

More about your child & additional information

Include: personality, fears, sleep patterns/arrangements, eating habits etc.

Help us get to know your child! Any additional information about your child to ensure his/her comfort is appreciated (add additional paper if needed)

OFFICE USE ONLY			
START DATE: (D/M/Y)	PROVIDERS NAME:	PROVIDERS ADDRESS:	PROVIDERS TELEPHONE:
WITHDRAWAL DATE (D/M/Y)	REASON FOR WITHDRAWAL		

