



Date: _____ Year: _____

For Office Use:

Age: _____

Program: _____

Start Date: _____ End Date: _____

TCAG "Child Care"

Full/Half Days

- 15 – 18 (Months Requires Pre-approval)
- Toddler (18-31 Months)
- Preschool (31 Months – 5 Years)

Before/After School & PA Days/School Closings

- 4 – 5 Years (Attending School)
- 6 – 12 Years

Subsidized by Region: (worker) _____ (phone) _____ Non-Subsidized

Child's Personal Information:

Name of Child: _____ Date of Birth: _____ Health Card # _____

Address: _____
(Street #) (Street) (City) (Postal Code)

Allergies/Medical Concerns: _____ No _____ Yes If yes please list: _____

*****Due to Anaphylactic Allergies the center strives to be: Peanut/Nut/ Coconut Free*****

Are you involved with any other agencies? ___ No ___ Yes (Please List) _____

Parent(s) Child Resides with:

(In order to deny access to a parent – "original" court/custody papers must be submitted to be photocopied.)

1. Name of Parent/ Guardian: _____ Relationship: _____

Address: _____
(Street #) (Street) (City) (Postal Code)

Phone Number: _____ Alternate # _____

Place of Business: _____ Phone # _____ Email: _____

Address: _____
(Street #) (Street) (City) (Postal Code)

2. Name of Parent/Guardian: _____ Relationship: _____

Address: _____
(Street #) (Street) (City) (Postal Code)

Phone Number: _____ Alternate # _____ Email: _____

Place of Business: _____ Phone # _____

Address: _____
(Street #) (Street) (City) (Postal Code)

Emergency Contact Information and Permission to release the Child:

Alternate persons to be contacted: (If the parent(s) is not available) ** Print Full Names

1. _____ Home # _____ Alternate: _____ Relationship: _____

2. _____ Home # _____ Alternate: _____ Relationship: _____

I give my permission to the staff of TCAG to release my child to all above mentioned persons.

Parent's Signature: _____ Date: _____

Doctor or Walk in clinic used

Name: _____ Address: _____ Phone Number: _____

Family Dentist:

Name: _____ Address: _____ Phone Number: _____

How did you hear about our program? _____

Child Care:

Program Information:

Starting Date:

Child's Name: _____ **Month:** _____ **Day:** _____ **Year:** _____

15 – 17 Months ** Pre-approval Required*

Days Attending:	Drop Off Time:	Pick Up Time:
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

Toddler (18 – 30 Months)

Toddler		
Days Attending:	Drop Off Time:	Pick Up Time:
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

Preschool (31 – 60 Months)

Days Attending:	Drop Off Time:	Pick Up Time:
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

Child Care: Children Attending School-Please Fill In

Program Information:

Starting Date:

Child's Name: _____ **Month:** _____ **Day:** _____ **Year:** _____

Other Information Required:

School:
School Phone Number:
Current Grade:
Teacher's Name:

JK/SK-Attending School (3.8 – 5 Years)

Days Attending:	Drop Off Time - a.m.	Pick Up Time – p.m.
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

School Age (6 – 12 Years)

Days Attending:	Drop Off Time – a.m.	Pick Up Time – p.m.
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

Please read carefully and acknowledge that you are aware of the following:

Parent's Initial	Statement
	My child has had chicken pox: <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child been vaccinated (also called varicella or varilix) <input type="checkbox"/> Yes <input type="checkbox"/> No
	All program fees are payable regardless of the child's full use of the program i.e. absenteeism: Fees are payable regardless of the reason for the absenteeism. Stat/Civic Holidays are payable. All fees must be kept in good standing in order to continue services.
	All absenteeism should be reported by 9:00 am (in case of illness, please include symptoms)
	Payments (post-dated) are due every two (2) months. Cheques are payable to: "TCAG"
	There is a \$10.00 per week charge on all late payments. There is a \$20.00 charge on all NSF cheques.
	Late fees will be charged to anyone picking up their child after the program is scheduled to end. Attention will be directed to reoccurring lateness.
	TCAG programs require two (2) weeks of written notice of intent to withdrawal the child from any program. Failure to provide proper notice will result in full payment of fees for the two (2) week period.

Please initial each box after carefully reading the statements. If you do not wish to give permission to one or more of the following, place an "X" in the "Parent's Initial" box.

Parent's Initial	Statement
	I give permission to the TCAG to photograph or take videos of my child for educational or promotional purposes such as the TCAG Leisure Guide, website and media releases.
	I give permission to the employees of the TCAG to take my child, out of the centre for walks or trips within walking distance from the centre. (Other excursions by vehicle will require further permission).
	I agree to release TCAG (employees, volunteers, and Board of Directors), from costs or liabilities incurred because of an event or activity and for loss or damage of personal property. I give my permission for the employees of the TCAG to obtain emergency treatment for the above named participant if required.
	I understand that it is my responsibility to notify the TCAG in writing of any changes to the information provided.

Acceptance of Policies and Permission:

I understand and agree to abide by all of the policies and procedures of TCAG as stated above.

Print Name: _____ Parent Signature: _____ Date: _____

<p>For Office Use Only:</p> <p>_____ Up- to- date immunization record submitted. _____ Further immunization required: _____</p> <p>_____ Registration Fee: \$ _____ Date deposited: _____ Date Paid: _____ Receipt #: _____</p>
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<p>For Office Use Only:</p> <p>Withdrawal:</p> <p><input type="checkbox"/> Fees Paid in Full OR <input type="checkbox"/> Fees Owing (Attach full details)</p>
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Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is a serious allergic reaction that can be life threatening or fatal. It requires appropriate avoidance strategies and immediate response in the event of an emergency.

All staff, students and volunteers will be instructed on the use of any allergy medication prior to commencement of employment/placement and annually thereafter.

What is Bill 3- Sabrina's Law?

Bill 3 – Sabrina's Law is an Act to protect anyone with anaphylactic/life threatening allergies. It requires appropriate avoidance strategies and immediate response in the event of an emergency.

What are TCAG's Strategies to Reduce the Risk of Exposure?

The following will be in our parent handbook, registration forms and posted in the centre.

The Thorold Community Activities Group strives to be peanut free centre.

The person (if over 18 years) or the parent/guardian, will be asked to provide **written permission** to the Director, to identify (including posting of current photo identification) the person with the anaphylactic allergy to the child care facility and the school community in order to ask support. All staff/students/parents in the child care facility/school will be notified of a person who is anaphylactic who is in attendance at the facility/enrolled.

With written permission, (from a parent/Guardian, for persons under the age of 18 years):

Age 6 year and over: the person with the allergy will be required to carry at all times, their epipen in a pouch around their waist (a second epipen is always recommended to be placed in a labelled, closed container or top of the staff cupboard, out of the reach of the children.)

Under 6 years of age: The teacher will be required to carry at all times, the child's epipen, in a pouch around their waist. (A second epipen is always recommended to be placed in a labelled, closed container or top of the staff cupboard, out of the reach of the children.)

If at any time there is a concern with any of these procedures, the concern will be brought immediately to the Director of Child Care/Designate.

My Child: _____ **does not** have an anaphylactic allergy; however, I have read and understand that the Thorold Community Activities Group/Child Care strives to be a peanut/nut free environment.

Signature: _____ Date: _____

****IF YOU'RE CHILD "DOES" HAVE AN ANAPHYLAXIS ALLERGY, PLEASE NOTIFY THE SUPERVISOR/DIRECTOR OF CHILD CARE IMMEDIATELY TO PICK UP THE NECESSARY DOCUMENTATION****

Date: _____ Year: _____

CHILD CARE: Toddler
 Preschool
 JK/SK
 School-Age

Child's Full Name: _____

Health card #: _____

Date of Birth: _____ Year: _____ Age: _____

Address: _____

Contact #: _____ Alternate #: _____

Mom's Name: _____

Address: _____

Contact #: _____ Alternate #: _____

Work #: _____ Work #: _____

Dad's Name: _____

Address: _____

Contact #: _____ Alternate #: _____

Work #: _____ Work #: _____

Emergency Contacts:

1. Name: _____
 Phone #: _____
 Alternate #: _____

2. Name: _____
 Phone #: _____
 Alternate #: _____

Allergies: No Yes (Provide Full Details if Yes)

Restrictions: _____

Notes: _____

Start Date: _____ Year: _____

Withdrawal Date: _____ Year: _____

Notes:

Parent's Name: _____

Child's Name: _____

ALLERGIES/SPECIAL NOTES:

TCAG Child Care “Policies & Procedures” Review & Acceptance



Parent’s Names: _____

Child (Children’s full Names): _____

Parent Handbook Reviewed? Yes

1. Introduction & Philosophy	
2. General information (eg. Hours/days open, closed, Stat/Civic holidays, etc)	
3. Behaviour Management Policy	
4. Anaphylactic Allergy Policy Reviewed	
Anaphylactic allergy?	<input type="checkbox"/> No, but I understand that the TCAG is “nut free”
	<input type="checkbox"/> “YES” <input type="checkbox"/> an EpiPen has been provided.
	Location: _____
Individual Anaphylaxis Plan submitted & reviewed with staff	<input type="checkbox"/> (includes photo of child)
It is the responsibility of the parent to provide a current EPIPEN at all times when the child is enrolled in the Child Care Facility (note the expiry date: _____ year: _____)	
5. Arrival/Departure/ Releases to individuals/ Late Pick up Charges	
6. Withdrawal Policy	
7. Vacations	
8. Closures due to weather *check the radio station*	
9. Health & Illness Policy/ Fevers, vomiting, diarrhea, head lice, etc.	
10. Administration of Medication	
11. Incidents and Serious Occurrences	
12. The program	
13. Snacks/Meals	Bag-lunch policy submitted <input type="checkbox"/> yes <input type="checkbox"/> N/A
14. Expressing Concerns	
15. Payments	

I have read, understand and agree to abide by all of the Policies & Procedures of Thorold Community Activities Group Child Care (listed above).

Date of Review:	Parent’s Acceptance/Signature:	Child Care Director or Designates Signature
<input type="checkbox"/> 2015		