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| Office use only:<br>Date of Admission: _____ Discharge: _____ Deposit received _____ |
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## REGISTRATION FORM

Please fill out this registration package **completely**, including all addresses and phone numbers, as the information requested below is a requirement of our license with the Ministry of Education. Incomplete forms cannot be accepted.

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Sex (circle one): Female Male

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Do both parents live with the child?  yes  no (If parents are divorced or separated, and there is a custody arrangement that you would like us to follow, we need a copy of the court document on file at Little Lambs)

Email address we may use for communication purposes: \_\_\_\_\_

If applicable, please provide the address of the non-custodial parent for emergency and/or billing purposes:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any siblings your child has: \_\_\_\_\_

### Emergency contacts:

Please list **two** additional people we may contact in the event of an emergency and we are unable to reach either parent.

1. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized people who may pick up your child, please include relation (other than those listed above):

\_\_\_\_\_  
\_\_\_\_\_

Unauthorized people who may not under any circumstances pick up your child:

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### Medical Information:

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Please list any allergies, sensitivities, etc that your child has: \_\_\_\_\_

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Does your child have any other medical conditions or concerns that you feel we need to be aware of:

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**Immunizations: Upon registering with Little Lambs Daycare it is a requirement to provide a current copy of the child's immunization records.** If there are grounds for not being fully immunized the proper forms must be filled out by the respective parties. If objection to immunizations are being made on the grounds of religious/conscience beliefs the **Statement of Conscience or Religious Belief** Ministry Form must be fully completed and NOTARIZED by a "commissioner for taking affidavits". If objection is being made based on medical grounds the **Statement of Medical Exemption** Ministry Form must be completed by a Doctor or Nurse Practitioner.

**Upon registration it is our obligation to ensure that children less than 12 months will be PLACED for sleep on their backs as per the *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada*, unless the child's physician recommends it otherwise in writing. A copy of this note will be kept in the child's file.**

All age groups will be offered the chance to rest or sleep while in care. Each child attending fulltime will be assigned their own cot/crib; children attending on a part time basis will share a cot/crib. Cots/cribs will be sanitized as well as sheets laundered in between different children using the cots/cribs prior to use. Sheets will be laundered weekly or as needed. This will be communicated with parents during the initial tour as well as when children move up from room to room. Infants are provided with cribs for sleep and toddlers and preschoolers are provided with cots. Any special instructions provided by the parents/guardians will be followed as provided by the parents/guardians upon registration (ie. soothers only for sleep time, limiting naps etc). Regular communication between parents/guardians and staff will ensure that all the child's sleep/rest needs are being met and kept current as children transition and mature.

Does your child nap in the afternoon? If so, for how long? \_\_\_\_\_





# PARENT CONTRACT

The conditions of this agreement protect both parents/guardians and Little Lambs Daycare.

Little Lambs Daycare agrees to:

- Provide a space for \_\_\_\_\_
- Review the centre’s policies and procedures with parents/guardians before enrollment in the program
- Provide notification of changes to program policies and procedures
- Provide a minimum of one month’s advance notice of fee increases
- Provide monthly billing to parents in a timely manner each month

I (we) \_\_\_\_\_ agree:

parent/guardian’s name(s)

- To accept membership in Little Lambs Daycare, upon my (our) child’s enrollment and I (we) agree to resign upon my child’s withdrawal giving two week’s notice of such withdrawal. This contract will remain in effect until permanent termination of care is given in written form.
- To act within the parameters of the Little Lambs policies and procedures
- To pay a deposit of \$250 (Infant), \$100 (Toddler/Preschool) in cash or certified cheque upon registration, deposit will be held until first invoice issued at which point the deposit will be credited. These deposits are non refundable if care is no longer needed.
- To pay the current month’s fees, as indicated on my monthly child care invoice at the beginning of each month, paying one month in advance. Payments can be broken up at the Directors discretion.
- That Little Lambs Daycare reserves the right to terminate care if payment is not made within 30 days of date of invoice
- That my child will be attending Little Lambs according to the following schedule:

That any changes to the above schedule are approved by the Director prior to attending

- That no deduction is granted for vacation days that have not yet been accrued, vacation days run from September to August
- To notify Little Lambs in writing two weeks in advance of withdrawing my (our) child from the program or when taking vacation or full fees will continue to be charged. This contract will remain in effect until permanent termination of care is given in written form
- To participate in at least 2 fundraising events per calendar year
- To notify and discuss the cost of any special needs or dietary restrictions with the Director in advance
- That staff will not be contacted off work hours with matters related to the daycare.
- To pay for fees according to schedule regardless if day falls on a holiday. (eg. Schedule is Monday’s, Wednesday’s and Friday’s, if Monday is a holiday the day will still need to be paid and if full time care is needed than all holiday’s will need to be paid)

I (we) understand that the monthly fees are set by the Board of Directors and reviewed as needed. I (we) accept responsibility to pay the full monthly fee unless I (we) receive a fee subsidy from the County of Middlesex or City of London. If I (we) do receive a child care fee subsidy, I (we) accept full responsibility to fulfill all requirements of the County of Middlesex or City of London necessary to maintain the subsidy. If I (we) become ineligible for child care fee subsidy, I (we) accept responsibility for paying the full daily fee. Furthermore, I (we) agree to pay any parent top-up fees as regulated by Little Lambs Daycare, in the event that I (we) do not qualify for full fee subsidy.

I(we) have read the Parent Handbook and agree to abide by the requirements contained within. I(we) understand that the Parent Handbook may be updated/changed periodically and it is my(our) responsibility to keep informed/updated.

\_\_\_\_\_  
Name of parent(s)/guardian(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent(s)/guardian(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# PARENT CONTRACT (Parent Copy)

The conditions of this agreement protect both parents/guardians and Little Lambs Daycare.

Little Lambs Daycare agrees to:

- Provide a space for \_\_\_\_\_
- Review the centre’s policies and procedures with parents/guardians before enrollment in the program
- Provide notification of changes to program policies and procedures
- Provide a minimum of one month’s advance notice of fee increases
- Provide monthly billing to parents in a timely manner each month

I (we) \_\_\_\_\_ agree:  
parent/guardian’s name(s)

- To accept membership in Little Lambs Daycare, upon my (our) child’s enrollment and I (we) agree to resign upon my child’s withdrawal giving two week’s notice of such withdrawal. This contract will remain in effect until permanent termination of care is given in written form.
- To act within the parameters of the Little Lambs policies and procedures
- To pay a deposit of \$250 (Infant), \$100 (Toddler/Preschool) in cash or certified cheque upon registration, deposit will be held until first invoice issued at which point the deposit will be credited. These deposits are non refundable if care is no longer needed.
- To pay the current month’s fees, as indicated on my monthly child care invoice at the beginning of each month, paying one month in advance. Payments can be broken up at the Directors discretion.
- That Little Lambs Daycare reserves the right to terminate care if payment is not made within 30 days of date of invoice
- That my child will be attending Little Lambs according to the following schedule:

That any changes to the above schedule are approved by the Director prior to attending

- That no deduction is granted for vacation days that have not yet been accrued, vacation days run from September to August
- To notify Little Lambs in writing two weeks in advance of withdrawing my (our) child from the program or when taking vacation or full fees will continue to be charged. This contract will remain in effect until permanent termination of care is given in written form
- To participate in at least 2 fundraising events per calendar year
- To notify and discuss the cost of any special needs or dietary restrictions with the Director in advance
- That staff will not be contacted off work hours with matters related to the daycare.
- To pay for fees according to schedule regardless if day falls on a holiday. (eg. Schedule is Monday’s, Wednesday’s and Friday’s, if Monday is a holiday the day will still need to be paid and if full time care is needed than all holiday’s will need to be paid)

I (we) understand that the monthly fees are set by the Board of Directors and reviewed as needed. I (we) accept responsibility to pay the full monthly fee unless I (we) receive a fee subsidy from the County of Middlesex or City of London. If I (we) do receive a child care fee subsidy, I (we) accept full responsibility to fulfill all requirements of the County of Middlesex or City of London necessary to maintain the subsidy. If I (we) become ineligible for child care fee subsidy, I (we) accept responsibility for paying the full daily fee. Furthermore, I (we) agree to pay any parent top-up fees as regulated by Little Lambs Daycare, in the event that I (we) do not qualify for full fee subsidy.

I(we) have read the Parent Handbook and agree to abide by the requirements contained within. I(we) understand that the Parent Handbook may be updated/changed periodically and it is my(our) responsibility to keep informed/updated.

|  |                    |               |
|--|--------------------|---------------|
| _____<br>Name of parent(s)/guardian(s) | _____<br>Signature | _____<br>Date |
| _____<br>Name of parent(s)/guardian(s) | _____<br>Signature | _____<br>Date |
| _____<br>Name of Director              | _____<br>Signature | _____<br>Date |



**Child's Name:** \_\_\_\_\_

### **Emergency Treatment**

The staff of Little Lambs Daycare implement a program with care and concern for the physical safety and well being of each child. However, if at any time, due to such circumstances as accident, sudden illness, or emergency, medical treatment is required, this consent authorizes Little Lambs to proceed with medical treatment as deemed necessary by a private physician or hospital.

I expect to be notified immediately in such an emergency and have supplied telephone numbers where I can be reached. I understand that I cannot hold Little Lambs responsible for any injury or illness and will assume responsibility for expense incurred with any emergency treatment.

I hereby consent to periodic screening of vision, hearing, development, and general health of my child by the staff of Little Lambs as well as local children's agencies.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Diaper/Barrier creams**

I hereby consent the staff of Little Lambs Daycare to apply the provided diaper/barrier cream on my child as needed during diaper changes.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Photographs and Videotapes**

I hereby consent to have my child photographed and videotaped with the understanding that the photographs may be published in the local newspapers, or advertising.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Leaving the Premises**

As part of the regular program, the teachers may take the children for short walks off the premises. I hereby give my permission for my child to participate in these excursions. It is understood that members of the staff of Little Lambs will maintain supervision of the children. I shall not hold the staff responsible for any accident or injury that may occur on these trips, events, or activities.

I understand that I will be notified in advance of any field trips of a larger magnitude that will require transportation by bus. I further understand that I must sign off my permission for my child to attend, on a Field Trip Permission Form to any off-site trip which requires transportation. I understand that if I do not wish my child to attend the trip it is my responsibility to find alternative care for my child for the duration of the trip.

Furthermore, I hereby consent to have my child leave the premises in the event of an emergency evacuation. It is understood that adequate supervision will take place by staff as well as every care taken to ensure that all children are evacuated safely. I will not hold Little Lambs responsible for any accident or injury that might occur during the transportation of the children or for the reason of the evacuation.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_



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### Confidentiality and Social Media Wavier

I agree to refrain from posting any digital images or video shared by Little Lambs Daycare to all forms of social media and or blogs in which the content of the video or images include multiple children. I am free to share images and video that contain only my child(ren). I understand that failure to comply with the above statement may result in dismissal from the daycare.

\_\_\_\_\_

Print (Full Name)

\_\_\_\_\_

Signature (Full Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Print (Full Name)

\_\_\_\_\_

Signature (Full Name)

\_\_\_\_\_

Date

DIRECTOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_