



heath & ferndale

childcare program

Registration Form

Child's Name: _____ **Date of Birth:** _____
Last Name First name

Address: _____

_____ City

_____ Postal Code

Primary Phone number: _____ Secondary Phone number: _____

Parent and Guardian Information:

#1 Parent/Guardian

Name: _____

Home address _____

_____ City

_____ Postal code

Home telephone number: _____ Cell# _____

EMAIL Address: _____

Place of business: _____

Business telephone number: _____

#2 Parent/Guardian

Name: _____

Home address _____

_____ City

_____ Postal code

Home telephone number: _____ Cell# _____

EMAIL Address: _____

Place of business: _____

Business telephone number: _____



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Child's Doctor

Name _____ Tel. # _____

Address: _____

Please check one of the following care options you require

Toddler (18 months to 2.5 Years) Yes _____

7:30am – 6:00pm (Monday - Friday)

Preschool (2.5 years to 5 years) Yes _____

7:30am – 6:00pm (Monday - Friday)

Kindergarten (JK and SK):

Monday to Friday Morning and After School Care Yes _____

Monday to Friday Morning Care Only: Yes _____

Monday to Friday After School Care Only: Yes _____

School Age (Grades 1-6):

Monday to Friday Morning and After School Care Yes _____

Monday to Friday Morning Care Only: Yes _____

Monday to Friday After School Care Only: Yes _____

Summer Camp

School Age Yes _____

Kindergarten : Yes _____

For Toddlers and Preschool Children, Immunization records are required prior to admission date:



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Acknowledgement of Compliance with Heath and Ferndale's Parent Handbook

I hereby verify that I have read and understand the policies and procedures in the current Parent Information Manual, located online at www.heathandferndale.com. I also hereby and agree to and will abide by, all of the policies and procedures at Heath and Ferndale Child Care Program.

Parent Signature: _____

Date: _____

Office Use Only

Date of Admission: _____ Date of
Withdraw: _____

Full Fee: _____ Subsidy: _____ File



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Authorized Pick Up

I, _____ authorize the following people to pick
Parent/Guardian Name (please print)

up my child _____ D.O.B _____
Child's Name (please print)

in the event that I cannot, or on occasion.

Name	Address	Phone Number	Email

I understand that the following individuals will be contacted if the parent/guardian does not show up and cannot be contacted themselves. Authorized individuals will be asked to show identification with a picture if they are not known to the caregiver of your child. For your children's wellbeing please choose an individual(s) who your children know well and feel comfortable going home with.

Parent/ Guardian Signature: _____ **Date:** _____



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Child Emergency Information Sheet

CHILD'S NAME: _____ **D.O.B:** _____

Address: _____

Guardian #1 Name: _____

Home #: _____ **Cell #'s:** _____

Business #: _____

Business Address: _____

EMAIL: _____

Guardian #2 Name: _____

Home #: _____ **Cell #'s:** _____

Business #: _____

Business Address: _____

EMAIL: _____

Doctor's Name: _____ **Phone#:** _____

Address: _____

EMERGENCY CONTACT IN THE EVENT THAT A PARENT COULD NOT BE REACHED

(Emergency Contacts will be authorized to pick up children when necessary)

Name: _____

Relationship: _____

Home #: _____ **Cell#:** _____ **Bus#** _____

Address: _____



IMMUNIZATION INFORMATION- Request for Immunization **Information for Child Care (Preschool and Toddlers)**

Please help us keep children in licensed child care programs healthy by making sure your child is properly immunized. You are required to provide an up-to-date record of your child's immunization to your Licensed Child Care Provider.

Toronto Medical Officer of Health recommends that all children who attend daycare are immunized according to the revised Publicly Funded Immunization Schedule for Ontario- August 2011. This schedule can be found at www.toronto.ca/health by clicking on "Immunization":

A parent or guardian of a child registering in a licensed child care program must provide one of the following to the Licensed Child Care Provider:

- 1) A an up-to-date record of their child's immunization, OR
- 2) A medical exemption form, completed by a qualified medical practitioner which clearly states the medical reasons why the child cannot be immunized. OR
- 3) A notarized, Ministry of Education approved letter, objecting to the immunization on the grounds that it conflicts with a parent/guardian's conscience or religious beliefs.

If an outbreak occurs, any child who is not adequately immunized will not be able to attend the child care facility until the child receives the required vaccine or until the outbreak is declared over.

Instructions: 1. Complete the **Request for Immunization Information for New Registrants of Day Nurseries** form and return it with your registration package.

2. Fill in the dates of each needle (year/ month/ day), or attach a clear photocopy of the child's immunization record. Both sides of the record must be included.

3. If you do not have an immunization record for your child, take this form to your doctor.

4. When your child receives another needle give a copy of this information to the Licensed Child Care Provider.

5. If you do not have an Ontario Health Card call 416-392-1250. You will receive information about where your child can receive free immunization services.

6. Keep a copy of your child's immunization record for future reference.

If you require further information, please call Toronto Public Health Immunization Information Line at 416-392-1250.



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LOCAL TRIP PERMISSION FORM

I, _____ give my child _____ permission to attend local neighbourhood trips to the library, parks and other related places within walking distance of Heath and Ferndale Child Care Program.

I understand that younger children will walk with their caregivers. I also understand the children will be carefully supervised by their caregiver while participating in these outings, within reasonable distances based on their age and development.

Parent Signature

Date



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EMERGENCY MEDICAL ATTENTION PERMISSION FORM

I, _____ give my child _____ permission to receive emergency medical attention should a serious occurrence occur while he/ she is in attendance with Heath and Ferndale Child Care Program.

I understand that this is EMERGENCY MEDICAL ATTENTION and I will be immediately notified of any serious accidents affecting my child.

Parent Signature

Date



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Medical Information and Personal History Form

Child's Name: _____

1. If your child has an allergy to any drug, serum, food, environment, animals, plants, etc. Please give details including the severity of each allergy:

2. List any past illnesses, operations, accidents or communicable diseases.
eg. Chicken Pox, which your child has had:

3. Does your child wear glasses, contact lenses, hearing aid, brace, etc.?

Yes ____ No ____

If yes, please describe: _____

4. Does your child have any present health problem or concern?

Yes ____ No ____

If yes, please describe: _____

5. Is your child taking any regular medication?

Yes ____ No ____

If yes, please describe: _____

6. Is there any other health information you feel the staff should know in order to best help your child, e.g. Frequent Colds, Speech Issues, Behaviour Patterns? Please describe:

Parent/ Guardian Signature: _____ Date: _____



Children's Medical Plan

Heath and Ferndale Child Care Program is committed to develop an individualized medical plan for each child. The individualized plan shall be developed in consultation with all guardians of the child and also in consultation with any regulated health care professional that is involved in the child's health care. Families are asked to provide information about their children's health care needs, allergies, and medical conditions as well as update each child's information as new information may arise. If your child has an Anaphylactic allergy, an individualized Anaphylactic Plan will be completed.

(Child's name)

(Date of Birth)

- My child does not have any medical conditions and a medical plan is not applicable.
- My child has a medical condition whereby a plan will be completed below.

Please explain the medical condition affecting your child, and any situations or circumstances in which may exasperate their condition (for example but not limited to: Allergies, Asthma, Diabetes, Epilepsy, Panic Attacks):

Please describe the medical procedures to be followed in the event of a reaction affecting your child or other medical emergency your child may experience (for example the use of Ventolin for an ASTHMA attack):



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Please describe any medical devices used by your child as well as instructions related to its use.

Please explain how the medical condition affecting your child can be effectively managed or how it is currently being managed (Please include any Regulated Health Care Professional involvement)

Please list any supports that will be made available to the child in the child care centre:

If applicable, please list any additional procedures to be followed out in the community on field trips or as a part of an evacuation (including fire drills):

Guardian Name (please print)

Date

Guardian Signature



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PHOTOGRAPH Permission Form

I _____ give Heath and Ferndale Child Care
(parent/guardian name)

permission to take my child's _____ photograph for the
(child's name)

purposes of internal use only. These photos will be used events such as student

assignments, program enhancing childcare activities, which are place on display

boards.

Signature

Date



Notice with Respect to the Collection of Information
(Freedom of Information and Protection of Privacy Act)

Heath and Ferndale Child Care program is required to collect information with regards to your child within the guidelines of the Child Care and Early Years Act (Aug 31, 2015), R.S.O. 2015 c.D.2, for the purpose of administering an Ontario Licenced Child Care Program.

I, _____ acknowledge
(Print Name)
that I have received such notice and the names of the Act authorizing the collection of information, and its principal intended use. Should you require any further information with regards to the collection and protection of information please contact the Executive Administrator of Heath and Ferndale listed below.

Signature: _____

Date: _____

Kim Elkas, Executive Administrator
Address: 23 Ferndale Ave
Toronto, ON
M4T 2B4
Telephone: (416) 961-9678



Authorization for Non-Prescription Products

In compliance with the Child Care Early Years Act, 2014 (CCEYA), Heath and Ferndale Child Care Program require your permission to apply non-prescription items to your child when necessary.

Child's Name: _____

Date of Birth: _____

The following non-prescription items may be applied to my child in accordance with the manufacturer's instructions on the original container. Please check those that apply:

- Hand Sanitizer
- Sunscreen
- Diaper Cream or Ointments
- Lip Balm
- Insect Repellent
- Lotions
- Other _____

Heath and Ferndale Child Care Program has agreed to provide:

- 1) Quik-Care Gel Sanitizer (Waterless Hand Sanitizer)

The following items have been provided by the Parent or Guardian:

- 1)
- 2)
- 3)
- 4)

Parent or Guardian signature

Date



Optional Attendance and Withdrawal from Child Care

March 5, 2018

Attention: Families living outside the catchment area for Deer Park Jr and Sr School.

In accordance with the Toronto District School Board's Optional Attendance Policy, Deer Park accepts children who reside outside the attendance area for this school, as long as they attend Heath and Ferndale Child Care and "where there is no access to, or available space in licensed childcares feeding into their local schools". However, please be advised that if your child is withdrawn from Heath and Ferndale Child Care, he or she will be required to return to the school designated by your home address. If space is available, you may apply to have your child remain at Deer Park through the Optional Attendance process.

Further, please be advised that placement in Toronto District School Board Immersion and Extended French Programs is guaranteed based on home address only. Parents who want their child to attend the same French program as in-district children may apply under the Optional Attendance process, but there is **no guarantee** of placement.

Please sign in the designated area below to indicate that you have received this letter and understand the implications in the event that your child is later withdrawn from HFCC.

I, _____, understand that if my child is withdrawn from
(Parent/Guardian Name)

Heath and Ferndale Child Care (HFCC) at any point during the school year, he or she will be required to return to our school designated by home address. However, if space is available, I understand that I may be able to apply to have my child remain at Deer Park, as outlined in the Optional Attendance Policy.

I also understand that access to Toronto District School Board French programs is guaranteed on the basis of home address only, and that while application may be made under Optional Attendance to attend the same French program as in-district students, there is **no guarantee** of placement through this process.

(Parent/Guardian Signature)

(Date)