

Latchkey Day Care™

& Learning Centre
FULL DAY LEARNING REGISTRATION

Start Date: _____ **Termination Date:** _____

LATCHKEY DAY CARE & LEARNING PROGRAM: _____ DATE: _____

CHILD'S FULL NAME: _____

BIRTHDATE: (M) ____ (D) ____ (Y) ____ HEALTH CARD NUMBER: _____

CHILD RESIDES WITH: BOTH PARENTS MOTHER FATHER GUARDIAN

LEGAL PARENT/ GUARDIAN INFORMATION:

MOTHER

FULL NAME: _____

Date of Birth: _____
 Day / Month / Year

Marital Status: _____

Home Telephone: _____

Home Address: _____

Postal Code: _____

E mail address: _____

Workplace: _____

Occupation: _____

Work Telephone: _____

Work Address: _____

Postal Code: _____

Cell Number: _____

FATHER

FULL NAME: _____

Date of Birth: _____
 Day / Month / Year

Marital Status: _____

Home Telephone: _____

Home Address: _____

Postal Code: _____

E mail address: _____

Workplace: _____

Occupation: _____

Work Telephone: _____

Work Address: _____

Postal Code: _____

Cell Number: _____

LATCHKEY DAY CARE & LEARNING CENTRE

CUSTODY INFORMATION (if applicable) :

Name(s) of Custodial Parent(s) / Guardian: _____

Can child be released to non – custodial parent? YES NO

Is there a court order outlining custody conditions? YES NO

- **IF yes, a copy of the court order must be attached to this registration.**

Date when copy of court order received at Latchkey: _____

Do we have your permission to verbally release progress and development information about your child with a non- custodial parent?

YES NO please CHECK the appropriate box.

Signature: _____ **Date:** _____

**Note: Childcare staff will make every effort to release children to only CUSTODIAL PARENTS
Visits by non-custodial parents will not be allowed at Latchkey.**

Special FAMILY situations, i.e. custody specifications, problems arising from situations?

Anticipated adjustment problems you feel your child may have or is having?

Other concerns you feel the Latchkey Day Care staff should be aware of

LATCHKEY DAY CARE & LEARNING CENTRE

AUTHORIZATION/CONSENT TO PICK UP CHILD

As per Latchkey Day Care Policies and Procedures, each child must be signed in and out by an adult who is at least 18 years or older. No child shall be released to a person not authorized by a parent/guardian. Latchkey Day Care must have written or verbal consent for changes in this regard.

All parents must sign the authorization below before any child/children can be released in order to ensure the safety of all children at Latchkey Day Care & Learning Centre.

I, _____ give consent/authorization for the following people to pick my
 (name of parent/guardian)
 child/children, _____. I understand that any person whose name appears
 (name(s))
 Below will be required to present picture identification prior to the child being released. I also understand that if their name does not appear on this list the child/children will not be released.

It is the responsibility of the parent/guardian to notify the Supervisor of changes made to this list

NAME OF PERSON	RELATIONSHIP	PHONE NUMBER

_____ Parent Signature

_____ Date

Log of verbal changes-dates and times (to be used by the Latchkey Day Care staff)

Name of person calling	Date and time message received

Latchkey Day Care & Learning Centre staff will ask to see picture identification each time you child is picked up by someone other than yourself.

LATCHKEY DAY CARE & LEARNING CENTRE

EMERGENCY/HEALTH INFORMATION

NAME OF DOCTOR: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: _____

ALLERGIES: _____

ANAPHYLACTIC ALLERGIES: _____

(Please obtain the 'ALLERGY ACTION PLAN' from the program Supervisor)

SPECIAL CONCERNS: _____

MEDICATION: _____ (IF MEDICATION IS TO BE ADMINISTERED, A MEDICATION FORM NEEDS TO BE COMPLETED. PLEASE ASK YOUR SUPERVISOR FOR ASSISTANCE)

IN CASE OF EMERGENCY PLEASE CALL: (PLEASE INDICATE SOMEONE CLOSE TO THE PROGRAM LOCATION)

(NAME) _____ (RELATIONSHIP) _____

(PHONE) _____

(NAME) _____ (RELATIONSHIP) _____

(PHONE) _____

Latchkey Day Care will do everything possible to notify the parent/guardian first before calling those listed as the emergency contact.

Parents must provide a copy of your child's immunization card with a record of up to date immunizations.

Immunization Record Received. Supervisor Signature: _____

Date: _____

LATCHKEY DAY CARE & LEARNING CENTRE

ADMINISTRATION OF MEDICATION FORM

CHILD'S NAME: _____

HEALTH CARD NUMBER: _____

DATE OF BIRTH: _____

NAME OF MEDICATION: _____

DATE(S) TO BE ADMINISTERED: _____

TIMES TO BE ADMINISTERED: _____

AMOUNT EACH TIME: _____

DOCTOR PRESCRIBING THE MEDICATION: _____

PHONE NUMBER OF DOCTOR: _____

ADDRESS: _____ POSTAL CODE: _____

I, _____ GIVE MY PERMISSION FOR THE STAFF TO
ADMINISTER THE ABOVE MEDICATION (ACCORDING TO THE ABOVE GUIDELINES)

TO (CHILD'S NAME) _____. I UNDERSTAND THAT THE
STAFF CANNOT BE HELD RESPONSIBLE FOR ALLERGIC REACTIONS OR OTHER COMPLICATIONS
RESULTING FROM THE ADMINISTRATION OF THE ABOVE MEDICATION ACCORDING TO THE
DIRECTIONS.

SIGNED: _____

DATE: _____

SUPERVISOR: _____

STAFF ADMINISTERING

MEDICATION: _____

LATCHKEY DAY CARE & LEARNING CENTRE

AUTHORIZATION FOR EMERGENCY TREATMENT

NAME OF CHILD: _____

DATE OF BIRTH: _____

HEALTH CARD NUMBER: _____

ALLERGIES: _____

SPECIAL CONCERNS: _____

ADDRESS: _____

PHONE NUMBER: _____

IN THE EVENT OF AN ACCIDENT, SUDDEN ILLNESS OR OTHER EMERGENCY, I HEREBY AUTHORIZE AND DIRECT THE ESSEX COUNTY LATCH KEY DAYCARES TO HAVE MY CHILD EXAMINED BY A HEALTH CARE PROVIDER AND TO CONSENT TO SUCH EMERGENCY TREATMENT AS MAY BE RECOMMENDED BY A HEALTH CARE PROVIDER INCLUDING, IF NECESSARY, THE ADMINISTRATION OF ANESTHETIC.

I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT ME, MY SPOUSE OR MY CHILD'S LEGAL GUARDIAN.

I AGREE TO PAY ALL MEDICAL EXPENSES INCURRED BY LATCHKEY DAY CARE & LEARNING CENTRE OF ALL EMERGENCY MEDICAL EXPENSES PROVIDED TO MY CHILD UNDER THIS AUTHORIZATION.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

DOCTOR'S NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: _____

LATCHKEY DAY CARE & LEARNING CENTRE

ABOUT YOUR CHILD

What foods does your child like? _____

What foods does your child dislike? _____

Favourite toys, games, activities? _____

Special toy or blanket for rest time? _____

Does your child have any fears? _____

When your child is upset/scared he/she has a tendency to

- | | | |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> cry | <input type="checkbox"/> bite | <input type="checkbox"/> hit |
| <input type="checkbox"/> scream | <input type="checkbox"/> run away | <input type="checkbox"/> hide |
| <input type="checkbox"/> throw things | <input type="checkbox"/> withdraw | <input type="checkbox"/> other, please specify |

Your child is best comforted by: _____

Does your child experience difficulty with any of the following?

- | | | |
|---|--|--|
| <input type="checkbox"/> biting | <input type="checkbox"/> hitting | <input type="checkbox"/> cooperativeness |
| <input type="checkbox"/> temper tantrums | <input type="checkbox"/> bladder control | <input type="checkbox"/> bowel problems |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> bedwetting | <input type="checkbox"/> nightmares |
| <input type="checkbox"/> language | <input type="checkbox"/> listening | <input type="checkbox"/> attention span |
| <input type="checkbox"/> separation anxiety | <input type="checkbox"/> nervous habits | <input type="checkbox"/> other, please specify |

Has your child had any previous day care experience? _____

Any anticipated adjustment problems? _____

Does your child still nap in the afternoon? If so, for how long? _____

Is your child toilet trained? If so, does he/she need any assistance? _____

Your expectations of Latchkey Day Care & Learning Centre _____

LATCHKEY DAY CARE & LEARNING CENTRE

GENERAL INFORMATION

Arrival & Departure

All children are to be escorted into the building using the designated entrance. Each child must be signed in and out by an adult, someone 18 years or older.

No child shall be released to a person not authorized in writing by the parent. **Adults authorized to pick up your child must be prepared to show picture identification to the Latchkey Day Care staff before the child can be released from the program.**

Children depend on regular routines for their own sense of security and understanding. **Please call the Supervisor to let them know if your child will not be attending or will be late.**

Withdrawal/Schedule Changes

The Learning Centre Supervisor must be notified in writing, a minimum of one month prior to a change in your child's schedule. If proper notice is not given, one month's payment is required in lieu of notice.

Extra days beyond the scheduled days will be calculated at the beginning of each month with payments due on the first of the month. Latchkey Day Care will try to accommodate additional days.

Program Termination

The Executive Director, on behalf of the Board of Directors, reserves the right to ask for a child's withdrawal if:

- Latchkey Day Care staff is not able to meet the behavioural or physical needs of the child in our child care environment/setting.
- Repeated behavioural difficulties and lack of parental/custodial support deems it necessary to discontinue the child's enrolment in the program.
- Arrears in accounts past a thirty (30) day period. The parent/guardian has not made payment arrangements for overdue accounts. Latchkey Day Care will forward all unpaid accounts to a collection agent.
- Tardiness in picking up your child on three occasions.
- A Parent or Guardian displays threatening, violent, abusive, harassing and/or any inappropriate behaviour towards any Latchkey Day Care staff or children.

Program Curriculum

We believe that all children are naturally strong and capable learners. Teacher collaboration and guidance are offered in a safe, licensed, supervised and supportive atmosphere where children are encouraged to explore, create, build, problem-solve and try out new skills. We look to each child to help guide us in their learning. We value and respect children and believe that their theories and ideas are an important source of curriculum. We believe this approach is the most developmentally appropriate and is most consistent with our understanding of how children learn.

Clothing

Children are required to wear appropriate and comfortable clothing to the program. You are welcome to keep extra clothing at the program. Running shoes (or slippers) with socks are preferable in the program. If your child is not dressed appropriately, they may not be able to participate in some activities (outdoor play).

Medication

If any medication is to be given to your child, you must have the medication in the **original container with the written dosage and administering procedure**. A Latchkey Day Care medication form must be filled out. Please ask your Supervisor for assistance.

LATCHKEY DAY CARE & LEARNING CENTRE

Personal Care Policy

We are committed to promoting the independence of all children at Latchkey Day Care. All children must be independent in all areas of personal care. Please let your program Supervisor know if your child has special needs in this area. Please speak to your Supervisor or see our personal care policy for additional details.

Behaviour Management

Children are disciplined in a positive manner at a level that is appropriate to their actions and their ages in order to promote self-discipline, ensure health and safety, respect the rights of others, and maintain equipment.

The following is a systematic approach in handling behavioural issues:

- Positive behaviour is rewarded immediately. Children will be encouraged to express their feelings with words.
- Provide an alternative activity for the child.
- Identify the problem and help the child solve it.
- Give directions verbally and allow time to follow through.
- Use physical guidance to help follow through.
- After the third time, the child's separation from the group may be necessary for a period of time.

Staff Safety and Security

Latchkey Day Care & Learning Centre believes in the prevention of violence and promotes a violence-free workplace in which all people respect one another and work together to achieve common goals.

The Executive Director, on behalf of the Board of Directors, reserves the right to ask for a child's withdrawal if a Parent or Guardian displays threatening, violent, abusive harassing and /or any inappropriate behaviour towards any Latchkey Day Care staff or children.

Annual General Membership Meeting and Board Members

A parent/guardian of children attending Latchkey Day Care is required to attend, or represented by proxy, the Annual General Membership Meeting held each May.

Parents are also encouraged to consider becoming a representative for their program to ensure continued success. Commitment is approximately 2-3 hours per month. Ask your program Supervisor for more information.

Fundraising

During many times in the year a number of fundraising events are held in order to purchase games, toys, books and recreational equipment. Please let us know if you have any ideas for an event. This will help to keep the cost of parent fees down.

Parent/Guardian Signature

Supervisor's Signature

Date