



DISCOVERY

Early Learning & Care

Registration Package

DiscoveryCare.ca



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Registration Form

Welcome to Discovery Early Learning & Care. We are so excited that you have decided to enrol your child with us, and look forward to sharing many learning opportunities and adventures with your family.

Discovery Early Learning & Care collects personal information about its clients for the purpose of effectively communicating with, and providing a continuum of child care services to its clients. We are committed to respecting the privacy rights of all individuals, including clients and employees by ensuring that their personal information is collected, used and disclosed in an appropriate manner.

The information below is required by the Ministry of Education, and needs to be submitted before your child can attend. Thank you in advance for your cooperation, and we appreciate you taking the time to fully review and understand the following. If you have any questions, your Program Supervisor will be more than happy to help you out.

Child's Information

Child's Name: _____ Date of Birth: _____

Gender: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: () _____ School (if applicable): _____

Please let us know a little bit about your child. Does your child have any comfort toys they enjoy? Is there anything about your child's daily routine that would help us provide a seamless transition from home to child care? What foods does your child enjoy or avoid? Does your child have any fears? Any information would be appreciated.



Medical and Special Requirements

Physician's Name: _____ Phone: () _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Does your child have any conditions requiring medical attention that we should be aware of?

Example: epilepsy, diabetes, special requirements for rest, exercise, etc.

Does your child have any allergies (please specify) _____

Has an epi-pen been prescribed to your child? _____ Yes _____ No

Does your child have any special dietary needs: _____

Medical treatment, drug, or medication to be administered on a regular basis during the hours the child is receiving care (written and signed instructions must be provided):

Medical Authorization

Discovery Early Learning & Care takes children's safety and well-being very seriously. In the event of an unexpected emergency, we will seek immediate medical attention as we see fit. If paramedics are called we will immediately follow their direction, and provide appropriate details and information on the child as required. All efforts will be made to contact parents/guardians and then emergency contacts if needed. If we are unable to contact the parent/guardian or emergency contact, we will remain with the child until one of you are reached. In the event that the child is taken to hospital and released from their care, the child will be in the care of the Discovery Early Learning & Care employee accompanying them. We will not transport children, but rather wait with them until parents/guardians or emergency contacts arrive.

Please initial that you have read and understand medical authorization procedures: _____



Family Information

Parent/Guardian #1

Name: _____

Guardian's Relationship to Child: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____ Ext: _____

Cell Phone: () _____ Email Address: _____

Occupation: _____

Employer or School Name: _____ Employer or School Address: _____

City: _____ Prov: _____ Postal Code: _____

Identification Information: **please provide at least 2*

Date of Birth: _____ * Driver's License #: _____

* Social Insurance Number: _____

* Ontario Health Card Number: _____

*Please note: Parents/Guardians can pick up at any time, unless stated otherwise in court ordered documents.
If these documents are in effect, the child care centre must have a copy on file.*

Family Information continued on the next page.

Continued Family Information

Parent/Guardian #2

Name: _____

Guardian's Relationship to Child: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____ Ext: _____

Cell Phone: () _____ Email Address: _____

Occupation: _____

Employer or School Name: _____ Employer or School Address: _____

City: _____ Prov: _____ Postal Code: _____

Identification Information: **please provide at least 2*

Date of Birth: _____ * Driver's License #: _____

* Social Insurance Number: _____

* Ontario Health Card Number: _____

*Please note: Parents/Guardians can pick up at any time, unless stated otherwise in court ordered documents.
If these documents are in effect, the child care centre must have a copy on file.*



DISCOVERY

Early Learning & Care

Emergency Contact and Pick Up Information

In case of emergency we will contact parents/guardians right away. In the event we cannot reach you, we will then notify your emergency contacts, in the order you provide below. Please note that, for safety reasons, the individuals identified below as Emergency Contacts must be at least 16 years old. Pick up contacts are people that can pick up with parent/guardian permission, but would not be contacted in case of emergency.

Emergency Contact 1: Name: _____

Relationship to Child: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Emergency Contact 2:

Name: _____

Relationship to Child: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Emergency Contact 3:

Name: _____

Relationship to Child: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Pick Up Contacts:

1: _____ 2: _____

3: _____ 4: _____

Comments or specific instructions regarding the release of the child:



Walkabouts

Walkabouts will happen on and off child care properties throughout our regular programming. This includes any area that is not a regularly licensed space, such as school gymnasiums, around child care properties outside regular play spaces, or off property in nearby spaces that we are confident are safe to visit. These trips will allow us to visit people or places of interest, to become familiar with the environment around us, trips to look at trees, flowers, animals, etc. Quiet walks throughout the seasons help the children develop an awareness of physical changes around their child care neighbourhoods. If your child will be attending a field trip beyond this, a separate permission form will be provided. If you would like more clarification on site specific walkabouts please speak with the Program Supervisor of that site.

Please initial that you have read and understand walkabout procedures: _____

Family Handbook

Discovery Early Learning & Care has a Family Handbook which describes various policies and procedures that families should be aware of. It can be found on our website, DiscoveryCare.ca, or a hard copy will be provided. Please ensure that you have fully read and understand all of these policies.

Please initial that you had fully read and understand our Family Handbook: _____



Parent Signatures

Forms and contracts will go out regularly looking for information regarding your child's care. We encourage both parents/guardians to sign as required but we know this can be challenging at times. If both parents agree, and sign below, we will accept any forms with either signature, and both will not be required, with the understanding that both parents/guardians bear responsibility. Both parents/guardians will need to initial the appropriate line below.

_____ One signature on forms will be acceptable

_____ Both signatures will be required on forms

Should any of the above information change, it is your responsibility to let Discovery Early Learning & Care know immediately.

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____

Date of Enrolment: _____

Program Supervisor Signature: _____

Date of Discharge: _____



Enrolment Agreement

Effective September 2018 – June 2019

Discovery Early Learning & Care is a non-profit child care facility governed by a volunteer Board of Directors, and licensed with the Ministry of Education and the City of Greater Sudbury.

Discovery Early Learning & Care will provide child care services for:

Name of Child _____

Date of Birth _____

Name of Parent / Guardian _____

Relationship to Child _____

Number of days per week _____ or As per schedule _____ or Call In _____

Drop off time each day _____

Pick up time each day _____

Contract Effective _____

My child will be attending the _____ Site with the rates as provided in your intake package.

I understand that I will be billed according to the current fee schedule and usage. Fees are invoiced in advance of care, and payment is due by the 15th day of each month. If payment is not received by the 15th, an automatic two weeks notice will be given, and termination will be imminent on the last day of the month if payment is not received. Billing is done on an enrolment basis with statutory holidays included. Payments can be made by cash or cheque at all sites, and VISA, Mastercard or debit only at our Main Site – **please remember, if you are coming to pay at the Main office, please call ahead of time so we can make sure someone is in the office to process your payment.** In the event of an N.S.F. cheque, the bank penalty policy of \$45 will be charged to the parent/guardian as stated in the Family Handbook. A 4% monthly/48% yearly interest fee will be added to overdue accounts. A two week (14 day) notice is required by either party to terminate this agreement, without the notice you will be billed two weeks of care after termination date. With regards to part time schedules, all schedules must be submitted by Wednesday at 4:30pm for the following week. If we do not receive schedules prior to Wednesday by 4:30p.m, we cannot guarantee a space since meals and staffing is completed.

Any scheduled day not used for any reason will still be invoiced, unless required notice of two weeks (14 days) is provided in advance of the requested change. *Enrolment Agreement continued on the next page.*

Continued Enrolment Agreement

Parent Signatures

I hereby agree to comply with the above, and with all policies and procedures of Discovery Early Learning & Care

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Program Supervisor Signature: _____



Costs & Fees Schedule

Rates All Sites Effective January 2018

Infants (Only at St. Paul and Holy Trinity Sites)	Full Time (5 days per week only)	Conditional Part Time
Part Day (up to 6 hours)	\$48.50	\$54.50
Full Day (6-9 hours)	\$57.00	\$64.00
Extended Day (Over 9 hours)	\$66.50	\$69.00

Toddlers (18-30 months)	Full Time	Part Time
Part Day (3-6 hours)	\$38.00	\$41.00
Full Day (6-9 hours)	\$47.50	\$51.00
Extended Day (Over 9 hours)	\$54.00	\$57.00

Preschool	Full Time	Part Time
Part Day (3-6 hours)	\$34.00	\$37.00
Full Day (6-9 hours)	\$45.50	\$48.50
Extended Day (Over 9 hours)	\$52.00	\$55.00

School Age (Available at St John, St Paul & Holy Trinity Sites)	Full Time	Part Time
Part Day (up to 6 hours)	\$29.50	\$32.50
Full Day (6-9 hours)	\$38.50	\$41.50
Extended Day (Over 9 hours)	\$45.00	\$48.00
Before School Only	\$17.00	\$20.00
After School Only	\$17.00	\$20.00
Before and After School	\$19.50	\$22.50

Full Time Care based on usage of 16 days / month

Part Time Care based on usage of 1 – 15 days / month where applicable



DISCOVERY

Early Learning & Care

Child Care Centre Registration

Sudbury & District Health Unit

sdhu.com • tel: 705.522.9200, ext. 458 • toll-free: 1.866.522.9200 • fax: 705.677.9616



Sudbury & District

Health Unit

Service de
santé publique

The Sudbury & District Health Unit is required by law to keep an immunization record on every registered child in a child care centre in the area and review it annually. Children must have a complete immunization record or a valid exemption form on file at the Sudbury & District Health Unit.



As a parent or guardian, it is your responsibility to provide the Health Unit with a complete record of your child's vaccination record and provide updates as your child receives further immunization.

Child information

Name: _____ **DOB:** (Y/M/D) _____ **Sex:** _____

Health card #: _____ - _____ - _____ - **XX** (we do not require the version code)

Street address: _____

Mailing address: P.O. Box #: _____ R.R. #: _____ Site: _____ Apt #: _____

City/Town: _____ Postal code: _____

Family physician: _____ **Child care centre:** _____

Is your child registered to the child care centre under a different name? No Yes: _____

Parent or guardian information

Name: _____ **Relationship:** _____

Tel: (home) _____ (work/mobile) _____

Name: _____ **Relationship:** _____

Tel: (home) _____ same as above (work/mobile) _____

If immunization records are required from a public health unit out of this area, please complete the following:

Name of previous child care centre: _____

City/Town: _____ Province: _____

I hereby consent to the release of immunization records and exemption information for my child to the Medical Officer of Health, Sudbury & District Health Unit.

Parent or guardian signature: _____ **Date:** _____

Please attach a photocopy of the immunization record to this form and fax or mail to:

Immunization Team
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON P3E 3A3

Personal information contained on this form is collected under the authority of one or more of the following: the Health Protection and Promotion Act, R.S.O. 1990, c. H.7; The Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (formerly the Health Disciplines Act); the Child Care Early Years Act, 2014; the Regulated Health Professions Act, 1991, S.O. 1991, C.18; and is in compliance with the Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990, C.M.56; and the Personal Health Information Protection Act, 2004, c. 3, Schedule A. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Information and Privacy Officer at 705.522.9200.



Consent for Photographs and Videotaping

Discovery Early Learning & Care respects the privacy of our children, families, and educators. We strive to ensure that our work is created in an environment that is safe and respected by all those who view and learn from its use, and that it is utilized for its intended purpose.

Within our Emergent Curriculum and Pedagogy here at Discovery Early Learning & Care, the use of photographs are essential to our work. They are used to enhance documentation, and create a sense of belonging in our environments. Photos will be regularly displayed throughout our spaces, and will depict the learning that is happening here. They hold strong value to us, and for this reason, photos of all children will be used internally throughout our spaces upon registration.

On occasion, there are events held at our centre where other families and visitors are taking pictures, such as family nights, our Annual General Meeting, etc. It is our expectation that any pictures taken of children, their families or Discovery Early Learning & Care Staff would be kept for their personal use and not posted on any social media websites without the written consent of the parent, caregiver, or staff. If you are attending an event and do not wish for you or your child's photograph taken, you are responsible to advise anyone at the event taking pictures, of your wishes.

Discovery Early Learning & Care also offers professional development opportunities and attends events such as job fairs. During this time we enjoy sharing documentation and photos of our programs. These photos will not be given out, but will be displayed in a public setting. We will only use your child's photos during these events with your permission.

_____ I give Discovery Early Learning & Care Permission to use my child's photographs or videotape outside of the child care centre

_____ Please do not use my child's photograph or videotape outside of Discovery Early Learning & Care

DiscoveryCare.ca is our website describing our services. All pertinent information will be displayed, and we also like to share photographs of our spaces and curriculum. We will only use your child's photos on this website with your permission.

_____ I give Discovery Early Learning & Care Permission to use my child's photographs or videotape on the DiscoveryCare.ca website

_____ Please do not use my child's photograph or videotape on the DiscoveryCare.ca website

Consent for Photographs and Videotapping continued on the next page

Continued Consent for Photographs and Videotaping

If you would ever like to make changes to this form, please advise your Program Supervisor to receive another form. This permission will apply until your child's discharge date from Discovery Early Learning & Care.

Parent/Guardian Signature: _____

Date: _____

Supervisor Signature: _____



Permission to Apply Non-Medicated External Products

Child's Name: _____ Date: _____

Please only complete what is applicable to your child.

Sunscreen

Discovery Early Learning & Care offers sunscreen of 30 SPF to our families called Croc Block. Discovery Early Learning & Care has my permission to apply Croc Block.

Yes _____ No _____

If no, I will supply the following sunscreen with a minimum SPF 30

Brand: _____

Parent/Guardian Signature: _____

Discovery Early Learning & Care will assist your child to apply sunscreen to exposed surfaces, including their face, ears, arms, and legs when outdoor activities in direct sunlight are scheduled, in compliance with Sudbury & District Health Unit requirements.

Insect Repellent

Discovery Early Learning & Care permits families to supply insect repellent if they wish it to be administered on their child, as directed on the label.

Name of Product: _____

I give permission for the above insect repellent to be used on my child.

Parent/Guardian Signature: _____

Children between the ages of 2 and 12 years of age should be using the least concentrate of the product (10% DEET or less).



Non-medicated Products (Example: diaper cream, hand lotion, soap)

Discovery Early Learning & Care will review each request on an individual basis as per our internal policy.

Name of product to be applied: _____

Reason for application: _____

I give permission for the above non-medicated product to be used on my child.

Parent/Guardian Signature: _____

Program Supervisor Signature: _____



Ontario Child and Family Services Act (CFSA)

Dear Parent/Guardian:

Thank you for choosing our child care program for your child. We want you to know that we take our responsibilities for your child's welfare very seriously. The Ontario Child & Family Services Act dictates many obligations for the children in our care. We are compelled to adhere to this act. Please take the time to carefully read the following information.

Ontario Child and Family Services Act (CFSA)

The Ontario Child & Family Services Act recognizes that each person has a responsibility for the welfare of children. It states clearly that the members of the public, including professionals who work with children, have the obligation to report promptly to Children's Aid Society (CAS) if they suspect that a child is or may be in need of protection. CFSA 72(1); A child in need of protection is a child that has experienced physical, sexual or emotional abuse, neglect or risk of harm.

As professionals in the field of Early Childhood Education, Discovery Early Learning & Care staff and management are obligated to contact CAS if we have reason to believe that:

1. **A child has suffered physical harm which includes:**
 - Failure to adequately care for, provide for, supervise or protect the child.
 - A pattern of neglect in caring for, providing for, supervising or protecting the child.
2. **There is a risk the child is likely to suffer from physical harm inflicted by the person having charge of the child or caused by or resulting from that person's:**
 - Failure to adequately care for, provide for, supervise or protect the child.
 - A pattern of neglect in caring for, providing for, supervising or protecting the child.
3. **A child has been sexually molested or sexually exploited by anyone or there is knowledge of a risk of a child possibly experiencing sexual molestation or sexual exploitation by anyone.**
4. **A child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent, or the person having charge of the child does not provide, refuses, is unavailable or unable to consent to the treatment.**

Ontario Child and Family Services Act (CFSA) continued on the next page.

Continued Ontario Child and Family Services Act (CFSA)

5. A child that has suffered emotional harm, demonstrated by serious:

- Anxiety
- Depression
- Withdrawal
- Self-destructive or aggressive behavior
- Developmental delay

And there are reasonable grounds to believe that the emotional harm results from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child including refusal, unavailability or inability to consent to services or treatment to remedy or alleviate the harm.

6. A child suffers from a mental, emotional or developmental condition that if not remedied could seriously impair the child’s development and the child’s parent or the person having charge of the child does not provide, refuses, is unavailable or unable to consent to treatment to remedy or alleviate the condition.

Parents/Guardians, the CFSA recognizes that person’s working closely with children have a special awareness of the signs of abuse and neglect and a particular responsibility to report their suspicions. This makes it an offense to fail to report. CFSA 72(7),(8).

Any professional who fails to report a suspicion that a child is or may be in need of protection is liable on conviction of a fine of up to \$1,000. The professional’s duty to report overrides the provisions of any other provincial statute, specifically those provisions of any other provincial statute, specifically those provisions that would otherwise prohibit disclosure by the professional. CFSA 72(7),(8).

Thank you for your understanding of our professional obligations and responsibilities.

- Discovery Early Learning & Care Management & Staff.

Parent/Guardian Signature: _____ Date: _____

Program Supervisor Signature: _____



Child & Community Resources Involvement

Child & Community Resources (CCR) is a non-profit community agency that supports an inclusive quality of life for children in the early years. The Special Needs Resourcing team, a department of CCR, facilitates the inclusion of all children in licensed Early Learning and Child Care (ELCC) programs through a team of trained consultants. Their role is to provide consultation to program staff that will support the participation of all children in the program.

As part of the relationship with your child's program, a Consultant completes regular on site consultation days which may include interacting with program staff and children within the playrooms. The following services are provided:

- consultations with program staff to increase overall knowledge and expertise relating to inclusion;
- resources and consultation for a range of services to program staff for children and groups experiencing needs;
- Should additional involvement be required, a referral and consent for services will be initiated by the child care program with the child's guardian/family;
- supports for program staff in completing developmental screenings and other related tools;
- observations to identify resources that may be required;
- information on child development and exceptionalities;
- early literacy consultations, language, literacy and numeracy
- connecting program staff with other specialized services and agencies within our community;

Should you require additional information on the services offered by the Special Needs Resourcing team, please do not hesitate to discuss with the Program Supervisor or staff. The staff of your child's program will share information with you regarding your child's development, the role of the consultant and discuss with you further a referral for direct services should the need arise.

Child's name: _____ Date of birth: _____

Parent/Guardian Signature: _____ Date: _____

Program Supervisor Signature: _____

Note: Valid only until the child is withdrawn / discharged from ELCC program.



Brown Bag Lunch Policy

For all youth attending our FDK Extended Day and School Age Programs

Discovery Early Learning & Care has a Brown Bag Lunch Policy that applies to all children attending school. On full days of care, these children will be required to provide their own.

The day care will continue to provide a morning and afternoon snack while in program. Milk will also be provided to children for their lunch and morning snack when they are having cereal.

Please note the following:

1. The Ministry of Education, our licensing body, has been working with early learning programs with regards to “Brown Bag Lunch Policies”. A copy of Canada’s Food Guide is also available upon request.
2. Parents /Guardian are requested to pack a “Brown Bag Lunch” and include an ice pack and refillable labelled water bottle for frequent access of water during the day.
3. All Discovery Early Learning & Care sites are peanut and nut safe environments and for this reason all the rules and recommendations with regards to this policy must be adhered to. On occasion there are some children with severe allergies to some specific foods and we will support those children and ask that you refrain from packing these food items in your child’s lunch. We only want to keep all of our children safe. A notice will be provided to you in advance of any additional high risk foods.
4. In the rare circumstances that a child forgets his/her lunch, appropriate action on the part of the child care centre will be taken in order to provide a lunch substitute. We will also contact you in case you would like to return with a prepared lunch for your child.

I have read, understand and am in agreement with the above Brown Bag Lunch Policy:

Parent/Guardian Signature: _____ Date: _____

Program Supervisor Signature: _____