

HIGH PARK EARLY LEARNING CENTRE

17 HIGH PARK AVENUE, TORONTO ONTARIO, M6P 2R5 Tel: 416 760-9958 Fax: 416 760-7460

Child's name Birth date File #

Parent/ Guardian's name Parent/ Guardian's name

E- Mail address: E- Mail address:

Home address and postal code Home address and postal code

Home phone# Home phone#

Cell/Pager # Cell/Pager #

Work/School address and postal code Work/School address and postal code

Work/School phone # Work/School phone #

Doctor's name Phone#

Address Postal code

Hand sanitizing: YES NO Photograph consent: YES NO Security Password: _____

Does your child have any allergies? _____

E.g. Food, clothing, animals, play materials, drugs, other _____

Treatment for Allergy _____ Epipen required? _____

Anaphylactic symptoms and Allergic reactions: _____

Medical or other conditions/needs: _____

Court/Custody Order on File: YES _____ NO _____

FIRST PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN THE PARENT/GUARDIANS)

Name Relationship to child Home Phone #

Address Postal Code

Business/School address Postal Code Business/School phone

People authorized to pick up

Name Phone Relationship

Name Phone Relationship

Parent's/Guardian's signature: Date: Witness:

Date of admission: Date of withdrawal Deposit paid Reg. Paid Daily Fee

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INITIAL PARENT/GUARDIAN INTERVIEW

Child Name: _____ Birthmarks: _____

Child's Disposition: _____ Sleeping Patterns: _____

Does your child have a security item? (e.g. Blanket, bear, pacifier, sucking thumb) _____

Circle what the child eats: Water, Juice, Fruits, Vegetables, Meat, Cereal _____

Feeding: General information about eating habits or food restrictions/sensitivities and symptoms: _____

Please describe special requirements for rest/ sleeping habits: _____

Please describe special requirements for physical/other activities (if applicable): _____

Diapering Instruction: _____

Language spoken at home: _____ Is your child talking, comprehending? _____

Cultural events celebrated at home _____

Circle the activities the child enjoys: Toys/ Games/ Music/ Stories/ Books/ Dramatic play/ Songs

Does your child have special interests or abilities? _____

What method of discipline do you use in your home? _____

What previous childcare arrangement has your child had? _____

Does your child have any specific fears/frustrations? _____

Reaction to fear/frustrations: _____ How do you handle it: _____

MEDICAL AND HEALTH CARE INFORMATION (MEDICAL RELEASE)

PARENTS CONSENT FOR MEDICAL TREATMENT

In the event of a medical emergency such as an accident or sudden illness, I, the parent/guardian of (child's name) _____ authorize a qualified staff, supervisor or director of the Centre to transport my child by ambulance and/or taxi to a hospital and/or licensed physician's office and authorize immediate medical treatment if required including anesthetic.

Parent's/ Guardian's signature: _____

Date: _____

Witness: _____

General Health: _____

Please specify any symptoms, signs to look for: _____

Is your child asthmatic? _____ Is your child using a puffer? _____

Date of last examination: (y/m/d) _____ Current weight: _____

At the present time is the child free of communicable diseases? _____

List previous history of any communicable diseases? _____

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CHILD'S DAILY SCHEDULE

Please complete the child's morning and afternoon routine and schedule. By providing this information staff will have a better understanding of your child's day (i.e. naps, play schedule, eating schedule and time spent out doors)

MORNING:

AFTERNOON:

PLAYGROUND / SAFETY

All parents must make sure that all playground gates and doors are ALWAYS closed and locked behind them upon entering and exiting. This will ensure the safety of all the children and staff from unwanted visitors. Repeated failure to comply with this policy may result to your child's withdrawal.

I, the parent/guardian of (child's name) _____ have read and understand and will comply with the Playground Safety Policy.

Parent/Guardian's signature

Date:

Witness

DIAPERING, SUN BLOCK AND HAND SANITIZING

I, the parent/guardian of (child's name) _____ authorize the staff at High Park Early Learning Center to use the following diapering and sun block products on my child when required.

Sun block to be used: _____

Diapers, wipes, and creams to be used: _____

Parent/ Guardian's signature:

Date:

Witness:

I, the parent/guardian of (child's name) _____, give my permission to the Centre's teachers to use Sanitizer provided by the day care to sanitize my child's hands when water is not available (trips, parks, playgrounds).

Parent/Guardian's signature

Date:

Witness

MEDICATION

The Centre will administer only prescription medication as required. All medication must come in the original container with the prescription label. The Centre will document all medication on the appropriate consent form and parents/guardians must sign this form before the medication is administered to their child.

PHOTOGRAPH CONSENT & AUTHORIZATION

I, the parent/guardian of (child's name) _____ hereby consent to have my child's photograph taken by staff of the Centre for use of the Centre (activities, displays, identification and newsletters).

Parent/Guardian's signature:

Date:

Witness:

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AUTHORIZATION FOR RECREATIONAL WATER PLAY

I, the parent/guardian of (child's name) _____ hereby give my consent for him/her to participate in water play under the supervision and guidance of the Centre staff. We permit the use of wading pools, splash pads, sprinklers and water table

Parent/Guardian's signature:

Date:

Witness:

DISCLOSURE OF INFORMATION POLICY

Consent for sharing information among professionals involved in a child's day enhances educational and family support. Consent for sharing information is a necessary legal and ethical practice and must be obtained. In order to provide quality care for children, there are times when it is appropriate for the Child Care Centre, the School, Toronto Children's Services and the Family Resource Programs to exchange information. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation or behaviour.

CONSENT FORM

I, the parent/guardian of (child's name) _____ hereby consent to the Centre and/or Resource teachers and/or Toronto Children's Services for the reciprocal exchange of information about my child.

Parent/ Guardian's signature

Date:

Witness:

TRAVEL CONSENT PARENTS AUTHORIZATION

I, the parent/guardian of (child's name) _____ hereby consent to him/her leave the premises of Centre under the teacher's supervision to participate in daily outings, trips to parks, playgrounds, school and libraries. I allow my child to go on these outings on foot, by bus, taxi, TTC.

Parent/ Guardian's signature:

Date:

Witness:

Dear Parent or Guardian:

Under the Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 all children who attend a Child Care Centre must be vaccinated according to Ontario's Publicly Funded Immunization Schedule, as **recommended** by the local Medical Officer of Health. Annual flu vaccination is also **strongly suggested**.

The Child Care Operator is required to keep each child's updated immunization information on file.

Don't have updated immunization records?

- See your doctor for updated immunization records or missed vaccines
- Each time your child receives a vaccine, give a copy of that information to your Child Care Centre
- No Health Card? Call 416-392-1250 for locations where your child can receive free vaccination
- Always keep a copy of your child's immunization record for your reference

Exemptions:

If an exemption is required, please speak to your Child Care Centre staff.

For more information, call Toronto Public Health; Immunization Information Centre at 416-392-1250

Name of Child Care
Centre

Child's Name

LAST NAME

MIDDLE NAME

FIRST NAME

Date of Birth

(year/month/day)

Home Address

NUMBER

STREET NAME

UNIT#

CITY

POSTAL CODE

Parent/Guardian Name

LAST NAME

FIRST NAME

Telephone Number

HOME

BUSINESS

Doctor's Name

Doctor's Telephone Number: _____

Please attach a photocopy of your child's immunization record and return it to the Child Care Centre.

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.h.7. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program, including maintaining immunization records for Child Care Centres. The confidentiality of this information is protected. For more information, visit our Privacy Statement at tph.to/personalhealthinfo or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2nd floor or by telephone at 416-392-1250.

October 2017

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Parent Handbook Sign-off Chart

I _____ have read, understand and agree to abide by the above
Parent/guardian's name

policies and guidelines set by High Park Early Learning Centre.

Failure to comply may lead to the termination of enrollment and withdrawal from the Centre.

Parent/Guardian signature: _____

Date: _____ Witness: _____

Review

Parent/Guardian signature: _____

Date: _____ Witness: _____

Late pick up – Late Fee

I agree to pick up my child before 6:00 pm. I understand that if I am late I am responsible to pay \$10.00 for a first minute and \$1 for every minute after that. The payment goes directly to the staff that stayed behind with my child and it is not tax deductible. I am also responsible for signing a late form. I understand that if I have three or more late pick up forms in my child's file, my child could be withdrawn from the program. If I am unable to pick up my child by 7:00pm the Children's Aid Society will be contacted.

Parent/Guardian signature: _____

Date: _____ Witness: _____

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Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.