



Corporation of the
COUNTY OF HURON
Jacob Memorial Building
77722D London Road, RR5
Clinton, Ontario N0M 1L0

Huron County



Community Home Child Care
Phone: 482-8505 fax: 482-5710

Dear Parent

Thank you for choosing Huron County Community Home Child Care.

When using an approved home for child care please note the following:

BEFORE you can start attending the providers home you must return to the Home Child Care Office located at Clinton:

- Your children's complete registration package on file.
- Post dated checks on file at the Office.
- Letter of Subsidy Confirmation if applicable.

AFTER all required information and documents are on file in Clinton then child care can commence in the providers homes.

Thank you for using our service and we look forward to working with you!

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Parent Checklist

The following forms **must be completed in full and reviewed by**

Home Child Care Staff PRIOR to your children attending at home child care.

- Parent Agreement with County Signed
- Child Application
- Child Health Form
- Excursion Consents Form
- Pool Use
- Behaviour Management Agreement
- Infant Feeding Policies/Instructions
- Outdoor Play Supervision
- Emergency Medical Action Plan
- Fee paying parent must have post dated checks on file.**
- Parents applying for subsidy must have written confirmation prior to starting at the providers home child care**
- all registration forms returned to office signed by Home Child Care Staff**

Signature of Parent/Guardian:

Signature of Staff:

Date of Admission

Date of Termination

Application for Child Care



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| CHILD'S FIRST NAME | | CHILD'S LAST NAME | | DATE OF BIRTH | | |
|---|--------|----------------------------------|-----|-------------------|--------|----------|
| | | | | YY | MM | DD |
| Mother's /Guardian's Name: | | | | Home Phone: | | |
| Address: | | | | Postal Code: | | |
| | | | | | | |
| Mom's Work Place: | | | | Mom's Work Phone: | | |
| Father's Name | | | | Phone: | | |
| Address: | | | | Postal Code: | | |
| | | | | | | |
| Dad's Work Place: | | | | Dad's Work Phone: | | |
| Childs Health Card Number: | | | | | | |
| Doctor's Name: | | | | Phone: | | |
| Address: | | | | | | |
| Allergies: | | | | | | |
| Special Diagnosis/Behaviour Issues: | | | | | | |
| Regular Days Required: | | Written Weekly Shedule Given On: | | (if by schedule) | | |
| (below) | | | | | | |
| | Monday | Tuesday | Wed | Thursday | Friday | Saturday |
| Hours: | | | | | | |
| EMERGENCY CARE PERSON'S/ALTERNATE PICKUPS: | | | | | | |
| Name | | Address | | Phone | | |
| Name | | Address | | Phone | | |
| Name | | Address | | Phone | | |
| DATE OF ADMISSION: | | | | PROVIDER: | | |
| | | | | | | |
| DATE OF DISCHARGE: | | | | REASON: | | |
| | | | | | | |

PARENT/GUARDIAN SIGNATURE

DATE

Health History



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"Every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where home child care is provided by the operator and from time to time thereafter, the child is immunized as recommended by the local Medical Officer of Health.

Parents are required to call their Home Child Care Staff with update on Immunization."

| | | | |
|--|-----|--|--|
| Name of Child: | | D.O.B: | |
| Name of Child's Physician: | | Phone: () | |
| Imunization Record (photo copy will be accepted) | | | |
| Date(yr/mo/day) | | | |
| Pertussis | | | |
| Diphtheria | | | |
| Tetanus | | | |
| Polio O/I | | | |
| Measles | | | |
| Mumps | | | |
| Rubella | | | |
| Hepatitis B | | | |
| Varicella | | | |
| Pneumococcal | | | |
| Meningococcal | | | |
| Has your child had: | | Has your child received: | |
| Chicken Pox: _____ | | Influenza (Flu Shot): _____ | |
| Whooping Cough: _____ | | Varicella (Chicken Pox Vaccine): _____ | |
| Measles: _____ | | Adacel (Whooping Cough Vaccine): _____ | |
| Mumps: _____ | | Prevnar(Meningitis and blood infections) _____ | |
| (please check all that apply) | | (please check all that apply) | |
| Medical Conditions: | | | |
| Information to better understand your child (behaviour needs, special diagnosis)? | | | |
| | | | |
| | | | |
| Involvement with Resource Consultant? | Yes | No | |
| Emergency Safety Plan Required? | Yes | No | |
| Allergies | | | |
| | | | |

 Home Child Care Staff Signature

 Parent/Guardian Signature



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Consents/ Permissions

EXCURSION

I hereby give consent for my child/ren _____ to leave the Provider's home on excursions to places of interest from time to time. I understand that such excursions may require that my child/ren be driven by the Provider. I agree that no action may be brought against Huron County Community Home Child Care or its employees or Providers, for any injury which may befall my child/ren while on such excursions barring negligence of a Provider or a representative of the program. Children travelling by car will be required to use child restraint seats or seat belts

 Signature of Parent

 Date

MEDICAL

If at any time, due to such circumstances as accident or sudden illness, medical treatment is necessary, this may be given by a licensed physician. I understand that any expenses incurred for such treatment, including ambulance fees, is my responsibility.

 Signature of Parent

 Date

SUNSCREEN APPLICATION

I understand that my caregiver will follow safe sun practices. I will apply sunscreen before my children arrive each day. I give permission for the caregiver to apply sun screen on an as need basis for the remainder of the day.

 Signature of Parent

 Date

PHOTOGRAPHS

I understand that my child care provider may at times take photo's of the children's activities as part of their program. I give my permission for my child's photo to be taken.

 Signature of parent

 Date



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POOL USE

Supervising children in swimming pools is a major responsibility for a Provider. Parents and Providers should agree on the type of water activity your child can participate in.

I do **not** want my child, _____ to participate in the Providers wading pool or swimming activities.

I **would** like my child, _____ to participate in the Provider's wading pool activities. I am aware of the following policies:

1. Parents will be informed if the Provider uses a wading pool in her program, so that swimming apparel and sunscreen will be supplied.
2. ***The children will be supervised at all times by the Provider.***
3. Only age appropriate, water-safe toys will be used in wading pools.
4. Pools will be emptied after each use.
5. Sprinklers may be used if available.
- 6.

I agree for my child, _____, to participate in swimming activities in a privately owned swimming pool supervised by the Provider.

I agree for my child, _____, to participate in swimming activities in a public swimming pool supervised by the Provider and a qualified lifeguard. I am aware of the following policies.

POLICIES FOR PRIVATELY-OWNED AND PUBLIC SWIMMING POOLS

1. Parents will be notified in advance to ensure their knowledge of the pool outing and to ensure that a signed parent consent form has been completed and on file in the office.
2. Swimming outings to a **beach** are not permitted.
3. Providers must supervise the children at all times while in or around the pool.
4. Pools must be regularly tested for PH levels and chlorine in accordance with public health requirements.
5. Outdoor private pools must be fenced (42"), lockable, and separate from children's play area.
6. All gates or doors around private pools should be equipped with a self-closing device at the top inside of the gate, so that it will remain securely closed when not in actual use.

I agree for my child, _____, to attend swimming lessons at a public pool supervised by pool staff only.

 Parent Signature

 Date

 Home Child Care Staff



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Behaviour Management Agreement

I have read and discussed the behaviour management policy with both the caregiver and the agency home visitor and I fully understand them.

Behaviour management is the sole responsibility of the caregiver. Whenever I am in contact with the children in care I agree to fully abide by the agency's behaviour management policy and understand that my children will be cared for accordingly.

Behaviour Management **MUST NOT** include:

A) Corporal punishment, including but not limited to the following:

striking a child directly or with any physical object
shaking, shoving, spanking or other forms of aggressive contact
requiring or forcing the child to do repeated physical movements
confining a child in a locked room or structure

B) Harsh, humiliating, belittling or degrading responses of any form including verbal, emotional or physical

C) Depriving a child of basic needs such as food, clothing, shelter or bedding.

I understand that if the caregiver engages in the above forms of punishment it will lead to the caregiver's termination.

Parent/Guardian

Date

Home Child Care Staff

Date



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**Emergency Action Plan if there is Medical Concerns
 (required only for extreme medical issues)**

CHILD'S NAME: _____

PARENT'S NAME(S): _____

CONTACT #'S: **H** _____ **H** _____

BUS. _____ **BUS.** _____

CONDITION REQUIRING EMERGENCY TREATMENT (nature of condition to be treated):

POSSIBLE SYMPTOMS:

EMERGENCY ACTION PLAN (foods to avoid, day to day supervision, epi-pen):

In the event that the child's well-being is threatened due to the symptoms observed by the Provider, the Provider will call an ambulance to get the child immediate medical attention.

 Home Child Care Staff

 Parent Signature

 Date



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Infant feeding instructions
To be filled out for children 12 months and under only!!!

The Day Nurseries Act requires that parents provide written feeding instructions, food and drink for children under 12 months of age. Update this feeding schedule as often as necessary as it must be current and reflect what is being implemented.

Child's Name: _____ **DOB:** _____ **Date of Instructions:** _____

My child has a bottle: **Yes** **No**
My child has: **Formula** **Homo milk** **Other**
Bottles will be prepared by: **Parent** **Provider**
Finger foods can be offered: **Yes** **No**
Finger food:

| Times to be Fed | Food to be Fed | Special Instructions |
|-----------------|----------------|----------------------|
| | | |
| | | |
| | | |
| | | |

Parent: _____ **Provider:** _____ **Home Case Worker:** _____



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**Huron County Community Home Child Care
 VACATION NOTICE**

Parent's Name: _____
 Child's Name: _____ Provider's Name: _____
 Vacation Dates: _____ up to and including _____

Please Note:

You must notify the office with this form and your Provider at least 3 weeks in advance or you may be billed at your regular rates.



**Huron County Community Home Child Care
 VACATION NOTICE**

Parent's Name: _____
 Child's Name: _____ Provider's Name: _____
 Vacation Dates: _____ up to and including _____

Please Note:

You must notify the office with this form and your Provider at least 3 weeks in advance or you may be billed at your regular rate.



**Huron County Community Home Child Care
 VACATION NOTICE**

Parent's Name: _____
 Child's Name: _____ Provider's Name: _____
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