



Registration Form (PLEASE PRINT CLEARLY)

Child's Name _____ Date of Birth _____
Last name First Name Day/Month/Year

Home Address: _____
Primary Contact Phone Number: _____ Secondary Phone _____

Parent and/or Guardian Information:

Parent #1 Name: _____
Address: _____
Phone: _____
Email Address: _____

Parent #2 Name: _____
Address: _____
Phone: _____
Email Address: _____

Please Check the Program for Enrollment:

Child Care Program

- Toddler (18 months to 2 ½ years old)
- Preschool (2 ½ years old to 4 years old)

Before and After School Program (BAS Program)

- Kindergarten (Junior and Senior Kindergarten) Before and After School option
- Kindergarten (Junior and Senior Kindergarten) Before School only option
- Kindergarten (Junior and Senior Kindergarten) After School only option

- School Age (Grades 1 to 6) Before and After School option
- School Age (Grades 1 to 6) Before School only option
- School Age (Grades 1 to 6) After School only option

Summer Camp – 7 weeks July/August

- Kindergarten (JK and SK)
- School Age (Grades 1 to 6)



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 # _____



Emergency Contact Information Sheet

Child's Name _____ Date of Birth _____
Last name First Name Day/Month/Year

Parent and/or Guardian Information:

Parent #1 Name: _____
Address: _____
Phone: _____
Email Address: _____

Parent #2 Name: _____
Address: _____
Phone: _____
Email Address: _____

Emergency Contact in the event that a parent can not be reached (Emergency contacts will be authorized to pick up children when necessary)

Name: _____
Relationship to the child: _____
Address: _____
Phone: _____
Email Address: _____

Authorized Pick Up (all others authorized to pick up your child on your behalf)

I authorize the following people to pick up my child in the event that I cannot or on occasion as needed. I understand that the following individuals can also be contacted if the parent does not show up. All individuals will be asked to show picture ID the first time they come to pick up.

Name	Phone Number	Email	Address
1 _____			
2 _____			
3 _____			
4 _____			

Parent/Guardian Signature Date



Emergency Medical Attention Permission Form

I, _____ give my child _____ permission to receive emergency first aid and medical attention should a medical situation 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 also be immediately notified of any serious accidents affecting my child.

Parent/Guardian Signature

Date

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 while he/she is in attendance with Heath and Ferndale Child Care Program.

I understand children will walk with their teachers and the children will be carefully supervised by their teachers while participating on these outings. Local trips are within reasonable distances based on the age and development of the child, and any trips requiring transportation will require a separate specific permission form.

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):



heath & ferndale

childcare program

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

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



Children's Dietary Restrictions

Through Real Food for Real Kids catering, Heath and Ferndale Child Care Program offers many alternatives for dietary restrictions. HFCC offers a *Peanut Free* environment, please mark if you child has any other dietary restrictions.

(Child's Name)

Date of Birth (DD/MM/YY)

- My child does NOT have a dietary restriction**
- My child does have a dietary restriction, see below for details.**

Dairy Restrictions (Please check if any apply)

- Dairy-free 1: no whole milk products: milk, cheese, yogurt * allows butter
- Dairy-free 2: no whole milk dairy products and dairy in baked goods * allows butter
- Dairy-free 3: no butter, whole dairy products and dairy in baked goods

Egg Allergy (Please check if any apply)

- Egg free 1: no whole egg products
- Egg free 2: no whole egg products, no baked goods containing eggs, allows products that may contain eggs"
- Egg-free 3: no whole egg products, no baked goods containing eggs no products that "may contain eggs"

Gluten Intolerance (Please check if any apply)

- Celiac Disease (Please also fill our Medical Plan)
- No Gluten: no gluten in flours, starches, whole grains (will allow items that may contain gluten)

Soy and Seed Restrictions (Please check ALL that apply)

- Soy (Restricts items like: soybeans, soy sauce, tofu)
- Soy Lecithin
- Soybean Oil
- Products that "May contain soy"
- Seed restriction _____ (explain which seeds)

Halal Requirements (Please check if any apply)

- Eats Halal Beef and Poultry
- Eats Halal Beef Only
- Eats Halal Poultry Only

Meat Restrictions (Please check if any apply)

- No Red Meats, no beef
- Vegetarian 1: no beef and poultry
- Vegetarian 2: no beef, poultry and fish
- Vegan*: no beef. Poultry, fish, eggs and dairy

Any other allergies restrictions to be noted:



Photograph and Video Permission Form

I, _____ give Heath and Ferndale Child Care Program permission to take my child's _____ (name) photograph or video them for the sole purposes of internal use at the centre, in recording activities. These photos and videos will be used for program plans, enhancing childcare activities, and posted on display boards and Lilio for parent review.

Parent/Guardian Signature

Date

Authorization for Non-Prescription Products Form

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

Child's Name

Date of Birth (Day/Month/Year)

The following non-prescription items may be applied to my child in accordance with the manufacturer's instructions on the original container, provided by the parent when necessary. Hand Sanitizer, Sunscreen, Diaper Cream, Lip Balm, Insect Repellent, Lotions.

Heath and Ferndale Child Care Program has agreed to provide **Quik-Care Gel Sanitizer (Waterless Hand Sanitizer)**.

The following items have been provided by the parent:

Parent/Guardian 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