

**Sunshine Playhouse Early Childhood Centre
Registration**

Limestone Advisory for
Child Care Programs

Child's Name: _____

Home Address: _____

Date of Birth: _____

Day

Month

Year

Parent/Guardian Information	Mother	Father	Guardian
Name			
Home Address			
Home Phone			
Work Phone and/or Cell phone			
Work Place Address			

EMERGENCY CONTACT

Name: _____

Address: _____

Phone: _____

AUTHORIZED PERSON(S) TO PICK UP CHILD

Name: _____
Name: _____
Name: _____
Name: _____

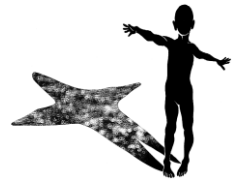
Parent/Guardian Signature: _____

Date: _____

OFFICE USE

Admission Date: _____

Discharge Date: _____



Child Health Information

Child's Name:
Family Physician's Name:
Family Physician's Address:
Family Physician's Telephone #:

Immunizations:

All children entering and/or attending a Day Nursery must be immunized against Diphtheria, Pertussis, Tetanus, polio, Measles, Mumps, Rubella and Haemophilus influenza b. (Health Promotion and Protections Act, 1983)

Please give your child's immunization card to a day nursery staff member to photocopy OR complete the Child Immunization Record attached.

Previous Illnesses or Injuries:

(Including communicable diseases, chronic diseases., etc.)

Special requirements:

(diet, rest or exercise)

Medications or Treatments:

(to be administered at the Day Nursery)

Allergies and Reactions:

(Food, medication or environment)

Parent's Name	Parent's Signature	Date

Day Nursery Immunization Record - Cover Sheet

Child's Name:	Sex: M F Date of Birth (y/m/d)
Address/Postal Code:	Telephone Number:
Day Nursery Name:	Ontario Health Card No. (optional)
Parent/Guardian (Signature):	Parent /Guardian Name (print)
Work Phone No.	Date:

Please attach a photocopy of your child's immunization record to this form and give these documents to your childcare provider.

NOTE:

This information is collected under the authority of section 2 and 5 of the **Health Protection and Promotion Act**, the **Health Cards and Numbers Control Act**, Ont. Reg. 585/94 and the **Day Nurseries Act (1990)** R.R.O. 1990, Reg.262,s.33(1). Acceptance into a licensed Day Nursery is dependent upon your child's immunization records are current. For more information call KFL&A Public Health-Immunization at 1-800-267-7875 or 613-549-1232 ext. 1451.

CHILD IMMUNIZATION RECORD

Child's Name:	Date of Birth:
Address:	Telephone Number:
Name of Day Nursery:	

Please fill in the dates of all the needles your child has received and mark with a check (✓) the immunization(s) given on that date. All children entering and/or attending a Day Nursery must be immunized against Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella and Haemophilus b. Exemptions are granted for medical or religious reasons, but only if a statement on the correct form is submitted. The forms are available from the Health Unit.

If the Day Nursery does not receive this information, your child may be refused entry. If you cannot get this information, or if you have any questions please call the Health Unit at 549-1232 or 1-800-267-7875.

Date (yr/mo/day)	Pertusis	Diphtheria	Tetanus	Polio	Measles	Mumps	Rubella	Haemophilus b	Comments, Other immunizations or Tests

NOTE: If Oral Polio Vaccine is given, indicate with an 'O'

Please return this form to the Day Nursery by:
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Parent's Name	Parent's Signature	Date

LIMESTONE ADVISORY FOR CHILD CARE PROGRAMS

Medical & Outings Consent Form

NAME OF CHILD: _____

Medical

In the event of an accident, sudden illness or emergency involving my child when I cannot be reached, I give permission for any emergency procedures deemed necessary by a physician in a hospital to be administered. Any expenses incurred for such a treatment are the parent's responsibility.

Date: _____

Parent's Signature: _____

Outings

I give my child permission to leave the daycare on outings to places of interest. It is understood that my child will be supervised at all times during such trips and that every protection will be taken to ensure his/her safety. Ratios must be met and exceeded if possible.

It is understood that the daycare cannot assume liability for any injury or loss of personal belongings that may occur during such trips.

I understand that such excursions which may require my child to use vehicular transportation (public transportation, bus rental), I will sign before the outing. Caregivers using their own vehicles must have at least 1 (one) million dollars liability. Car seats must physically fit the child and must meet CAA guidelines. They must also be properly installed, including tether strap.

All outings to area parks, provided by Limestone Advisory for Child Care Programs must ensure that the park of choice meets the new CSA guidelines for public playgrounds.

If parents do not wish their child to attend field trips, parents will make alternate arrangements for the period of time in question, however the normal fees must be paid.

I understand that the daycare is not responsible for escorting my child to and from school. It is the parent's responsibility to make these arrangements.

Date: _____

Parent's Signature: _____

CONSENT TO PHOTOGRAPH

CHILD'S NAME: _____

I (Parent/Guardian) _____,

authorize Limestone Advisory for Child Care Programs staff to take and use photographs of my child. Photographs will only be used to promote the programs and services offered by Limestone Advisory for Child Care Programs (for example, photographs posted inside/outside the Centre, used in newsletters, on display boards, Annual General Meeting slide shows, etc...)

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____

LACCP Staff Name (please print): _____

Signature: _____

Date: _____

Brown Bag Lunch Program

Parents must ensure that their child's lunch is nutritious and meets the guidelines of Canada's Food Guide (see attached). A few examples of recommended food items are:

Fruit	Crackers	Granola	Bread	Cheese
Milk	Cold Meat	Yogurt	Fruit Juice	Vegetables

Our Program is a Peanut/Nut free environment!

Do not include foods which are low in nutritional value and/or high in sugar content including for example:

Potato Chips Pop Candy Chocolate Bars

Lunch containers must be labelled with the child's name.

Food allergies are posted in the room where the lunch program takes place. We ask parents to keep us updated in writing regarding their child's food allergies.

Generally, no food items are provided by the Brown Bag Lunch Program. The exception is when a child had forgotten his/her lunch. Parents will be charged \$5 when this occurs.

Brown Bag Lunch Policy

I will provide my child with a bag lunch when attending Sunshine Playhouse PA Day, March Break and Summer Camp Programs.

I have been provided with information about the types of food items which need to be included in the lunch as well as those which are not to be included due to their low nutritional value and/or high sugar content.

I understand that it is the responsibility of the program to ensure that lunches meet the requirements of high quality and that the supervisor will bring concerns in this regard to my attention.

I understand that if my son/daughter's lunch is forgotten I will be charged \$5.00 for lunch provided through the full day care program.

Date _____

Name or Parent/Guardian _____

Signature of Parent/Guardian _____

Limestone Advisory for Child Care Programs



Notification Of Emergency Plan

Limestone Advisory for Child Care Programs will attempt to provide an allergen safe environment for children with potential life threatening/anaphylactic allergies. While it is impossible to completely eliminate the risk of allergens, education and awareness are key to keeping children with potential life threatening allergies safe.

To respond effectively during an emergency, a procedure has been established:

In the event that there are 2 people present -

- One adult stays with the child at all times.
- One adult goes for help or calls for help.
- Before administering epi pen check for;
 - The right medications
 - The right child
 - The right dose
 - The right route of administration
- Administer epi pen at first sign of reaction. Note time.
- Call 911. Assist child transported to an emergency room via ambulance. If back up epi pen, take it along.
- Stay with child until parents arrive.

In the event that there is only 1 person -

- The adult will administer the epi pen, be sure to check it is
 - The right medication
 - The right child
 - The right dose
 - The right route of administration
- Administer epi pen at first sign of reaction. Note time.
- Call 911.
- Ensure supervision of other children.
- Notify parents that their child will be transported via ambulance with paramedics, to the designated hospital and to meet their child ASAP. The adult will remain with the other children at the centre or licensed private home.

By signing below, I understand and acknowledge the procedure that will be followed in the event that my child is in need of immediate emergency attention.

Child's Name

Parent's Name (Please Print)

Signature

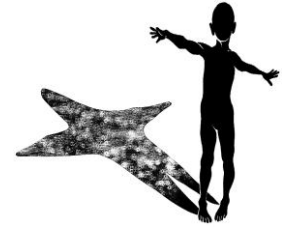
Date

Witness

LACCP Staff (please Print)

Signature

Date



Limestone Advisory
for
Child Care Programs

Limestone Advisory for Child Care Programs
930 Woodbine Road
Kingston, ON, K7P 2X4
Telephone: 613-384-5188
Fax: 613-384-9827
laccpl@kos.net

Dear Parents and Guardians of Limestone Advisory for Child Care Programs (LACCP),

It is with great pleasure that LACCP is now able to offer on-line and telephone payments as an added option for your childcare fees.

The following Banks are currently available on-line with LACCP at no cost to you.;

- All Credit Unions
- Bank of Montreal
- Desjardins
- Scotiabank

If you are not with one of the above institutions, we have found an alternative, **Telpay** with a cost to you of \$0.50 per transaction. For more information about Telpay, please contact them directly at 1.800.665.0302 or at www.telpatforyou.ca/request_information

Interested parents should contact their Program Director, as you will be required to sign an agreement with LACCP that includes the following;

- New account number
- Your banking instate
- Instructions for payment to be made to Limestone Advisory for Child Care Programs

The agreement will be witnessed by the Program Director or designate, dated and placed in your child's secure file.

Due to high set up and maintenance costs, LACCP is currently not able to offer debit or credit card payment options at this time. Should you require further information or have any questions, please contact your Program Director or myself at 613.384.5188.

Sincerely,

Karen Stevenson, RECE
Executive Director



Limestone Advisory for Child Care Programs

Electronic Banking Application (Please print)

Parent(s) Name: _____
Banking Institute: _____

Limestone Advisory for Child Care Programs Account Number

By signing below I agree to make all payment to **Limestone Advisory for Child Care Programs** (not in the name of my child's licensed child care program).

Parent(s)/Guardian(s)

Signature: _____ Date: _____

Witness: _____

Witness Signature: _____ Date: _____

Sunshine Playhouse Entry Check List

The following policies have been discussed as they are outlined in the Policy Manual for Limestone Advisory for Child Care Programs.

(Please Check)

- Child Care Fees
- Absenteeism – vacation, sick days
- Medication Procedure
- Child Illness
- Withdrawal Procedure
- Late Fee Policy
- Late Pick-Up Policy
- Behaviour Management Policy
- Trips/Outings
- Snacks/Nutrition

I have read and understand the policies outlined in the Parent Handbook.

Child's Name: _____

Parent's Signature: _____

Date: _____