



**JK/SK PROGRAM INFORMATION & REGISTRATION**

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.

<p>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.</p> <p>It is the responsibility of the parent/guardian to notify the Supervisor of changes made to this list</p>
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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

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:

- 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 sixty (60) 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.
- Latchkey Day Care staff is not able to meet the behavioural or physical needs of the child in our daycare environment/setting.
- Tardiness in picking up your child on three or more occasions.

### Daily Planning

The goals and objectives of our early years educational curriculum is to engage children in play based problem solving activities using a wide variety of resources to promote high-quality early childhood development and learning.

Play-based, problem-solving learning environments offer children an array of opportunities to explore, discover and create.

Daily activities will be planned in advance. This information is available in advance and will be posted on the parent information board. It is important to look for notes posted on the clipboard regarding activities and schedules. Supervisors will provide you with monthly calendars with planned activities.

### 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).

## LATCHKEY DAY CARE & LEARNING CENTRE

### Medication

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

### 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.

These guidelines are from the Day Nurseries Act of Ontario.

### 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.

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Parent/Guardian Signature

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Supervisor's Signature

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Date