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APPLICATION - HOME

ANNUAL ADMINISTRATION FEE: \$20.00 PER CHILD/\$30 PER FAMILY
 (Added to the 1ST Pre-Authorized Debit & Every January 1ST Thereafter)

FAMILY INFORMATION

Child's Surname:	Child's First Name:	Sex: M or F
Child Lives With:	Date Of Birth :(D) ____ (M) ____ (Y) ____	
Parent / Guardian	Parent / Guardian	
Name:	Name:	
<u>Address</u> Street, R.R. #, Apt:	<u>Address</u> Street, R.R. #, Apt:	
Town, Province:	Town, Province:	
Postal Code:	Postal Code:	
Telephone: () -	Telephone: () -	
Cell Phone: () -	Cell Phone: () -	
Email Address:	Email Address:	
<u>Employer/School</u>	<u>Employer/School</u>	
Address (Street, Town):	Address (Street, Town):	
Telephone: () -	Telephone: () -	
Department/Extension:	Department/Extension:	
School Program Name:	School Program Name:	

Custody / Visiting Arrangements

If applicable, a copy of the CURRENT court document, outlining custody and/or visiting arrangements, must be submitted to the office to ensure your child/ren's safety.

CUSTODY DOCUMENT PROVIDED? YES NO NOT APPLICABLE

Other Children in the Family

Name:	Date of Birth (d) (m) (y)
Name:	Date of Birth (d) (m) (y)
Name:	Date of Birth (d) (m) (y)

IN CASE OF EMERGENCY and RELEASE OF THE CHILD

Other than Parent / Guardian. MUST BE LOCAL. This space cannot be left blank.

Name:		Name:	
Address:	Street: Town:	Address:	Street: Town:
Telephone:	() _____ - _____ () _____ - _____	Telephone:	() _____ - _____ () _____ - _____
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>		Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name:		Name:	
Address:	Street: Town:	Address:	Street: Town:
Telephone:	() _____ - _____ () _____ - _____	Telephone:	() _____ - _____ () _____ - _____
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>		Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	

CHILD'S HEALTH HISTORY

Child's Physician:	Physician's Telephone: () -
Physician's Address (Street, Town):	
List all symptoms / reactions that indicate that your child is feeling unwell:	

Allergies / Food Restrictions - List all allergies / restrictions or limitations below

Food Allergies (Items to be omitted)	Food Restrictions (Items to be limited)	Environmental Allergies (Medication, insect bites, etc.)

Check this box if parent / guardian providing menu items.

List all signs/symptoms/reactions that are observed if your child has contact with the source of the allergy.

Has medical attention been obtained because of allergies/ongoing medical conditions or illness? **YES** **NO** If yes, please comment.

IS YOUR CHILD AT RISK OF ANAPHYLAXIS (life threatening allergic reaction)? **YES** **NO**

Check this box if an **Individual Emergency Response Plan** accompanies this application. The form provided by Cook's must be completed for any medical needs that may require immediate medical intervention. Examples: life-threatening allergic reaction, asthma, diabetes. The form must be updated immediately as changes occur.

What conditions and/or illnesses has this child experienced to date?

Please check beside any that apply.

<input type="checkbox"/> Chicken Pox	Age: _____	<input type="checkbox"/> Scarlet Fever	Age: _____
<input type="checkbox"/> Mumps	Age: _____	<input type="checkbox"/> Measles	Age: _____
<input type="checkbox"/> Hepatitis	Age: _____	<input type="checkbox"/> Diabetes (first diagnosed)	Age: _____
<input type="checkbox"/> Other (specify) _____			Age: _____

May your child participate in physical exercise? **YES** **NO** If no, please comment.

Immunization

Proof of immunization or a written objection on a Ministry-approved form, **Statement of Medical Exemption for Child** or **Statement of Conscious or Religious Belief for Child** that excludes the child from being immunized must be provided upon enrollment. Families are required to provide proof of any further boosters if choosing to immunize the child once enrolled in the program.

The local Health Unit obtains a copy of the record from the agency office and will contact the family if any immunization information is lacking.

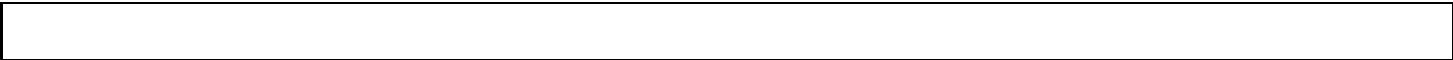
A child will be excluded from the program until the appropriate information is provided.

FEEDING SCHEDULE

You are responsible for supplying all food and beverages for your infant until the child is eating table food.

- An infant feeding form must be completed describing your child's normal feeding schedule, including amounts, times and items to be served. This is to be updated as your child's diet develops.
- Your child's provider will refer to this schedule for a consistent routine.

Food and bottles must be clearly labelled with your child's name on them.



CHILD'S ATTENDANCE SCHEDULE

Indicate precisely the days of the week and the hours of care required on the **CHILD CARE SCHEDULE REQUEST FORM** available from the office or on our website www.cooksdaycare.ca. You are expected to submit the completed form to the office on or before the deadline date indicated on the form. The provider must also receive a copy of your schedule. If you require a change to the schedule, it **MUST** be submitted to the office **at least two weeks** in advance of the change, using the form provided by Cook's School Day Care Inc. Pre-Authorized Debit amounts are calculated directly from the schedules submitted to and approved by the Administration.

Please check this box if the statement applies to your family.

I have an irregular schedule that I will discuss with and have approved by the agency.

KINDERGARTEN / SCHOOL-AGED CHILDREN

Name of School:	Present Grade:
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Location (Town, Village):

Schedule: Please check below the type of care required

Non-School Days PA Days, School Holidays YES <input type="checkbox"/> NO <input type="checkbox"/>	Before School YES <input type="checkbox"/> NO <input type="checkbox"/> Escort to School YES <input type="checkbox"/> NO <input type="checkbox"/>	After School YES <input type="checkbox"/> NO <input type="checkbox"/> Escort to Provider's YES <input type="checkbox"/> NO <input type="checkbox"/>
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TRAVEL & CONSENT

Cook's Home Child Care Agency children are ordinarily included in provider family activities outside the home (local shopping excursions, visits to playground and local parks within approximately 40 kms). Indicate your consent to your child being involved in such routine trips either by foot, car or public transportation. Our understanding would be that:

- **Normal safety precautions will always be taken. During an outing in a provider's car, your child will be secured in the appropriate safety device.**
- **Your child may use outdoor play equipment and structures when visiting public playgrounds and parks with provider supervision.**
- **Your written permission will be required before your child participates in other than routine outings, (i.e., using off-premise bodies of water overseen by a certified lifeguard, out of town excursions more than approximately 40 kms).**

Having established the above conditions, neither the agency nor the caregiver shall incur any responsibility or liability for any loss or damage to property and any injury sustained while participating in any outing.

Please check one statement and sign below

<input type="checkbox"/>	I consent to my child to participating in routine outings within 40kms that include travelling by vehicle. Appropriate safety measures must be followed.
<input type="checkbox"/>	I do not consent to my child participating in routine outings within 40 kms that require travelling by vehicle.

Parent/Guardian Signature	Date (d) (m) (y)
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PHOTOGRAPHY PERMISSION: Please check ALL that apply

- I give permission for my child's photo to be taken and displayed by Cook's School Day Care Inc in the following ways (check all that apply)
- | | |
|---|---|
| <input type="radio"/> Posting in the centre or home | <input type="radio"/> In-house photo albums |
| <input type="radio"/> Learning story personal portfolio | <input type="radio"/> Creative activities |
| <input type="radio"/> In-house slide shows | <input type="radio"/> Parent gifts |
| <input type="radio"/> Activity room learning story bulletin board | |

If my child appears in a group learning story photo, I consent to the photo being shared with the families of the children in the photo.

- Keeping in mind that only the first names of those in any photo are used in the description of the activity captured, I consent to photos of my child being:
- Posted on the Cook's website.
 - Posted on the Cook's Facebook page.
 - Used in marketing materials with prior consent of each marketing activity.

I give permission for my child to be included in class photos taken on-site by the professional photographer. I understand that class photos are available for all families to purchase.

I do not give permission for my child to be photographed by Cook's School Day Care Inc for any reason.

Parent/Guardian Signature _____

Date (d) (m) (y)

MEDIA RELEASE: Please check ONE statement

PERMISSION IS GRANTED for my child to be involved in media coverage involving Cook's School Day Care Inc. His/her name may accompany media photos.

PERMISSION IS DECLINED for my child to be involved in media coverage involving Cook's School Day Care Inc.

Parent/Guardian Signature _____

Date (d) (m) (y)

CHARITABLE DONATIONS & PLEDGES

Fundraising profits help to minimize fee increases and purchase program enhancements. **Each year ALL families are ENCOURAGED to help by participating in fundraising activities and DONATING an amount suitable for your family. Please indicate your choice below.**

I choose to donate a single lump sum amount of \$ _____ for the calendar year. I would like the amount included on the pre-authorized debit transaction on this month and date: _____ 1st or _____ 15th.

I choose to donate \$ _____ with each regularly scheduled pre-authorized debit transaction.

I choose to not donate in this calendar year.

Any amount is appreciated. Thanks! A receipt will follow after December 31.

Parent/Guardian Signature _____

Date (d) (m) (y)

IN CASE OF SERIOUS ILLNESS OR INJURY TO MY CHILD WHILE ATTENDING THE CHILD CARE PROGRAM, I AGREE TO:

The agency calling an ambulance to transport my child to the hospital. I understand that parents/guardians are contacted and informed to go directly to the hospital.

Assume responsibility of any resultant expense (I.e., ambulance costs).

Parent/Guardian Signature _____

Date (d) (m) (y) _____

Every attempt will be made to contact the parent/guardian or emergency contact in the event of an emergency. It is important to keep all information current at all times!

PARENT / GUARDIAN AGREEMENT

Please read and initial beside each of the following statements to confirm your acknowledgement

I have received and take responsibility to read the Parent Handbook. _____
Your initials

I will access the website www.cooksdaycare.ca or request hard copies of:
 the Program Statement
 fees
 policies (including Prohibited Practices, Self-Regulation Policy, Sleep & Rest) _____
Your initials

I understand and agree to abide by the financial arrangements. _____
Your initials

I understand that ALL FAMILIES must enroll in the Pre-Authorized Debit (PAD) payment program to pay child care fees. Payments are automatically withdrawn from my savings/chequing account. _____
Your initials

I am responsible for any applicable service charges if a payment is declined or does not clear the bank. _____
Your initials

I have fully completed the consent form and attached/included my account information (void cheque/savings account information). _____
Your initials

I understand I must submit my schedule **in writing** to the **office and the provider** on or before the deadline date (preferably using the Child Care Schedule Request form; email is acceptable). **My space is not guaranteed unless I submit my schedule on or before the date indicated.** _____
Your initials

I understand that a fee of \$5.00 per minute may be charged if my child is dropped off prior to the scheduled drop-off time and/or picked up after the scheduled pick-up time (**according to the provider's clock**). _____
Your initials

I understand that **two weeks written notice** is required if I plan to TEMPORARILY OR PERMANENTLY withdraw my child/ren from any Program of Cook's School Day Care Inc. I will be billed until Cook's School Day Care Inc receives my **written notice**. _____
Your initials

I understand bullying, harassment and violence are not tolerated in this workplace. _____
Your initials

Parent/Guardian Signature

Date (d) (m) (y)

ALL PARENTS / GUARDIANS: Please Comment

How did you become aware of our service?

Why did you choose our service?

MORE ABOUT YOUR CHILD & ADDITIONAL INFORMATION


Include: Personality, Fears, Sleep Patterns / Arrangements, Eating Habits, Etc.

Help us get to know your child! Any additional information about your child to ensure his/her comfort is appreciated (add additional paper if needed).

CHILD CARE ACCOUNT UPDATES

In an effort to reduce the amount of paper we use, we will not prepare a monthly statement of account unless the parent/guardian requests it. If you request an update, please allow a minimum of 24 hours for its preparation. Account updates will be delivered in a confidential manner suitable to the family (through the provider or by mail).

OFFICE USE ONLY

START DATE			PROVIDER'S NAME	PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE
Day	Month	Year			
WITHDRAWAL DATE			REASON FOR WITHDRAWAL		
Day	Month	Year			

