

# KTANTANIM DAYCARE INC.

## Child Care Centre Application for Enrolment

**For Office Use Only**

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

**REGISTRATION FEE** – A Non-Refundable **\$200** registration fee **must** be attached to the application in order to secure your spot.

Age Group Placement at Time of Enrolment:

Infant  Toddler  Preschool

Type of Child Care Required:  Full-time  Part-time

Hours of Care:

MON	TUES	WED	THURS	FRI	SAT	SUN

### Child Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Age (years, months):</b>
<b>Home Address(es):</b>	
<b>Language(s) Spoken at Home:</b>	
<b>Other children in the family enrolled in the centre (list names, if applicable):</b>	

### Parent Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b> <input type="checkbox"/> Same as Child	

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b> <input type="checkbox"/> Same as Child	

### Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child: \_\_\_\_\_

### Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>	<b>Emergency Contact #3</b>
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

### Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

<b>Full Legal Name</b>	<b>Relationship to Child</b>	<b>Primary Phone</b>

### Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

### Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

**YES NO**

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

### Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) <sup>1</sup>	Date(s) of Immunization			
<b>DTaP-IPV-Hib</b> (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
<b>Pneu-C-13</b> (2 mos, 4 mos) Pneumococcal Conjugate 13				
<b>Rot-1</b> (2 mos, 4 mos) Rotavirus				
<b>Men-C-C (12 mos)</b> <b>Meningococcal Conjugate C</b>				
<b>MMR</b> (12 mos) Measles, Mumps, Rubella				
<b>Var (15 mos)</b> Varicella				
<b>MMRV (4-6 years)</b> Measles, Mumps, Rubella, Varicella				
<b>Tdap-IPV (4-6 years)</b> Tetanus, diphtheria, pertussis, Polio				
<b>Inf (every year in the fall)</b> Influenza				
<b>Other (please specify)</b>				

<sup>1</sup> Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

## Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

## Dietary and Feeding Arrangements

\*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian)?

YES NO

If yes, please provide relevant details:

## Sleep Arrangements

\*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

How many naps does your child typically have each day? \_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

## Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

Uses the washroom independently       Requires some assistance       Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

## Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

## Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name:

Child's Date of Birth (dd/mm/yyyy):

Age (in months):

### Feeding Arrangements

My child drinks:  breast milk  formula  breast milk and formula

My child has started eating solid foods

YES NO

If YES, food must be:  pureed  mashed  steamed until soft  other:

My child can self-feed: YES (independently) YES (with support) NO

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods):

### Sleep Arrangements

Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).<sup>2</sup>

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

How many naps does your child typically have each day? \_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., soother, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Parent

<sup>2</sup> Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

## Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

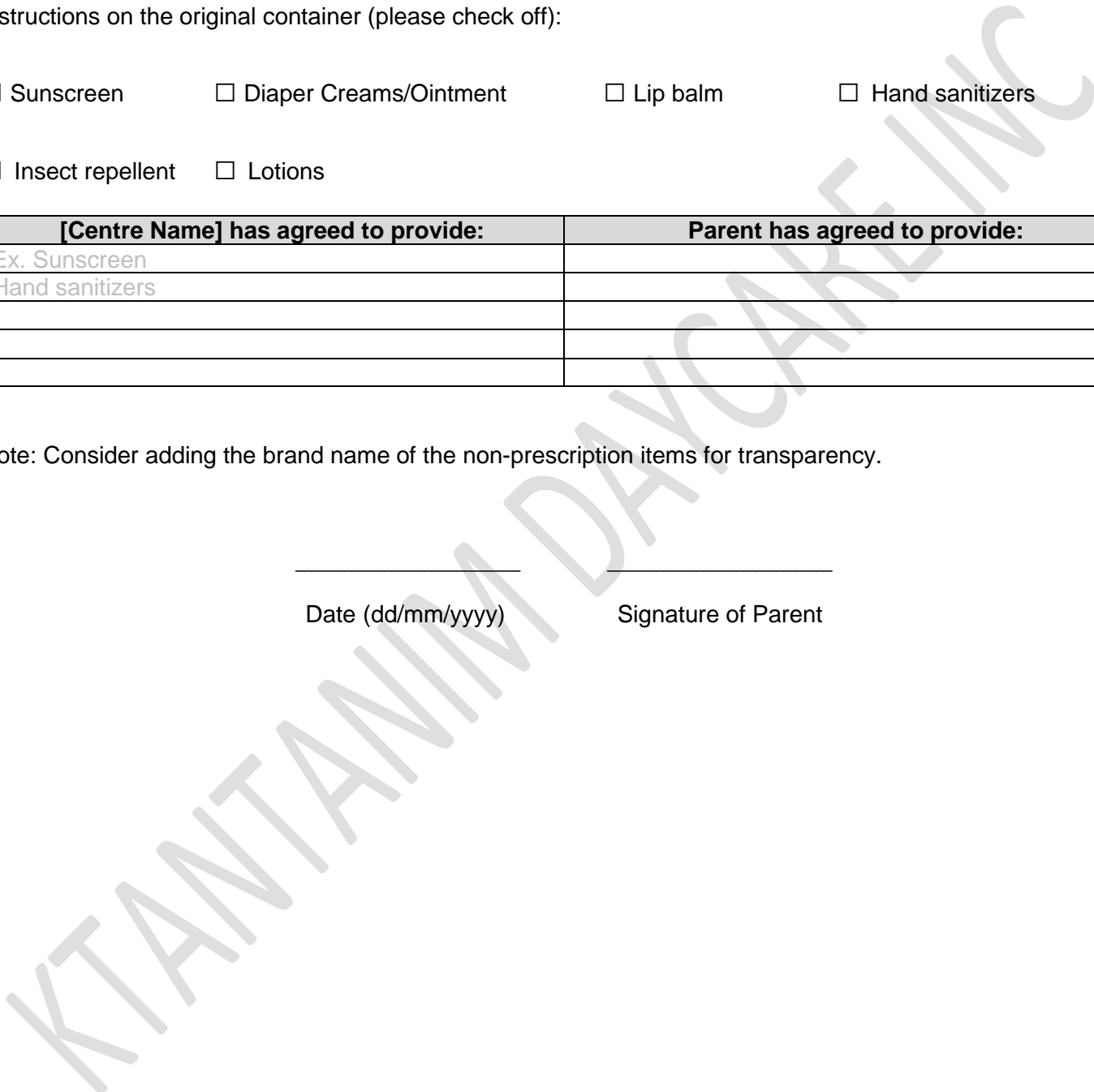
- Sunscreen     
  Diaper Creams/Ointment     
  Lip balm     
  Hand sanitizers  
 Insect repellent     
  Lotions

[Centre Name] has agreed to provide:	Parent has agreed to provide:
Ex. Sunscreen	
Hand sanitizers	

Note: Consider adding the brand name of the non-prescription items for transparency.

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Parent



## KTANTANIM DAYCARE INC

### Child's Emergency Contact Information

Child's Information	
Full Legal Name:	Preferred Name (where applicable):
Date of Birth (dd/mm/yyyy):	
Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):	
Parent	Parent
Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:
Preferred Phone Number:	Preferred Phone Number:
Alternate Phone Number:	Alternate Phone Number:
Emergency Contact	Emergency Contact
Full Legal Name:	Full Legal Name:
Preferred Phone Number:	Preferred Phone Number:
Alternate Phone Number:	Alternate Phone Number:

## KTANTANIM DAYCARE INC

### Child's Emergency Contact Information

Child's Information	
Full Legal Name:	Preferred Name (where applicable):
Date of Birth (dd/mm/yyyy):	
Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):	
Parent	Parent
Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:
Preferred Phone Number:	Preferred Phone Number:
Alternate Phone Number:	Alternate Phone Number:
Emergency Contact	Emergency Contact
Full Legal Name:	Full Legal Name:
Preferred Phone Number:	Preferred Phone Number:
	Alternate Phone Number:



### Checklist for my first day:

- Copy of the Immunization Chart for the child
- Diapers
- Wipes
- Formula/breast milk if needed
- Changing clothes
- Blanket
- Please write for us your child's daily schedule including
- sleeping time, and feeding time
- For Infants - Small crib sheet
- For Infants - Sleeping sack (for nap time)
- For all ages:
  - Winter: snow pants, winter hats, gloves, winter boots, indoor shoes.
  - Summer : sunscreen , summer hats, outdoor shoes

We provide each child with a new drinking cup therefore there is no need to send one from home.

**IMPORTANT NOTE:** The building in which the center is located has a security measure which keeps the doors locked at all time when entering from the outside. Therefore parents are required to purchase a fob that allows access to the building. The cost of each fob is **\$15**.

Please provide the payment before the start date so that the fob can be ordered and programmed in time. Payment can be done by cash, check or via e-transfer to **ktantanimdaycare@gmail.com**