**LITTLE HANDS DAYCARE CENTRE**

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**Registration Package**

Location #1: 824 Thompson Road, Milton, ON L9T 9H2

Telephone Number: 905-864-6635 ext. 1

Email: centre1@littlehamdsmilton.ca

Location #2: 824 Thompson Road, Milton, ON L9T 9H2

Telephone Number: 905-864-6635 ext. 2

Email: centre2@littlehandsmilton.ca

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**PARENT HANDBOOK READ AND REVIEW**

Please see the list of items which are contained in the Little Hands Daycare Centre Parent Handbook below:

* Program Statement
* Inclusion Within The Centre
* Our Program
	+ Services Offered
	+ Waitlist Policy & Procedure
	+ Admission and Discharge
	+ Payment of Fee’s
	+ Vacation Policy
	+ Vaccinations
	+ Illness
		- Medication
	+ Hours of Operation
	+ Centre Closures
		- Statutory Holidays
		- Snow/Bad Weather Closures
	+ Arrivals and Departures
	+ Nutrition
		- Anaphylaxis
		- Children with Medical Needs
	+ Sleep Time
	+ Activities off Premises
	+ Sunscreen
	+ Parent Issues & Concerns Policy and Procedure
* Other Important Information
	+ Video Surveillance
	+ Clothing and Personal Belongings
	+ Parent-Teacher Interviews
	+ Transportation
		- Transportation Behaviour Policy
	+ Child Protection
	+ Behaviour Guidance
	+ Emergency Management & Evacuation
	+ Parent Volunteers and Students in the Centre
	+ Serious Occurrence Notification Form Posting

\*\*Please note that all families will be provided with any changes of policies or procedures which may occur during your child’s enrollment with Little Hands Daycare Centre\*\*

I, Click or tap here to enter text. and Click or tap here to enter text. have read and fully understand the Parent Handbook that I received during my tour. By clicking the box below, signifies that I agree to follow all policies, procedures and requests outlined by Little Hands Daycare Centre in the Parent Handbook.

[ ]  Name: Click or tap here to enter text. Date: Click or tap to enter a date.

[ ]  Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Signature of Supervisor on Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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**REGISTRATION FORM**

Child’s Information

Full Name of Child: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date. Gender: Choose an item.

Home Address: Click or tap here to enter text.

City: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Home Telephone Number: Click or tap here to enter text.

Who Does Child Reside With? Click or tap here to enter text.

Do both parents have access to the child? Choose an item.

If no, please explain: Click or tap here to enter text.

Does your child have any special needs? If yes, please explain: Click or tap here to enter text.

Does your child have any allergies? If yes, please explain: Click or tap here to enter text.

Guardian #1’s Information

Full Name: Click or tap here to enter text.

Full Home Address if different from Child: Click or tap here to enter text.

City: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Occupation: Click or tap here to enter text. Place of Work: Click or tap here to enter text.

Full Business Address: Click or tap here to enter text.

City: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Business Phone Number: Click or tap here to enter text. Hours/Days of Work: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Guardian #2’s Information

Full Name: Click or tap here to enter text.

Full Home Address if different from Child: Click or tap here to enter text.

City: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Occupation: Click or tap here to enter text. Place of Work: Click or tap here to enter text.

Full Business Address: Click or tap here to enter text.

City: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Business Phone Number: Click or tap here to enter text. Hours/Days of Work: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Emergency Contacts

List below those persons allowed to pick up your child, or to call in case of emergency if both parents are not able, or unreachable. (**Please ensure to have at least one contact recorded**):

1. Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Telephone #1: Click or tap here to enter text. Telephone #2: Click or tap here to enter text.

1. Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Telephone #1: Click or tap here to enter text. Telephone #2: Click or tap here to enter text.

1. Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Telephone #1: Click or tap here to enter text. Telephone #2: Click or tap here to enter text.

1. Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Telephone #1: Click or tap here to enter text. Telephone #2: Click or tap here to enter text.

Pediatrician or Family Doctor

Doctor’s Full Name: Click or tap here to enter text.

Full Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Health Card Number: Click or tap here to enter text.

**CHILD’S BACKGROUND INFORMATION**

Food Allergies: Click or tap here to enter text.

Special Restrictions regarding diet (i.e. Halal, vegetarian, vegan, dairy free, gluten free etc.): Click or tap here to enter text.

Medication/Environmental Allergies: Click or tap here to enter text.

Special instructions regarding sleep: Click or tap here to enter text.

Special instructions regarding Exercise: Click or tap here to enter text.

Record of past and/or current illnesses, communicable diseases, conditions requiring medical attention: Click or tap here to enter text.

Are there other children or adults living at your home (i.e.) Grandparents, Extended Family, etc.

Choose an item. If yes, who? Click or tap here to enter text.

Language(s) Spoken at home: Click or tap here to enter text.

What is your families nationality? Click or tap here to enter text.

Are there other special considerations which you would like the staff to be aware of (i.e. customs, traditions, etc.)? Click or tap here to enter text.

Has your child attended a childcare centre before? Choose an item.

How does your child react to new situations? Click or tap here to enter text.

How does your child get along with other children? Click or tap here to enter text.

Does your child have a pet? Click or tap here to enter text.

**Care Required**

Days Required: Choose an item. Hours Required: Click or tap here to enter text.

Drop Off Time: Click or tap here to enter text. Pick Up Time: Click or tap here to enter text.

By clicking the box below, signifies that all the information above is correct and accurate.

[ ]  Name: Click or tap here to enter text. Date: Click or tap to enter a date.

[ ]  Name: Click or tap here to enter text. Date: Click or tap to enter a date.

NOTE: In order to hold accommodation for your child, a Registration Fee of $70 for 1st child and $35 for every child following is required in advance. Due to the demand for Infant Care, we require that half of the first months fee’s be paid in advance along with the Registration Fee.

**EMAIL CONSENT**

Please write below the email(s) you would like to receive all memos and other items to be emailed to. Please check the box beside the person/email you would like to receive monthly invoices & tax receipts to. Please note that only 1 email can receive the invoices & tax receipts.

[ ]  Email Address: Click or tap here to enter text. Name: Click or tap here to enter text.

[ ]  Email Address: Click or tap here to enter text. Name: Click or tap here to enter text.

**CONSENT FOR PHOTO RELEASE**

As a form of documentation, we like to take photo’s and/or short videos of your child during active play to show families what your children complete and accomplish during their time with us here at Little Hands Daycare Centre. Please select a box below whether you agree or do not agree for us to take photos of your child.

[ ]  I agree

I, Click or tap here to enter text. grant permission for Little Hands Daycare Centre staff to take photographs and/or video’s of my child, Click or tap here to enter text., while in attendance at the child care centre. I understand that these photo’s or video’s may be used for educational and/or childcare related purposes within the centre (i.e.) classroom bulletin boards, photo albums and displays regarding our programs for our families. I also understand that in choosing this option, my child may be included in group photos or photos with other children which can be sent to other families in the *Sandbox Parent Portal* newsfeed.

I understand that these photo’s or video’s will not be used by Little Hands for promotional advertising in the community or any Little Hands social media platforms, unless written permission is granted.

I understand that if my situation changes in the future, and I would prefer not to have my child photographed or videotaped, I will inform Little Hands Daycare Management immediately.

[ ]  I do not agree

I, Click or tap here to enter text. do not grant Little Hands Daycare Centre to take any photo graphs and/or video’s of my child, Click or tap here to enter text., while in attendance at the child care centre.

By clicking the box below, I agree to my selection on Consent for Photo Release with Little Hands Daycare Centre.

[ ]  Name: Click or tap here to enter text. Date: Click or tap to enter a date.

[ ]  Name: Click or tap here to enter text. Date: Click or tap to enter a date.

OFFICE USE ONLY:

Date Admitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Withdrawn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Registration Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor on Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KEYLESS ENTRY/FOB SECURITY SYSTEM POLICY**

To enhance the security of our facility, we have installed a Keyless Entry System, where only authorized adults will be able to enter the child care area of the building. The only way to get access into the doors with this system installed is with the use of a FOB. Each FOB will be programmed for one specific person, to provide further records of those entering and exiting the building.

For those who do not hold a FOB to have access to the area, a video phone will be installed in the entrance foyer, and be linked directly to the Daycare Office and the Church Offices for those at Centre 1. This provides controlled access, and will only be allowed into the children’s area through visual verification. If the visitor’s identity is unknown to the employee answering the video call, the employee will meet the visitor in the front foyer before being let into the child care area of the building.

**FOB Holder Requirements**

1. A $20.00 deposit has been given to the office. Once the FOB is returned upon withdrawal, or if it is no longer needed, the $20 deposit will be returned. If the FOB is lost, or is not returned upon withdrawal, the deposit will remain with the centre.
2. Each FOB will be programmed for one specific person, so we ask that FOBS are never shared. Anyone without a FOB will have access to the area through video phones installed in the entrance foyer, and be linked directly to the Daycare Office and the Church Offices for those at Centre 1, as mentioned above.
3. The doors with the system installed are to remain closed at all times. Once you have let yourself in, please make sure to close the door behind you. We ask for you to not allow any other adult and/or child into the building.

Child(ren) Enrolled: Click or tap here to enter text.

#1 FOB Holder’s Name: ­­­­­­­­­­Click or tap here to enter text.

By clicking the box below, I agree to follow the terms noted above regarding the Keyless Entry/FOB Security System Policy with Little Hands Daycare Centre.

[ ]  Name: Click or tap here to enter text. Date: Click or tap to enter a date.

OFFICE USE ONLY:

FOB Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOB Deposit Paid On: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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