

## Little Munchkin Registration

Dear Parents,

Please read this document thoroughly and you may want to make a copy for your records. There is registration fee of \$45.00 associated with the completion of this application. Please provide a **printed** copy of the registration form (no electronic submissions). You will also receive an email about Bright Wheels (our online platform used to share activity pictures) in a couple of weeks, please ensure to enroll into that.

This agreement is between:

Parent(s) name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

And

Daycare Name: \_\_\_\_\_

Address: \_\_\_\_\_ (if multiple locations, please indicate all locations)

Phone number: \_\_\_\_\_

For the provision of child care for:

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

The terms of the agreement are as follows:

Hours of care: \_\_\_\_\_

Days of care: \_\_\_\_\_

Fees for care: \_\_\_\_\_

Please notify the daycare immediately if there is a change to the agreed upon hours and days.

Payment is due whether the child attends care on the agreed upon days or not. In the case of withdrawal from daycare\*  
- a 45 day notice must be provided.

\*Daycare is used in this document interchangeably and refers to Little Munchkin Daycare Ltd.

**Parent Initials** \_\_\_\_\_

**Deposit (Refundable)**

A refundable deposit fee of \$450.00 is required to hold the child's space between the time of registration and the date when care commences. This deposit fee will be fully refunded during the last month of attendance at the daycare.

The following conditions will render the deposit to be non-refundable:

- Contract is terminated before care starts.
- 6 month probation period of withdrawal (i.e. child leaves daycare before 6 months of care from the start date)
- Failure to provide 45 day advance notice before termination of care.
- Meet termination conditions (see below)

**Payment Plans**

All our payment plans are on a fixed schedule system (i.e. same schedule each week throughout the course of the month) ranging from 1 day/week to 5 days/week depending on what is available. Payment is collected through Pre-Authorized Debit (PAD) (see 'payment collection' section below for more details).

If parents are seeking to drop-in on a day outside their regular schedule – we cannot guarantee spot availability but you can check with your corresponding centre staff (either a few days prior or calling in the morning on the day of attendance). If you are dropping-in, our charge is \$90/day (cash only) and can be delivered to any staff on the floor. Payments for drop-in must be made on the day of attendance.

**Termination/Change of Service:**

We require a 45 day notice prior to modification or termination of service. Additionally, services can only be modified/cancelled at the **end of the monthly billing cycle** (for example, if 45 day notice is provided on May 15 (or prior), then full payment must be made until June [end of monthly cycle]. However, if notice is given after May 15, end of billing cycle month would July and thus payment for June and July is required).

**Long-term Absence/Vacation**

In the case of short-term absence/vacations (less than 3 months) taken by parents', it is required that full payment for those months be paid. However, if the vacation is for an extended period (3 months or longer) – half of the monthly charge is required to reserve/hold the child's registration.

**Tax Receipts**

We issue childcare tax receipts for the previous calendar year (i.e. December 31) on February of the following year. At this time, we do not provide monthly invoices/receipts.

**Potty Training**

We will work with you at the centre if you have started potty training at home to help assist in potty training. We require that parents use training pants (see link below). These are specifically designed to not have a diaper feel (a more cloth like sensation), yet prevent leaks due to accidents. Alternatively, you may also use Pull-Ups.

Training Pants: <http://www.pottytrainingconcepts.com/Waterproof-Potty-Training-Pants.html> (company also ships to Canada)

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**Parent Initials** \_\_\_\_\_

**Important Contact Information** (please save this information to your cellular device)

Below is the contact information for our different programs. We highly recommend saving the contact details to your phone for the program that you are registered. Please note that these numbers are not publicly available and are meant only for registered parents. Please email the admin as well as the corresponding centre's email to inform of absence. If you need to reach staff during hours of operation, please call the centre's number directly....if we are unavailable, please leave a voice message and staff will return your call promptly.

**Granville Centre (1319 W 52 Avenue)**Email: [granville@littlemunchkindaycare.ca](mailto:granville@littlemunchkindaycare.ca)

Ph: 604-781-4543

**Dunbar Centre (3969 W 29 Avenue)**Email: [dunbar@littlemunchkindaycare.ca](mailto:dunbar@littlemunchkindaycare.ca)

Ph: 604-781-4351

**Oak Centre (1068 W 29 Avenue)**Email: [oak@littlemunchkindaycare.ca](mailto:oak@littlemunchkindaycare.ca)

Ph: 604-781-4340

**Kerrisdale Centre (3750 W 29 Avenue)**Email: [kerrisdale@littlemunchkindaycare.ca](mailto:kerrisdale@littlemunchkindaycare.ca)

Ph: 604-781-4350

**Holland Centre (5981 Holland Street)**Email: [holland@littlemunchkindaycare.ca](mailto:holland@littlemunchkindaycare.ca)

Ph: 604-781-4357

**Shaughnessy Centre (1469 Balfour Avenue, Vancouver)**Email: [shaughnessy@littlemunchkindaycare.ca](mailto:shaughnessy@littlemunchkindaycare.ca)

Ph: 604-781-4341

**Administrator:**

Name: Mohammad

Email Contact: [info@littlemunchkindaycare.ca](mailto:info@littlemunchkindaycare.ca)Role: Payment, registration, parent vacation notification, etc. as well as any serious concerns (responding to parent concerns/emails).

Phone: 604-655-1895

**Site Manager:**

Name: Julia Yoon

Email: [julia@littlemunchkindaycare.ca](mailto:julia@littlemunchkindaycare.ca)

Role: Formulating activities, staff management and scheduling, etc.

Centre (Phone): 604-781-4543

**Payment Collection:**

We collect payment through pre-authorized debit in partnership with Rotessa (third party payment solutions) for our group programs. Please click the link below and complete the pre-authorized debit agreement (PAD). This needs to be completed as part of the registration process. There will be \$50 fee for any NSF charges.

[https://client.rotessa.com/auth\\_signups/customer\\_info?auth\\_form\\_url=b8dde169d1b4fb95](https://client.rotessa.com/auth_signups/customer_info?auth_form_url=b8dde169d1b4fb95)

Drop-in rate is \$90/day (cash only) – feel free to hand it off to any staff (please see Payment Plan section above).

**Integration**

We usually recommend a 3 day integration schedule [i.e. first 3 days of attendance] before commencing care full-time:

1st day = 1.5 hours

2nd day = 3 hours

3rd day = 5 hours

However, please note that this is *flexible* and you can adjust it accordingly with staff at the centre. Our policy with regards to nap integration is that generally a child's nap schedule at home will differ from the schedule posted at the centre when they start....hence, we take more of a gradual adaptive process by following the child's nap time at home initially and over time adjusting them to our routine.

**The following items will be supplied by the parents:**

- 1) Diaper and Wipes
- 2) Daily Lunch (microwave safe containers, etc.)
- 3) Muddy-Buddy (waterproof coverall for outdoor activities)
- 4) Extra pair of clothes
- 5) Blanket
- 6) Boots
- 7) Bedding (cover for sleeping)
- 8) Water bottle (microwave safe)
- 9) Milk bottle (microwave safe)
- 10) Bibs

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**Parent Initials \_\_\_\_\_**

**Snacks/Lunch**

The daycare will provide snacks two times a day and parents are responsible for providing lunches.

**Sickness/Absence**

Our sickness policy was formulated based on guidelines as prescribed by Vancouver Coastal Health (VCH) to ensure health and well-being of both staff and children. Please refer to sickness policy (i.e. page 13) for more information.

**[Important]** If your child will not be able to attend (sickness or otherwise) - please send an email to the admin (info@littlemunchkindaycare.ca) as well as to your corresponding registered centre's email (see page 3) before 8:45 am on that day.

**Daycare Closures**

The daycare will be closed 12 business days in a calendar year as well as on all statutory holidays. Please refer to the 'schedule' section for more details. Please note that this a paid closure and fees are not pro-rated for daycare closures.

**Parent Vacations**

In the case of vacations taken by parents', full payment is required to reserve child's registration for that duration.

**[Important]** Please email admin (info@littlemunchkindaycare.ca) to inform when you will be going away on vacation ahead of time - we need to know this ahead of time as we plan different activities and themes as part of our learning program for each child.

**Pick-up/Drop-off Policy**

Late pick-up policy – we will allow for late pick-up (10 min max) for the first 2 times without penalty. However, after the third time and onwards – you will be charged \$15.00 for every 15 minutes – children must be picked up with-in 30 minutes after closure.

All children should be at the centre no later than 9:30 am as it affects our daily schedule and activities. If you are arriving late, please inform the centre. If you require alternative arrangement, please contact the administrator.

**Fees**

Daycare charges are available on our website: <http://www.komelsdaycare.com/fees-enrollment-list.html>. End of each fiscal year (in our case, end of March is our year end date) - fees may be incremented by up to maximum of 10% to adjust for increased costs (labor, equipment, etc.)

**Immunization Records**

Child's **immunization records** (see immunization for childcare section below) must be included with this document (all children must be immunized and have the full immunization history to attend at the centre).

**Daily Routine/ Monthly Activities/Snack Schedule**

Daily routine and snack schedule will be posted at the centre. We have different themes planned for each month and a set of varying daily activities that build towards the theme of the month. We use an application called BrightWheels [ available for download from the Google Play Store or Apple App Store (iOS) ] on which pictures of varying activities done by your child will be sent and can be viewed on your mobile smartphone. You should receive an email to join BrightWheels about one week after your start date. If you do not receive an email, please ask the manager of the program to setup your profile on BrightWheels.

**Allergies**

**[Important]** If you suspect your child may have allergies (food, plants, etc.), please have it confirmed by a medical professional before submitting the registration package. If confirmed, ensure that is listed in the 'Health Information' section on page 9. Certain allergies can pose serious risks and may require immediate medical attention (epi-pen, inhaler, etc.). If your child has a diagnosed allergy that requires medical intervention (epi-pen, etc.), please complete section 'Anaphylaxis/Care plan' on page 17. Please ensure that all staff are aware so that we can provide prompt medical attention should it be required. As a precaution, we ask parents not to package any food items that have nuts (or traces of nuts) of any kind.

**Food Preparation**

Staff will prepare meals (snacks, lunches) which will include warming/heating meals (using a microwave), serving and assisting in feeding should it be required. The centre will provide the forks, spoons, plates, etc.

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Little Munchkin Daycare Ltd. and parent(s) agree to provide 45 day notice if this agreement is to be terminated.

We have read and agree to the terms of this agreement.

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**Parent Name**

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**Signature**

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**Parent Initials** \_\_\_\_\_

## **Schedule**

### **Policies:**

#### **Days and Hours of Operation**

##### **Monday to Friday**

**7:45am - 5:30pm [IT Program]**

The childcare will also be closed in the statutory Holidays:

New Year's Day

Good Friday

Easter Monday

Victoria

Canada Day

Civic Holiday

Labour Day

Thanksgiving Day

Remembrance Day

Christmas Day

BC Family Day

#### **Daycare Holiday Closure:**

We will be closed for six (6) business days for winter holidays during the December/January period and six (6) business days for summer holidays in the month of July. Please see our website under the 'Daycare Closure' section for exact closure dates and terms.

### **Fees**

Fee is applicable as per age and duration of hours/days (please visit [www.komelsdaycare.com](http://www.komelsdaycare.com)).

### **Attendance**

Parents are responsible for informing the centre (prior to 8:45 am) if the child will not be attending by emailing both the administrator ([info@littlemunchkindaycare.ca](mailto:info@littlemunchkindaycare.ca)) and the corresponding centre's email address to which they are registered.

CHILD'S STARTING DATE:

SEX:

DATE OF BIRTH:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DDM \_\_\_\_ F \_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

NAME OF CHILD: \_\_\_\_\_

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) with whom the child lives (adults and children): \_\_\_\_\_

Child's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

**Parent(s) / Guardian(s) / Authorized Person(s):**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contacts – please ensure it is different than contact person(s) listed in the previous section. Emergency contacts are to be reached if we cannot reach parents/guardians in the event of an emergency.**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



**Has the child previously attended daycare/preschool?**

YES \_\_\_ NO \_\_\_ Comments: \_\_\_\_\_

**Comments/instructions to help us care for your child. (Please feel free to add additional pages.):**

Toileting/Diapering (special words): \_\_\_\_\_

Rest Time (special comfort – toy/blanket): \_\_\_\_\_

Eating/Mealtime (include food likes/dislikes): \_\_\_\_\_

Fears: \_\_\_\_\_

**Please tell us anything else you think will help us provide an enriching experience for your child:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**HEALTH INFORMATION**

Health professionals involved with your child (other than doctor and dentist):

**NAME****PROFESSION/AGENCY**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Does your child have:**

A medical condition/concern? YES \_\_\_ NO \_\_\_

If yes, please provide further information: \_\_\_\_\_

Allergies? YES \_\_\_ NO \_\_\_

If yes, please provide further information: \_\_\_\_\_

Asthma? YES \_\_\_ NO \_\_\_

If yes, please provide further information(**Important: ask manager to have a care program for your child allergies**)

\_\_\_\_\_

Has your child had a seizure in the past year? YES \_\_\_ NO \_\_\_

If yes, please provide further information: \_\_\_\_\_

Does your child require a special diet related to a medical condition? YES \_\_\_ NO \_\_\_

If yes, please provide further information: \_\_\_\_\_

Food sensitivities? YES \_\_\_ NO \_\_\_

If yes, please provide further information: \_\_\_\_\_

List all prescription and “over the counter” medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

Custody Agreement YES N/A      Provided to Facility YES NO N/A

Immunization Documents Returned to Facility YES NO

Information Provided By: \_\_\_\_\_

Print Name

Signature

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

*Office Use Only*

Date Child Leaves the Facility: DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

## **Immunization Information**

**Does your child have:**

Complete Immunization? YES \_\_\_ NO \_\_\_

If no, please provide further information: \_\_\_\_\_

Complete Record for Immunization? YES \_\_\_ NO \_\_\_

If no, please provide further information: \_\_\_\_\_

If available, please attach a photocopy of your child's vaccination record to this form on the next page

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

If none of the above is available, please have a medical practitioner complete the immunization record template in the next page.

# Immunization Record Template (complete if applicable)

All childcare facilities in BC are required by law under the *Community Care and Assisted Living Act* to keep a record of each child's immunization history. These records are required to be made available to Vancouver Coastal Health Authority (VCH) medical health officers for public health programs. The information you provide on this form will be used to update your child's health record at VCH in order that: medical health officers may respond if a disease outbreak occurs in your childcare facility; public health staff can recommend immunizations which your child may be missing; and VCH is able to provide better care to your child as part of its public health programs. **Please complete and return this form to your childcare facility.**

<b>PART A: CHILD AND FAMILY INFORMATION</b>			
<b>PLEASE PRINT CLEARLY</b>			
Child's name _____		Childcare facility _____	
Surname	Given Name	Preferred Name	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate    dd / mm / yyyy	Place of birth _____	
Child's personal health number (Care Card) _____			
Home address _____		Postal code _____	Home phone _____
Father's Name _____		Daytime phone _____	
Surname	Given Name		
Mother's Name _____		Daytime phone _____	
Surname	Given Name		
Guardian's Name _____		Daytime phone _____	
Surname	Given Name		
Doctor's name _____		Doctor's phone _____	

<b>PART B: CHILD'S VACCINATION INFORMATION</b>								
<b>Attach a photocopy of your child's vaccination record OR complete the following record.</b>								
Has your child had chickenpox disease after one year of age?    Yes    No								
Children who have not had the chickenpox vaccine or disease after 1 year of age need the vaccine.								
VACCINES	DATES GIVEN							
	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
DIPHTHERIA								
TETANUS								
PERTUSSIS (WHOOPING COUGH)								
HEPATITIS B								
POLIO								
HAEMOPHILUS INFLUENZAE TYPE B (HIB)								
MENINGOCOCCAL CONJUGATE								
PNEUMOCOCCAL CONJUGATE								
MMR (MEASLES, MUMPS, RUBELLA)								
MEASLES (RUBECOLA)								
RUBELLA (GERMAN MEASLES)								
MUMPS								
HPV (HUMAN PAPILLOMAVIRUS)								
VARICELLA (CHICKENPOX)								
LIST OTHER VACCINES								

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**Parent Initials** \_\_\_\_\_

## **Sickness & Administration of Medication Policy**

Parents/ guardians are strongly advised to keep children home who are sick to prevent the spread of illness/disease at the centre [please send an email to the admin ([info@littlemunchkindaycare.ca](mailto:info@littlemunchkindaycare.ca)) as well as the centre (see page 3) if your child will be absent]. If a child comes to the centre ill, parents will be asked to find alternate care for that day. According to Vancouver Coastal Health, a child is considered too sick to attend when he/she has any of the following symptoms:

- Difficulty in breathing –wheezing or a persistent cough
- Fever of 100 degrees Fahrenheit (38.3 degrees Celsius or higher)
- Sore throat, trouble swallowing or excessive coughing
- Infected skin or eyes, or an undiagnosed rash
- Severe headache or stiff neck (should see a physician)
- Diarrhea, nausea or vomiting
- Severe itching, dry skin of either body or scalp caused by head or body lice or scabies
- Infectious or communicable diseases (including but limited to the list below):
  - Chickenpox and Shingles(Varicella)
  - Cold Sores (Herpes Simplex type 1,2)
  - Croup
  - Ear Infections
  - Fifth Disease (Parvovirus B19)
  - Hand, Foot and Mouth Disease
  - Impetigo
  - Influenza(Flu)
  - Measles
  - Meningitis (Bacterial & Viral)
  - Methicillin-Resistant Staphylococcus aureus (MRSA)
  - Molluscum Contagiosum
  - Mononucleosis (Mono)
  - Mumps
  - Norovirus
  - Pneumonia
  - Roseola
  - Rotavirus
  - Rubella (German Measles)
  - Streptococcal Infections
  - Thrush and Candida Diaper Rash (Yeast Infection)

The child may not return to the centre until the above symptoms subside for **minimum period of 24 hours** and is well enough to participate in all areas of the program including outdoor play.

If your child becomes ill during the day, you will be notified to pick up your child immediately. If we cannot contact you, we will call the emergency contacts. Your child may be given a quiet area to rest, away from the other children, but within supervision of staffs, until an authorized person arrives to pick up your child.

☐ Dispensation of Medication [check only if you would like staff to administrate medication on your behalf (i.e. antibiotic course, etc)]

It is preferred that parents administer medications at home; however, staff will administer medication if your child is on a medication schedule, providing the following procedures are followed:

- Prescription medications require a parent to provide a completed '*Request for Administration of Medication Form*' (see section below – this excludes inhalers and epi-pens). Medication must be in the original container stating child's name, dosage and time to be given.
- Parents must hand deliver their child's medication to Little Munchkin staff.
- If your child has an inhaler - it must be with the child/staff at all time. Please coordinate with the centre manager.

If your child is receiving medication for a communicable disease, he or she must be on medication for a **minimum 24 hour period** and symptoms must subside during that period (i.e. **symptom free for minimum of 24 hours**) prior to returning to the centre.

The centre, staff or any of its affiliations is not liable/responsible for any adverse effects caused resulting from dispensation of medication to the child.

We agree to the terms of the sickness and medication policy outlined above.

Parant(s) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Child(s) Name: \_\_\_\_\_

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

## **Request for Administration of Medication Form**

(Complete only when providing prescribed medication to staff – detach this section and complete when required)

Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication to be prescribed by a physician and/or non-prescription medication provided by the parent – in the original container labelled with the child's name/dosage/time.

Parent or Guardian: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Prescription Number: \_\_\_\_\_

(located on vial or bottle for prescription medications)

Medication is in the form of: Pills ☐ Drops ☐ Cream ☐ Other ☐ \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Additional Comments: (possible reactions, consequences of missing medication, medication to be given with, etc.)

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I hereby give permission for the staff to administer the above named medication to my child according to the orders and instructions I have provided. I agree to notify the staff and complete a new request form if there are any changes to the medication or instructions. The centre, staff or any of its affiliations is not liable/responsible for any adverse effects caused resulting from dispensation of medication to the child.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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RECORD OF MEDICATION ADMINISTERED (STAFF ONLY)

Date Commenced: \_\_\_\_\_ Date Stopped: \_\_\_\_\_

DATE	TIME	DOSAGE	COMMENTS	STAFF SIGNATURE

\*Please use a separate form for each medication or refill.

\*Please ensure unused medication is returned to the parent/guardian.



## Anaphylaxis/Care Plan

(Complete only for diagnosed allergy that require medical intervention such as epi-pen, inhalers, etc)

Life Threatening Allergy Emergency Action Plan		
Child's Name: _____		
Child's Full Name: _____ Date of Birth: _____ Parent/Guardian: _____ _____ Phone (home): _____ Phone (work): _____ _____ Emergency Contact: _____ Phone (home): _____ Phone (work): _____ Primary Care Provider: _____ Office Phone: _____	 Picture ID	<p><b>DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN</b></p> <ul style="list-style-type: none"> <li><b>GIVE EPINEPHRINE</b></li> <li><b>CALL 911</b> <ul style="list-style-type: none"> <li>Specify "allergic reaction" &amp; that <u>epinephrine</u> has been given by <u>auto-injector</u></li> <li>Provide location &amp; telephone number</li> <li>Centre name: _____</li> <li>Centre address: _____</li> <li>Centre phone #: _____</li> </ul> </li> <li><b>Keep child lying down with feet elevated; if unconscious or vomiting, put in side-lying position.</b></li> <li><b>CALL PARENTS</b></li> <li><b>Always send child to hospital after receiving <u>epinephrine</u></b></li> </ul> <p><u>Epinephrine</u> is the <u>first line</u> medication which should be used for the emergency management of a person having a potentially life threatening allergic reaction.</p> <p><u>Antihistamines</u> (e.g. Benadryl™) and <u>asthma</u> medications <b>should not be used</b> instead of epinephrine for treating anaphylaxis.</p> <p><i>It is the parent's responsibility to notify the facility of any change in the child's condition.</i></p> <p style="text-align: center;"><b>Sign below if you agree with above information &amp; plan:</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">             Parent/Guardian _____              Child Care Staff _____           </div> <div style="width: 45%;">             Date _____              Date _____           </div> </div>
<b>CHILD'S ANAPHYLAXIS TRIGGERS ARE:</b> <input type="checkbox"/> Food (list): _____ <input type="checkbox"/> Insect stings (list): _____ <input type="checkbox"/> Other: _____		
<b>ANYONE HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SYMPTOMS "F.A.S.T.":</b> <b>Face:</b> Hives, itchy eyes, itchy nose, flushed/red face, swelling of face, lips or tongue <b>Airway:</b> Difficulty breathing, swallowing or speaking, coughing or choking, change of voice, sneezing, nasal congestion <b>Stomach:</b> Stomach pain, vomiting, diarrhea <b>Total Body:</b> Hives, itching, swelling, weakness, dizziness, lightheadedness, loss of consciousness, anxiety, feeling of doom		
<b>CHILD'S EMERGENCY TREATMENT:</b> <input type="checkbox"/> Medication is stored where? <input type="checkbox"/> Epinephrine auto-injector – <u>expiry date:</u> <input type="checkbox"/> Field Trip Plans:		

## **Permission for Transition**

Most of our programs are split between infant and toddler age groups (i.e. between different floors). Generally, as infants grow into the toddler age group – we offer the parents the option of starting an early transition program where children can join the other age group if we have availability (a child in the other program is away for vacation, sickness, etc.) and will provide an opportunity for your child to acclimatize into that environment until we have a secured spot. The authorization below will allow staff to transition your child to the more age appropriate program if spaces are available.

Permit/Authorize Transition      Yes ☐ No ☐

**Please attach  
child's photo to  
this form**

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
                     SURNAME              FIRST NAME(S)                              YEAR/MONTH/DAY

ADDRESS:

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: WORK PHONE:

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

OUT OF TOWN CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT: \_\_\_\_\_

ALLERGIES / MEDICATIONS:

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE \_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN