

**CARDINAL  
LEGER  
CHILD CARE  
CENTRE**

**REGISTRATION  
PACKAGE**

**PARENT MANUAL AVAILABLE ONLINE AT  
[WWW.CARDINALLEGERCHILDCARE.COM](http://WWW.CARDINALLEGERCHILDCARE.COM)  
PLEASE REVIEW PRIOR TO SIGNING  
AGREEMENT**

# CARDINAL LEGER CHILD CARE CENTRE

## Registration Information

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Age of Child: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Date you would like to enroll your child: \_\_\_\_\_

How did you find out about our centre? \_\_\_\_\_

Other: \_\_\_\_\_

Cardinal leger Child Care Centre is a not for profit, community based child care centre. The centre is run by a volunteer Board of Directors which is made up of parents and community members. Parent questions and visits are welcome throughout the year.

We are located at 600 Morrish Road in Cardinal Leger School. The centre is open from 7:00 a.m. to 6:00 p.m.

## **PERSONAL DATA ON THE CHILD**

### **CONFIDENTIAL INFORMATION**

**Child's Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age at Enrolment:** \_\_\_\_\_

**Does your child have any allergies? What is your child's reaction if exposed to the items/substances and what treatment is required?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any health or behavioural conditions we should know about? (i.e. diabetes, epilepsy, convulsions, hearing difficulties, emotional concerns, special physical needs, learning difficulties etc.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your child under any form of treatment for physical or emotional illness, condition or injury? Please elaborate.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there anything else about your child that you would like us to know that will help us give your child a positive experience?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Languages spoken at home?** \_\_\_\_\_

**Who has care of the child other than parents?** \_\_\_\_\_

**Number of siblings and their ages?** \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION

Admission Date: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_

<b>Child's Name (Last)</b> _____ <b>(First)</b> _____
<b>Date of Birth:</b> _____ <b>Age at Enrolment:</b> _____
<b>Home Address:</b> _____ _____
<b>Home Phone #:</b> _____

<b>Parent 1 / Primary Contact</b>	
<b>Name (Last)</b> _____	<b>(First)</b> _____
<b>Home Address:</b> _____	
<b>Employer and Address:</b> _____ _____	
<b>Home Phone #:</b> _____	<b>Work Phone #:</b> _____
<b>Cell / Pager #:</b> _____	

<b>Parent 2 / Secondary Contact</b>	
<b>Name (Last)</b> _____	<b>(First)</b> _____
<b>Home Address:</b> _____	
<b>Employer and Address:</b> _____ _____	
<b>Home Phone #:</b> _____	<b>Work Phone #:</b> _____
<b>Cell / Pager #:</b> _____	

**It is your responsibility to inform us of any child custody arrangements that require our attention.**

**Are parents separated or divorced?** \_\_\_\_\_

**If yes which parent should receive correspondence?** \_\_\_\_\_

**If yes, which parent has legal access (please explain if necessary)?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts:

**Person to be contacted if parent cannot be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Other persons authorized to pick up child from Cardinal Leger Child Care Centre (at least two names). If it is not possible for a designated person to pick up your child, any alternatives must be discussed with the staff.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Doctor's Phone #:** \_\_\_\_\_

Any other special arrangements: \_\_\_\_\_

**HISTORY OF COMMUNICABLE DISEASES**

*Please note DATE in space provided.*

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_

Other \_\_\_\_\_

## MEDICAL CONSENT FORM

Medical treatment may be given to \_\_\_\_\_ by a medically qualified person at any time required due to an accident, illness or other emergency.

I hereby give my permission that in the case of an emergency, the staff of the Centre may arrange for emergency transportation, either by taxi/ambulance and for the attending physician to administer the required emergency medical treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## AUTHORIZATION FOR PUBLICITY

Parents are requested to give their consent to the appearance of their child in any publicity arranged for by Cardinal Leger Child Care Centre through the various media, newspapers, radio, television, slide presentation and other publications.

- The above mentioned recording means are necessary for the purpose of: A teaching tool to be used with Community College students and Cardinal Leger staff.
- Keeping the public and parents informed, i.e. parent night.

I, the undersigned, hereby give my full consent for my child to appear in any publicity arranged by the Child Care Centre.

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

I give permission for my child to participate in all walking excursions with Cardinal Leger Child Care Centre.

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

# CARDINAL LEGER CHILD CARE CENTRE

## Permission to Administer Over the Counter Products

The child care centre staff may administer certain over the counter products to children following your instructions. In addition to this, any products brought into the centre must be clearly labelled with the child's name, stored in accordance with the instructions for storage on the label, and administered with the instructions of the label and the parent's authorization.

Please indicate below which products are applicable to your child and provide any relevant information that may be needed.

Product	Specific Instructions: Time to be administered/applied, frequency etc.
Hand Sanitizer - this will be supplied by the centre 70-90% alcohol	
Moisturizing Skin Lotion	
Lip Balm	
Insect Repellant	
Diaper Cream	
Sunscreen	
Other:	

\_\_\_\_\_  
Child's Name

I, \_\_\_\_\_, give permission for the above noted products to be  
Parent/Guardian Name  
administered to my child.

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

\_\_\_\_\_  
Date

# CARDINAL LEGER CHILD CARE CENTRE

## Parent Code of Conduct

We all have the right to be safe and feel safe in our school community. Cardinal Leger Child Care Centre's (CLCCC) Code of Conduct sets clear standards of behaviour that apply to all individuals involved in our centre community including parents or guardians, volunteers, employees, and/or Board Members. These standards apply whether they are on centre property or at centre-sponsored events and activities.

All members of the centre's community are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability or any other ground protected by Ontario's Human Rights Code. All adult members have the responsibility to act as models of good behaviour. Foul language (swearing, name-calling, shouting,) is not appropriate. Individuals engaging in such behaviour will be asked to leave the premises immediately.

Inappropriate behaviour or harassment of any kind towards a child, parent or employee will result in immediate intervention up to and including the family's expulsion from the centre and/or police intervention. This type of behaviour includes but is not limited to harassment or intimidation by written note, email, words, gestures and/or body language.

No weapons, alcohol or illicit drugs are allowed on centre property or at centre functions. The consequences for failure to comply will include but is not limited to the family's expulsion from the centre.

All concerns and comments should be addressed with the staff. Should this discussion not address your concerns, the next step is to review the situation with the Director or her Designate. Failing resolution with the Director or her Designate, the matter will be referred to the appropriate member of the Board of Directors.

The privacy and confidentiality of our children, parents, guardians, staff and volunteers is important to us. We request that any and all discussions of concerns be done privately. Discussion of concerns with other parents in the centre hallways, the parking lot or via electronic mediums such as Facebook, Myspace, personal blog sites or other forms of electronic information sharing is unacceptable.

Additionally, any pictures taken at the centre or during centre events are for the private use of the family only. These pictures cannot be posted in on-line photo albums (i.e. Photobucket, Facebook, Myspace etc.) in order to ensure that the privacy of staff and children is maintained.

Child care cubbies are to be used solely for the purpose of communicating between parents and CLCCC staff. They are not to be used for business promotion.

This code of conduct must be signed by any and all adults that will be involved in your child's experience at CLCCC including parents, grandparents, siblings and care givers.



I have read the Code of Conduct and agree to terms as stated. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary.

Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Relationship to Child: \_\_\_\_\_

date \_\_\_\_\_

# CARDINAL LEGER CHILD CARE CENTRE

## Consent for Informal & Ongoing Sharing of Information

Consent for information sharing among professionals involved in a child's day enhances educational and child care experiences.

Consent for information sharing is a necessary legal and ethical practice and must be obtained prior to the sharing of any information.

The staff of Cardinal Leger Child Care Centre strive to provide the children with an optimal learning environment. We believe that consistency between the school and child care is important to foster the children's development.

On occasion, it may be necessary for the child care staff to converse with the school staff in order to share strategies and inform each other of information which may help to increase awareness and better enable the staff to provide the children with a positive experience. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation or behaviour.

Parents will be kept informed of any ongoing communications between the child care and school.

In the event that it is necessary to refer to clinical records, developmental reports and/or Ontario Student Record (OSR) documents, parents will be asked to sign appropriate consent forms before such information is disclosed.

\*\*\*\*\*

I, \_\_\_\_\_, give permission to Cardinal Leger Child

Care Centre and \_\_\_\_\_, for the

Name of School

reciprocal exchange of information about my child:

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

\_\_\_\_\_  
Date Information Shared with School

\_\_\_\_\_  
Parent Initials

\_\_\_\_\_  
Staff Initials

\_\_\_\_\_  
Date Information Shared with School

\_\_\_\_\_  
Parent Initials

\_\_\_\_\_  
Staff Initials

## Child's Sleep Preferences Form – Toddler and Preschool

Name of Child: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Time child normally goes to bed at night: \_\_\_\_\_

Time child normally wakes up in the morning: \_\_\_\_\_

Regular nap time(s): \_\_\_\_\_

Please indicate if your child doesn't nap:

If your child doesn't nap, what quiet activities do they enjoy?

What is your child's normal routine for falling asleep? For example, do they fall asleep on their own or do you stay with them and rub their back? While we may not be able to do what you do at home, educators will make every effort to support your child in getting a good rest.

I have read the centre's Sleep Policy:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Educator's Signatures:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CARDINAL LEGER CHILD CARE CENTRE

## CONSENT FOR VIEWING FILES

Cardinal Leger Child Care Centre is licensed by the Ministry of Education, Early Learning Division. As a requirement for this license we must meet all the standards set in the Day Nurseries Act. The centre is inspected annually and during this inspection our Program Advisor will need to access the children's files to ensure that we have the necessary documentation for each child enrolled in the centre.

I/we \_\_\_\_\_  
Print name of parent or legal guardian (First Name, Last Name)

Of \_\_\_\_\_  
Address of parent or legal guardian

Hereby consent to the centre's Program Advisor accessing and reviewing my child / children's file during the annual inspection.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child / Children's Name

<i>Date File Reviewed by Ministry of Education, Early Learning Division</i>	<i>Parent Signature</i>

# CARDINAL LEGER CHILD CARE CENTRE

## Feedback Form

Cardinal Leger Child Care Centre welcomes feedback on how we provide services to our families. We aim to achieve quality programming and continuous improvement.

We encourage open communication with our families and welcome you to bring forward any concerns, suggestions, commendations, etc. on an informal basis, directly to the staff or the Centre Director. However, the feedback form can also be used as a more formal means of communication and is done so in writing by completing the sections below. Forms can be completed by email or submitted in hard copy in person.

This form will be kept confidential being reviewed by the Centre Director and the Board of Directors.

A reply will be forwarded within 10 business days. If required a formal response will be forwarded 5 business days following the next scheduled Board of Directors meeting.

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## Feedback Form

Date: \_\_\_\_\_

Comment / suggestion:

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Name: \_\_\_\_\_

Contact Information:

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Your feedback is important to us. Thank you.

**Success is achieved through caring, cooperation, and creative cultivation.**

## VOLUNTEER REGISTRATION FORM

Welcome to Cardinal Leger Child Care Centre. We are a community based non-profit Centre. As such, we look to all of our parents as well as other community members for support in enriching the quality of our program. We hope that you will want to get involved in some way.

To assist us in organizing our human resources, please complete the following:

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SKILLS: \_\_\_\_\_

Count me in! I will help where I can.

Please check off any areas where you may be able to assist.

### *Management*

Board of Directors (one meeting per month) \_\_\_\_\_

### Committees of the Board

Personnel \_\_\_\_\_

Finance \_\_\_\_\_

Fundraising \_\_\_\_\_

Social \_\_\_\_\_

Newsletter \_\_\_\_\_

### **General**

Parent work day \_\_\_\_\_

Repairing toys and equipment \_\_\_\_\_

Fundraising \_\_\_\_\_

Field Trips \_\_\_\_\_

Program Participation \_\_\_\_\_

### **Other**

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# CARDINAL LEGER CHILD CARE CENTRE

## Participation Agreement

Dear Parent / Legal Guardian,

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

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. By signing this form you grant permission for us to post photographs or videos of your child for the purposes of documenting development and sharing this information with you through the HiMama. You will also receive updates and information about your child through the HiMama 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](http://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.

Child/Children's Name	Parent/Guardian's Name (please print)	Email address

I hereby acknowledge that I wish to voluntarily participate in the Program Himama with Cardinal Leger Child Care Centre.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## *PARENT CHECKLIST*

### ***Forms to be returned on or before date of enrolment:***

- Parent Agreement - signed.
- Emergency Information Card - completed and signed, front and back.
- Medical Consent Form - signed.
- Child's Immunization Form (toddler and preschool only) - completed and up to date.
- Confidential Form - completed.
- Emergency Information Sheet - completed.
- Parent Code of Conduct – signed.
- HiMama Agreement – signed.

### *Fees:*

- Post-dated cheques, dated for the 1st of each month or arrangements made with the Director for ongoing payments

### **Clothing:**

- Extra set of clothes, including socks.
- Hat, sunscreen and water bottle; for summer months only.
- Bathing suit, water shoes and towel; for summer months only.
- Water bottle.
- Extra mittens, socks, snow pants, boots, hat; winter months only.