

Unique Minds Child Care Inc.

Graceland Site (1140 Bruce Road 86)

Registration and Health Information Form

Date of Admittance: _____ Date of Discharge: _____

Group Placement At Registration:

- ☐ Preschool Program
☐ Before & After School Program
☐ PD Day Camp/March Break Camps

Days of Child Care Required. Please specify exact time of care:

Monday	Tuesday	Wednesday	Thursday	Friday

Child's Information

Full Legal Name:	Preferred Name:
Date of Birth (dd/mm/yyyy):	Age (years, months):
Home Address:	
Language(s) Spoken at Home:	
Other Siblings enrolled in Unique Minds Child Care Inc.(list names, if applicable):	

Parent Information

Full Legal Name:	Preferred Name:
Relationship to Child:	Cell Phone Number:
Place of Employment:	Work Phone Number:
Email Address:	
Home Address:	
<input type="checkbox"/> Same as Child	

Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Place of Employment:	Work Phone Number:
Email Address:	
Home Address:	
<input type="checkbox"/> Same as Child	

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal rights of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Health Information

If your child has had any history of communicable diseases (ex: chicken pox, measles), please list them below:

Unique Minds Child Care Inc.

Does your child have any medical need(s) that require support (ex: Diabetes)?

YES ____ NO ____

If yes, an individualized plan for children with medical needs must be developed between the parent and Unique Minds Child Care prior to the child's first day of care.

Does your child require prescription medication to be taken on a regular basis?

YES ____ NO ____

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Would any of the above prevent the child from engaging in normal activities?

Yes ____ NO ____

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Do you have any concerns about your child's:

Hearing and/or Vision:

--

Speech and Language Development?

--

Gross Motor Skills?

--

Overall Development?

--

Additional Health Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (ex: known conditions, skin conditions, vision/hearing difficulties):

Allergy Information

Does your child have a life-threatening allergy (ex: anaphylactic to peanuts, bee stings, latex)?

YES ____ NO ____

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and Unique Minds Child Care prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substances)?

YES ____ NO ____

If yes, please provide relevant details, including what your child is allergic to, symptoms of reaction and treatment required:

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscientious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

Children not meeting the immunization requirements may be prevented from attending the Child Care Centre.

Unique Minds Child Care Inc. is a nut free environment where all nut and nut products are not used or allowed in the building.

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Immunization Information

Dear Parent or Guardian:

Please help us protect the health of children at the child care centre. You can do this by making sure your child is properly immunized and by providing the Health Unit with a record of your child's immunizations. Your child should be fully vaccinated to protect him/her from diphtheria, pertussis (whooping cough), tetanus, polio, haemophilus influenzae type b (Hib), measles, mumps and rubella (German measles), pneumococcal, meningococcal, chicken pox and rotavirus.

In Ontario, the Child Care and Early Years Act states that children attending childcare facilities must be immunized prior to admission to a child care facility, unless they have legal exemptions.

If your child's immunization is not up-to-date, please receive the required immunizations from your healthcare provider or Public Health. Parents who do not want their child immunized for medical, religious or philosophical reasons should contact the Health Unit. In the event of an outbreak of any vaccine preventable disease, non immunized students may be excluded from the child care centre until the outbreak of disease has ended.

Every time your child receives a vaccination, please notify the Health Unit at 519-376-9420 or email to immunization@publichealthgreybruce.on.ca. Thank you for your help.

Note: Please attach two photocopies of your child's immunization record.

Sincerely,
Medical Officer of Health Dr. Ian Arra

Child's Last Name	First Name	Middle Name	Sex	Date of Birth
Child's Health Card #				
Name of Child Care Centre				
Name of Parent or Guardian				
Home Address				
Postal Code			Cell Telephone #	
Home Telephone #			Work Telephone #	
Family Doctor			Doctor's Phone #	

Signature of Parent / Guardian _____ Date _____

Personal information contained on this form is collected under the authority of the Child Care and Early Years Act and will be used to record immunization on children in child care centres. For further information, contact Public Health, Owen Sound: 519-376-9420 or 1-800-263-3456.

Dietary and Feeding Arrangements

Does your child have any special dietary requirements or restrictions? (e.g. Vegetarian, Keshet, Halal) YES ____
NO ____

If yes, please provide relevant details:

Does your child have any special feeding requirements (sippy cups)? YES ____ NO ____

If yes, please provide relevant details:

Sleeping Arrangements

Please describe your child's usual nap routine:

Does your child have any special sleep requirements (blanket, toy, pacifier)? YES ____ NO ____

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers? YES ____ NO ____

If no, my child:

☐ Uses the washroom independently ☐ Requires some assistance ☐ Requires full support

Please provide relevant details:

Does your child require any additional support or accommodations with respect to physical activity?

NO ____ YES ____

If Yes, please provide relevant details:

Social and Emotional Development

How would you describe your child's personality characteristics? (shy, outgoing, any fears, etc)

Is there anything you can think of that would help us know and understand your child better?

Consents

Authorization for Non-Prescription Skin Products

Child's Full Legal Name:	Date of Birth: (dd/mm/yyyy)
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The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container. Parents must supply all products. Add the brand name of the non-prescription items for transparency.(please check off):

- | | |
|---|------------------------|
| <input type="checkbox"/> Sunscreen | Centre Supplied |
| <input type="checkbox"/> Diaper Creams | Nail Polish |
| <input type="checkbox"/> Lip balm | Face Paint |
| <input type="checkbox"/> Hand sanitizers | Temporary Tattoos |
| <input type="checkbox"/> Insect repellent | |
| <input type="checkbox"/> Lotions | |

Date (dd/mm/yyyy)

Signature of Parent

Sleep Permission

If your child is younger than 18 Months of age, I give permission for my child to sleep on a cot while napping, using a weighted blanket and/or sleep sac at Unique Minds Child Care. We require your permission to be able to use these items during their rest period only.

Parents Name (please print): _____

Parents Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Excursions

_____ may take part in excursions off the property and to places

Child's Name

of interest in the community, if these groups are adequately supervised at all times.

In case of emergency, when neither parent nor family doctor can be contacted, and emergency treatment is essential, my child may receive such treatment; and, although I understand every precaution will be taken, Unique Minds Child Care Inc./Before and After School Program will not be held responsible for any accident or injury that may occur on the premises.

Parent / Guardian Signature

Date

We are requesting your permission to allow your child to be photographed. Please indicate below your decision.
(There is no obligation. Please do not sign if you have any reservations.)

I will allow my child to be photographed for in centre use (e.g. Documentation, HiMama): YES ____ NO ____

I will allow my child to be photographed for Social Media(e.g. Facebook Page): YES ____ NO ____

I will allow my child to be photographed/videotaped for community purposes: YES ____ NO ____

Throughout the school year we are on occasion requested to have the children photographed, filmed or videotaped.
(e.g. Co-op Students, Newspaper, etc)

Parent / Guardian Signature

Date

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Parent Payment Agreement

✓ Please check off each item as it indicates you have read and understand the policies

(You pay for statutory holidays if it is your regularly booked day to attend.)

- ☐ We are responsible to pay for all booked days. Switching days is not permitted.
- ☐ The illness policy still requires full rate of payment.
(if you receive fee subsidy, user fee applies each day)
- ☐ During inclement weather if the centre is open, we are billed regardless of attendance.
- ☐ We may book a maximum of three (3) weeks vacation annually.
We must book our vacation in writing, two (2) weeks in advance of scheduling.
Vacations are allowed in one (1) week blocks.
- ☐ Payment for child care is due upon receipt of invoice, unless other arrangements are in writing and approved by the administrator in advance.
- ☐ Two (2) weeks written notice is required when leaving the program.
Regular fees will apply until two (2) weeks are completed.

We have reviewed these policies with the Directors /Supervisor.

Fees may be changed with written notice.

Parent's Signature

Parent's Signature

Unique Minds Child Care Inc. Witness

Date