

Little Lambs Home Daycare

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

Privately Placed Children

As per Ontario reg 137/15, Children who are privately placed with a licensed home child care provider are required to provide Little Lambs with the following information.

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:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> IN CASE OF EMERGENCY AND RELEASE Other than parent/guardian. MUST BE LOCAL. </div> <div style="width: 45%; text-align: center;"> OF THE CHILD This space cannot be left blank </div> </div>	
Name:	Name
Address: (street.town)	Address: (street/town)
Telephone: Work/other: Cell:	Telephone: work/other: 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: _____.

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:

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 form. 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 immediately as changes occurs.

Has medical attention been obtained because of allergies/ongoing medical conditions or illness? Circle **Yes** or **No** if yes please comment.

Food allergies (Items to be omitted)	Food restrictions (Items to be limited)	Environmental allergies/other (Medication, lotions, insect bites, etc)

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

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.

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 +)

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**

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)

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

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

Initial

I am aware that Little Lambs Home Daycare provides a parent handbook viewable at www.littlelambshdc.com. I will access this document and take responsibility for the information therein.

I understand that my child is a PRIVATELY PLACED child with the Home Child Care Provider.

I acknowledge that all provider policies regarding payment and scheduling may differ from Little Lambs.

I understand and agree to abide by the policies provided by my provider.

I will access the website www.littlelambshdc.com or request hard copies (for an administrative fee) of:

The program statement

Policies (including prohibited practices, self-regulation policy, sleep & rest)

I understand bullying, harassment and violence are not tolerated in this workplace.

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!

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)

Parent/guardian signature:

date:(D/M/Y)

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