

SOMETHING SPECIAL CHILDREN'S CENTRE
CHILD ENROLLMENT PACKAGE



Name & Address of Child(ren) Enrolling: (Attach a separate sheet if more space is required)

Child 1:			
First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Mailing Address (if different from above):			
		Date of Birth (dd/mm/yyyy):	
Child 2:			
First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Mailing Address (if different from above):			
		Date of Birth (dd/mm/yyyy):	
Child 3:			
First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Mailing Address (if different from above):			
		Date of Birth (dd/mm/yyyy):	

CODE WORD: _____ **EMAIL ADDRESS (s):** _____

Mother's Information:		Authorized for Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Name of Employer:			
Employer's Address:			
Home Phone:	Work Phone:	Cell Phone:	

Father's Information:		Authorized for Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Name of Employer:			
Employer's Address:			
Home Phone:	Work Phone:	Cell Phone:	

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Physician Information:

Name of Physician:			
Address:			
Phone:			

Authorized Pick up and/or Emergency Contact Person(s):

Contact #1 First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Relationship to Child:			
Home Phone:	Work Phone:	Cell Phone:	

Contact #2 First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Relationship to Child:			
Home Phone:	Work Phone:	Cell Phone:	

Contact #3 First Name:		Last Name:	
Home Address:	City:	Province:	Postal Code:
Relationship to Child:			
Home Phone:	Work Phone:	Cell Phone:	

Authorizations:

I / We authorize the children's centre staff to take any emergency medical measures deemed necessary for the protection of my child(ren) while he/she are in their care. I understand that this authorization includes telephoning the physician I have named, implementing his/her instructions and transporting my child to a hospital without first securing my consent. I also agree to pay any charges incurred by the children's centre. Ambulance fees may be billed directly to me.

- I / We agree to allow my/our child to sleep on a cot (ages 15-18 months). Yes No
- I / We agree to allow my/our child to participate in any outings which in this child care facility arranges. Yes No
- I / We agree to allow my/our child to participate in any outings which in this child care facility arranges. Yes No
- I / We agree to allow my/our child's information used in the HiMama software Program per privacy policy Yes No
- I / We authorize my/our child to be in any pictures or videos taken at this child care centre. Yes No
- I / We authorize use of the above pictures for the centre's Web Site. Yes No
- I / We authorize the child care staff to apply sunscreen to my/our child. Yes No

The Centre does not apply sunscreen to infants under the age of 6 months as per The Canadian Paediatric Society
List any types of sunscreen you **DO NOT** wish your child to use on reverse. If the sunscreen that the facility uses is included on your list, you may be asked to provide your own in its' original container, labelled with your child's name.

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Signature of Parent/Guardian:		Date (dd/mm/yyyy):
Witness:		Date (dd/mm/yyyy):
Additional Information About Child (Attach a separate sheet for each child enrolling)		
Any known allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, list below:		
ALLERGY:	Reaction:	Medical Attention:
1.		
2.		
3.		
4.		
Any restrictions or special requirements for diet, rest and/or exercise? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, list below:		
Has your child had any of the following:		
Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes	Whooping cough <input type="checkbox"/> No <input type="checkbox"/> Yes	Hepatitis <input type="checkbox"/> No <input type="checkbox"/> Yes
Epilepsy <input type="checkbox"/> No <input type="checkbox"/> Yes	Pneumonia <input type="checkbox"/> No <input type="checkbox"/> Yes	Chicken pox <input type="checkbox"/> No <input type="checkbox"/> Yes
Measles <input type="checkbox"/> No <input type="checkbox"/> Yes	German measles <input type="checkbox"/> No <input type="checkbox"/> Yes	Scarlet fever <input type="checkbox"/> No <input type="checkbox"/> Yes
Convulsions <input type="checkbox"/> No <input type="checkbox"/> Yes	Rheumatic fever <input type="checkbox"/> No <input type="checkbox"/> Yes	Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes
Other <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, list:		
Does your child have frequent ear infections: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Any other health concerns or other information that we should be made aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please describe:		
Do you have any concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please check:		
<input type="checkbox"/> Speech/Language <input type="checkbox"/> Social <input type="checkbox"/> Cognitive <input type="checkbox"/> Gross Motor <input type="checkbox"/> Fine Motor <input type="checkbox"/> Behaviour <input type="checkbox"/> Other:		
Has your child been involved with the following agencies? Or other: _____ <input type="checkbox"/> Early Expressions		
<input type="checkbox"/> Child Development Centre (CDC) <input type="checkbox"/> Pathways for Children & Youth <input type="checkbox"/> Ongawanada <input type="checkbox"/> Community Living Kingston		

Other Pertinent Child Information:			
Siblings:			
Name:	Age:		
Name:	Age:		
Does your child require any of the following to allow him/her to feel more comfortable?			
<input type="checkbox"/> Bottle <input type="checkbox"/> Soother <input type="checkbox"/> Blanket <input type="checkbox"/> Stuffedie <input type="checkbox"/> Other: _____			
Sleep Habits:			
Generally goes to sleep at:	PM	and awakens at:	AM
Generally sleeps through the night: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Naps at home during the day from:		to:	
Specifics of Care:			
Hours of Care:	From:	To:	
Days of the Week:	Monday Tuesday Wednesday Thursday Friday		
Date of Admission: (dd/mm/yyyy)			
Date of Discharge: (dd/mm/yyyy):			

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PARENT AGREEMENT

- 1) I agree to pay my child's fees promptly on the first of the month and understand that failure to do so may result in my child being refused admittance to the daycare.
- 2) I agree to provide in writing, two weeks' notice for withdrawal of my child (ren).
- 3) I will make every effort to ensure that my child is picked up by the time of day which was arranged when enrollment commenced. In the event that I will be late, I will call 613-544-8367 and make every effort to arrive before 5:30 p.m. I understand that failure to arrive by 5:30 a late fee will be charged (refer to page 7 of the Parent Handbook (*P.H.*). A fee of \$10.00 per hour will be charged after my child has been in attendance for 10 hours in addition to the daily rate. (Extended hours of care see Page5, *P.H.*)
- 4) I understand that teachers will carry out routine health inspections of my child as required by the Health Unit. The teacher has the right to refuse admittance and may request a doctor's certificate, if the child has any of the following signs of ill health:
 - a. Unusual skin disorder, rash or other infection
 - b. Heavy mucus
 - c. Fever
 - d. Diarrhea or vomiting
 - e. Head lice/nits (must be lice/nit free)
- 5) I will notify the daycare if my child contracts a communicable disease. I understand that a doctor's note is required when my child returns.
- 6) I understand that, in order for my child to be admitted, he/she must be able to fully participate in the program.
- 7) I understand that the daycare closes on the following occasions and fees are charged on:
New Years Day, Good Friday, Victoria Day, Canada Day, Civic Holiday,
Labour Day, Thanksgiving Day, Christmas Day, Boxing Day, Family Day.
- 8) I understand the daycare is not responsible for the welfare of my child on his/her way to and from daycare or school.
- 9) I agree to notify the daycare if someone unknown to the daycare is to pick up my child from the daycare and understand that my child may not be released unless I follow my daycare's procedure for releasing a child.
- 10) I agree to notify the daycare if my child will be absent from the program in the event of a sick day, vacation day, special circumstance, etc.
- 11) Post dated cheques and all required forms must be filled out and submitted to the Director or Floor Coordinator before the child can be admitted to the daycare.
- 12) It is the responsibility of the parent to inform the director of important information immediately. This would include updated immunization, new addresses, new jobs; new phone numbers, changes to the authorized pick up people, new custody agreements etc.
Such information will be provided in writing and given to the Director.
- 13) I certify that I have read and understand the Policies and Procedures in the Something Special Children's Centre Parent Handbook and that I will abide by the Prohibited Practices Policy outlined in the Parent Handbook (pages 9-12).
- 14) Date: _____
- 15) Parent Signature: _____
- 16) Director: _____

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We use a very exciting software program called HiMama <https://www.himama.com/> for our RECE's to use in their daily interactions with the children. This program is very childcare friendly and will add lots of information and communication for you about your child's day at SSCC.

Your consent is required to add your child. All of the information we submit is stored in the "Cloud".

- Terms of Service <https://www.himama.com/terms>
- Internet Safety <https://www.himama.com/internet-safety>
- Privacy Policy <https://www.himama.com/privacy>

As always, if you have any questions about the program, Jo-Ann or I would be pleased to discuss it with you.

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I consent to my family information being collected under the legal authority of Something Special Children's Centre, for the purpose of providing my family with a mechanism for accessing the HiMama Childcare Program, through this web based application.

1. I acknowledge my family information will be shared within the childcare centre and stored in the Cloud.
2. I consent to my family information being shared and/or viewed with the following parties on a need to know basis:
 - A) The Ministry of Education, the childcare staff of Something Special Children's Centre.
 - B) HiMama, in their capacity as the application vendor, data custodian and technical support of this application and in the course of providing technical maintenance and support of the application.

I acknowledge that the Something Special Children's Centre and HiMama, as an agent of the daycare, are governed by and required to adhere to the freedom of Information and protection of privacy legislation including the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA)".

For Questions about Something Special Children's Centre's collection, use, disclosure and disposal of information, please contact Lorraine Peters, RECE, Executive Director, 10 Chapman Street, Kingston, Ontario, K7K 6B8, 613-544-8367

Signature: _____ Date: _____

Child(ren)'s names _____

Parent's email address: _____

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Parent Copy-for your records

Dear Parents:

Pick Up Policy for the children to ensure the utmost security. When you call to inform us that someone other than yourself is picking up your child, you will be asked for your **code word**. This word will be chosen by you and relayed to the staff. This will assure staff that it is, indeed, you giving authority for someone else to pick up your child. There is no cause for alarm, as there has not been a breach in the former security system. We are just keeping one step ahead to ensure the safety of the children and confidence for the parents knowing that their child is secure.

Just a reminder that the day care staff will ask for identification from anyone who is unfamiliar to them Picture I.D. is the only acceptable form of identification.

If you any questions or concerns please feel free to speak to Lorraine; Jo-Ann or Morgan.

My/Our **code word** is _____

Date _____

Signature _____

Parental Copy -for your records

Dear Parents:

Pick Up Policy for the children to ensure utmost security. When you call to inform us that someone other than yourself is picking up your child, you will be asked for a **code word**. This word will be chosen by you and relayed to the staff. This will assure staff that it is, indeed, you giving authority for someone else to pick up your child. There is no cause for alarm, as there has not been a breach in the former security system. We are just keeping one step ahead to ensure the safety of the children and confidence for the parents knowing that their child is secure.

Just a reminder that the day care staff will ask for identification from anyone who is unfamiliar to them.
Picture I.D. is the only acceptable form of identification.

If you any questions or concerns please feel free to speak to Lorraine; Jo-Ann or Morgan.

Day care phone number 613-544-8367 Child's Name _____

My/Our **code word** is _____

Date _____

Signature _____

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