



# **WEST END HOME CHILD CARE SERVICES**

1411 Bloor Street West, Toronto, Ontario M6P 3L4 • Tel: (416) 537-4154 • Fax: (416) 537-2740

## **Enrollment & Immunization**

- **Client Information**
- **Emergency Pick-Up Form**
- **Initial Parent/Guardian Interview**
- **Child Schedule**
- **Medical Information**
- **Consent Forms**
- **Immunization Records**



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Child's Name	Birth Date	File #
Parent/ Guardians Name	Parent/ Guardians Name	
Home address and postal code	Home address and postal code	
Home phone #	Home phone #	
Email	Email	
Cell/Pager #	Cell/Pager #	
Work/School address and postal code	Work/School address and postal code	
Work/School phone #	Work/School phone #	
Doctor's Name	Doctor's Address	Doctor's Telephone Number

**Court/Custody Order on File: YES NO**

## FIRST PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN THE PARENT/GUARDIANS)

Name	Relationship to child	Home Phone #
Address		Postal Code
Business/School Address	Postal Code	Business/School phone

## Other people authorized to pick up

Name	Relationship
Name	Relationship
Name	Relationship

\_\_\_\_\_  
**Parents/Guardians Signature**                      **Witness**                      **Date**

\_\_\_\_\_  
**Date of admission**                      **Deposit paid**                      **Reg. Paid**                      **Daily Fee**                      **Date of withdrawal**



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## INITIAL PARENT/GUARDIAN INTERVIEW

Child Name: \_\_\_\_\_

Parent's/ Guardians Name: \_\_\_\_\_

Sleeping Patterns: \_\_\_\_\_

Eg: Tummy, Side, on back etc, naps, doesn't nap

Does your child have a security item? \_\_\_\_\_

Eg: Bottle, blanket, bear, pacifier, sucking thumb etc.

Feeding: General information about eating habits or food restriction: \_\_\_\_\_

Circle what the child eats: Water, Juice, Fruits, Vegetables, Meat, and Cereal

Child's attitude towards eating is generally good – or – bad? Explain: \_\_\_\_\_

Language(s) spoken at home, cultural interests: \_\_\_\_\_

Needs and Abilities: \_\_\_\_\_

Is your child talking, comprehending? \_\_\_\_\_

Circle the activities the child enjoys: Toys/ Games/ Music/ Stories/ Books/ Dramatic play/ Songs

What method of discipline do you use in your home? \_\_\_\_\_

How many daycare arrangements has the child had: \_\_\_\_\_

Does your child have any fears: \_\_\_\_\_

Reaction to fear: \_\_\_\_\_ How do you handle it: \_\_\_\_\_

What frustrates your child: \_\_\_\_\_

How do you handle it: \_\_\_\_\_

## CHILD'S DAILY SCHEDULE

Please complete the child's morning/afternoon routine and schedule. By providing this information the provider will have a better understanding of your child's day (i.e. naps, play schedule, eating schedule and time spent outdoors)

### **MORNING:**

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

### **AFTERNOON:**

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



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## MEDICAL AND HEALTH CARE INFORMATION (MEDICAL RELEASE)

Child's Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

General Health: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Epi pen required? \_\_\_\_\_  
Eg. Food, clothing, animals, play materials, drugs, other

Please specify symptoms, signs to look for: \_\_\_\_\_

Treatment for allergy: \_\_\_\_\_

Birthmarks: \_\_\_\_\_

Is your child Asthmatic? \_\_\_\_\_ Is your child on puffer? \_\_\_\_\_

Date of last examination: (y/m/d) \_\_\_\_\_ Current weight: \_\_\_\_\_

At the present time is the child free of communicable diseases? \_\_\_\_\_

List previous history of communicable diseases in the past? \_\_\_\_\_

Please describe special requirements for diet, rest or exercise, if applicable: \_\_\_\_\_

### MEDICATION

The provider will administer only prescription medication as required. All medication must come in the original container with the prescription label. Parents/ Guardians must sign their consent for the administration of such medication. In addition, the provider will document all medication on the appropriate form.

### PARENTS CONSENT FOR MEDICAL TREATMENT

**Note:** If at anytime, due to such circumstances as accident, sudden illness or emergency, medical treatment is required, this may be given, including anesthetic, if necessary, by a private physician or hospital.

In the event of a medical emergency, the child named above will be transported by ambulance and/or taxi to a hospital and/or physician's office by a home provider.

\_\_\_\_\_  
Parent's/ Guardians Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness:



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## **DIAPERING, SUN BLOCK**

I parent/guardian of the following named child \_\_\_\_\_ authorize the provider of West End Home Child Care Services to use the following diapering and sun block products on my child when required.

Sun block to be used: \_\_\_\_\_

Diapers, wipes, and creams to be used: \_\_\_\_\_

Diapering Instructions: \_\_\_\_\_

\_\_\_\_\_  
**Parents/ Guardians signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## **HAND SANITIZING**

I \_\_\_\_\_ parent of \_\_\_\_\_, give my permission to West End Home Child Care Services provider care to use Sanitizer provided by the day care to sanitize my child's hands when water is not available (trips, parks, playgrounds).

\_\_\_\_\_  
**Parents/Guardians signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## **PARENT/GUARDIAN CONSENT FOR ALTERNATIVE SLEEP**

\* \*All infants under the age of 18 months will be sleeping in a playpen or a crib while in the provider's home\*\*

I \_\_\_\_\_, parent/guardian of the following named child \_\_\_\_\_ give my consent for my child over the age of 18 months to sleep in an alternative way which may include a mat on the floor, a bed, a cot or couch while in the providers home.

\_\_\_\_\_  
**Parents/Guardians signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## **PHOTOGRAPH CONSENT & AUTHORIZATION**

I \_\_\_\_\_ parent/ guardian of the following names child \_\_\_\_\_ hereby consent to have my child photograph taken by staff of the daycare for use of the daycare. Including activities, displays and identification.

\_\_\_\_\_  
**Parents/ Guardians signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**



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## TRAVEL CONSENT PARENTS AUTHORIZATION

I \_\_\_\_\_ parent/guardian of the following named child \_\_\_\_\_  
Hereby consent to have the said child leave the premises of the provider's home under the provider's supervision to participate in daily outings, trips to parks, playgrounds, school and libraries. I allow my child to go on these outings on foot or TTC.

\*\* Any Field Trips involving TTC will have a separate permission form to be completed\*\*

\_\_\_\_\_  
**Parents/Guardians signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## SCHOOL ESCORT / SCHOOL TRANSPORTATION

I \_\_\_\_\_ parent/guardian of the following named child \_\_\_\_\_  
hereby give my consent for my set child to walk, to and from school, escorted by the day care provider.

\_\_\_\_\_  
**Parents/Guardians signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## DISCLOSURE OF INFORMATION POLICY

In order to provide quality care for children, there are times when it is appropriate for the School, Child Care, Toronto Children's Services or the Family Resource Program to exchange information. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation or behaviour.

## CONFIDENTIALITY CONSENT FORM

I \_\_\_\_\_ hereby consent to West End Home Child Care and \_\_\_\_\_ (School)  
and/or resource teachers and/or Toronto Children's Services for the reciprocal exchange of information about my child \_\_\_\_\_ born on \_\_\_\_\_.

\_\_\_\_\_  
**Parents/Guardians Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## PARENT/GUARDIAN CONSENT FOR ALTERNATIVE CARE

I \_\_\_\_\_, parent/guardian of the following named child \_\_\_\_\_

- Give my consent to \_\_\_\_\_, Husband/ Friend/ or Relative of \_\_\_\_\_ West End Home Child Care provider to look after my child while the provider is out of the home. (E.g. school pick up, emergency, appointment)
- Do not give consent for anyone other than the primary caregiver to care for my child.

\_\_\_\_\_  
**Parents/Guardian's signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

