

Child Care Registration and Parent Agreement



Please complete this form in it's entirety. More information is always better.

Preferred Date to start child care

MM/DD/YYYY



Which Little Lambs Provider are you registering with?*

As the registering child's parent/legal guardian it is expressly agreed that:

1. You met with the child care provider and completed an interview to your satisfaction.
2. Of your own choosing and free will you are placing your child in the providers home child care program.*

yes

no

Is your child privately placed with your child care provider? (some payment policies may differ from little lambs if yes)*

no yes

Child's Name

First

Last

Child's Sex*

Male ▼

Date of Birth (M/D/Y)

Child lives with

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's safety.

Custody Document Provided? (please select one)

- yes no not applicable

Parent/Guardian Information

Mom/Guardian

First

Last

Address

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

Canada ▼

Cell*

#####

Work/Alternate

#####

Employer/School

Email*

Father/Guardian

Address*

Cell*

Work/Alternative

Employer/School

Email

Other children in the family:

Name and Date of Birth of all other children in family.

Use this space to provide any further information you deem necessary. (not required)

IN CASE OF EMERGENCY

In case of emergency please list two individuals who may be contacted if your child care provider or Little Lambs representative is unable to reach parent/guardian. **MUST BE LOCAL** and cannot be parent/guardian. This space cannot be left blank.

Name: Emergency Contact #1*

First

Last

Address

Street Address

City

Phone (home/work)

#####

Phone (cell)

#####

Can this child be released to this person?*

yes

no

Name: Emergency Contact #2*

First

Last

Address

Street Address

City

Phone (home/work)

#####

Phone (cell)

#####

Can this child be released to this person?*

yes

no

Child's Health History

Health Card Number*

please include two digit letter code

Physician*

Phone*

#####

Clinic Address

Street Address

City

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

Health

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

Allergies/Food Restrictions

Food Allergies

(items to be omitted)

Food restrictions:

(items to be limited and reason)

Environmental Allergies/other

(medication, lotions, insect bites etc)

Will parent/guardian be supplying menu items?
(food substitutes for child with allergies)

yes 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? Please comment yes or no. If yes Please explain.

Is your child at risk of anaphylaxis? (A life threatening allergic reaction)

yes 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

measles

mumps

diabetes

Hepatitis

other (please specify in comments bellow)

scarlet fever

If your child has experienced any of the above illnesses please specify the age at which they were diagnosed.

If you checked "other" please use this box to explain.

Outdoor Play and Exercise

May your child participate in exercise?

yes no

If no, please explain

Outdoor Play Supervision (select one)*

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.

Parent Agreement:

I agree to the following outdoor supervision plan for my child(ren): Please select your choices

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

Infant 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**

Notes Concerning 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.littlelambshdc.com. Access the "parents" page and click the child care request button.

Schedules are submitted monthly and are due two weeks prior to the First of the Month. Your provider will be emailed your request ensuring proper planning. If you require a change to your schedule, it must be submitted to the office AT LEAST TWO WEEKS in advance of the change. As with the Child Care Request for a Change of Request Form may also be found on the "parents"page. without two weeks notice cancellations will be billed normally.

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 all that apply

before school

escort to school required

after school

escort to providers required

non school days, pa days, school holidays

bussing available

Comment: Is there anything further we should know concerning your school age care request?

Travel and 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:

1. Normal safety precautions will be taken at all times. During an outing in a provider's car, your child will be secured in an appropriate safety device.
2. Your child may use outdoor play equipment and structures when visiting public playgrounds and parks with provider supervision
3. 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.

Signature*

Date

MM/DD/YYYY



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:

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 slideshows
- in-house photo album
- creative activities
- parent gifts
- agency social media (instagram, facebook)
- agency website
- provider business Facebook Page
- provider website (if applicable)

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

- yes
- no

Please type your initials here IF you do not give permission for your child to be photographed by Little Lambs Home Daycare for any reason.

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 Agreement

Please read and check each of the following statements to confirm your acknowledgment*

- I will access the parent page @ www.littlelambshdc.com to review the parent handbook
- I am aware that Little Lambs policies & procedures including but not limited to: prohibited practices, self-regulation, sleep and rest are available @ www.littlelambshdc.com through downloadable PDF files
- I will ask for assistance if I require help finding information on Little Lambs website
- I understand and agree to abide by the financial arrangements (found in parent handbook)
- I understand 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 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 5 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.

Signature

Date

MM/DD/YYYY 

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

- 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.
- Assume responsibility of any resultant expense (i.e., ambulance costs)

NOTE: 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!

Signature

Date

MM/DD/YYYY 

Almost done, please take a moment to provide us with a little more information.

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)

How did you become aware of our service?

why did you choose our service?

You have completed Little Lambs child care registration form. Please ensure that any additional documentation (immunization records, court documents etc) are submitted to the agency office.

if you have any questions please contact Kristina Schwartz @ 613-827-1441 or littlelambshomedc@gmail.com

