

## Woodbine Early Learning Centre Summer Program Registration

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Day

Month

Year

Parent/Guardian Information	Mother	Father	Guardian
Name			
Home Address			
Home Phone			
Email			
Work Place (please include address)			
Work Place Phone Number and/or Cell Number			

### Emergency Contact (other than parent/guardian)

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

Relationship to Child: \_\_\_\_\_

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

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

### Authorized Person(s) To Pick Up Child

Name	Relationship to Child	Phone #



**Parent/Guardian Signature:** \_\_\_\_\_

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

Advance fee payment dated for your first week selected will secure your space.

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For Office Use Only: Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_



## Child Health Information

Child's Name:
Family Physician's Name:
Family Physician's Address:
Family Physician's Telephone #:

### Immunizations:

All children entering and/or attending a Day Nursery must be immunized against Diphtheria, Pertussis, Tetanus, polio, Measles, Mumps, Rubella and Haemophilus influenza b. (Health Promotion and Protections Act, 1983)

Please give your child's immunization card to a day nursery staff member to photocopy.

### Previous Illnesses or Injuries:

(Including communicable diseases, chronic diseases, etc.)

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### Special requirements:

(for diet, rest or exercise)

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### Medications or Treatments:

(to be administered at the Day Nursery)

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### Allergies and Reactions:

(Food, medication or environment)

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Parent/Guardian Name	Parent/Guardian Signature	Date



## Woodbine Early Learning Centre Summer Program

### Consent Form (Medical, Outings):

#### Medical

In the event of an accident, sudden illness or emergency involving my child when I cannot be reached, I give permission for any emergency procedures deemed necessary by a physician in a hospital to be administered. Any expenses incurred for such treatment are the parent's responsibilities.

#### Outings

I give my child permission to leave the summer program on outings to places of interest. It is understood that my child will be supervised at all times during such trips and that every protection will be taken to ensure his/her safety. Rations must be met and exceeded if possible.

It is understood that the half day program cannot assume liability for any injury or loss of personal belongings that may occur during such trips.

I understand that such excursions which may require my child to use vehicular transportation (public transportation, bus rental), I will sign before the outing.

All outings to the area parks, provided by AllSteps Child Care must ensure that the park of choice meets the new C.S.A. guidelines for public playgrounds.

If parents do not wish their child to attend field trips, parents will make alternate arrangements for the period of time in question, however the normal fees must be paid.

I understand that the summer program is not responsible for escorting my child to and from school. It is the parents responsibility to make these arrangements.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



## Woodbine Early Learning Centre Half Day Program

### Consent Form

#### Digital images/Photography

I give permission for my child to be photographed/filmed while participating in AllSteps Child Care. The purpose of the photographs/videos is to portray “How Learning Happens” in our programs. **How Does Learning Happen?** Is Ontario’s Pedagogy for the Early Years; a resource about learning through relationships for those who work with young children and their families. Our documentation will capture the four foundations of learning; Belonging, Engagement, Expression and Well-being. We may be posting the photographs/videos of your child on our website [www.allsteps.ca](http://www.allsteps.ca) and social media, as well as share with our Board of Directors, for viewing in our programs, general viewing at community events and positive marketing opportunities.

Name of Child: \_\_\_\_\_  
(Please print)

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Parent/Guardian Signature: \_\_\_\_\_

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

A.C.C. Employee Name and Signature: \_\_\_\_\_

#### ***Connect with us online at:***

[www.allsteps.ca](http://www.allsteps.ca) | [www.facebook.com/AllStepsChildCare](https://www.facebook.com/AllStepsChildCare) | [www.twitter.com/AllStepsCC](https://www.twitter.com/AllStepsCC) | [www.instagram.com/allstepscildcare](https://www.instagram.com/allstepscildcare)



## Woodbine Early Learning Centre Summer Program

### Consent Form

The City of Kingston Childcare Programs, as part of the General Operating Funding activities, is collecting data for model development and testing and request your consent.

This information is provided only for the purpose of determining the number and frequency of children using the childcare program. Your child's information will be kept confidential and will not be used for any other purposes.

I (Name Of Parent/Guardian) \_\_\_\_\_ give consent to AllSteps Child Care - Woodbine Early Learning Centre to include my child(ren)'s information, as outlined above, for the sole purpose of determining their program usage. This information will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be provided only to an authorized representative of the City of Kingston, Housing and Social Services, Childcare Programs for the purpose outlined above. Questions regarding the collecting, use, disclosure and disposal of this information shall be directed to the Childcare Coordinator, 613-546-2695 ext. 4956 or [childcareprograms@cityofkingston.ca](mailto:childcareprograms@cityofkingston.ca)

My consent is provided for the duration of one year from the date of signature or until service is no longer provided whichever occurs first.

I have read and understand the consent set out above.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Name of Child(ren))

Dated: This \_\_\_\_\_ day of \_\_\_\_\_.



## Woodbine Early Learning Centre Summer Program

### Additional Information

1. Brothers, sisters, special friends:

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2. Pets:

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3. Fears:

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4. Special toy, blanket, etc.:

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5. Toilet Routine:

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6. Any other information you think would help us to get to know your child:

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## Woodbine Early Learning Centre Entry Check List

Woodbine Early Learning Centre Summer Program Parent Handbook can be viewed online at [www.allsteps.ca](http://www.allsteps.ca). A hard copy can be made available upon request.

The following policies have been discussed as they are outlined in the Parent Handbook for Woodbine Early Learning Centre.

(Please check)

- Day Care Fees
- Absenteeism – vacation, sick days
- Medication Procedure
- Child Illness
- Withdrawal Procedure
- Late Fee Policy
- Late Pick-Up Policy
- Behaviour Management Policy
- Trips/Outings

I have read and understand the policies outlined in the Parent Handbook.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



## Woodbine Early Learning Centre Summer Program

### Notification of Emergency Plan

AllSteps Child Care (A.C.C.) will attempt to provide an allergen safe environment for children with potential life threatening/anaphylactic allergies. While it is impossible to completely eliminate the risk of allergens, education and awareness are key to keeping children with potential life threatening allergies safe.

To respond effectively during an emergency, a procedure has been established:

#### **In the event that there are 2 people present -**

- One adult stays with the child at all times.
- One adult goes for help or calls for help.
- Before administering epi pen check for;
  - The right medications
  - The right child
  - The right dose
  - The right route of administration
- Administer epi pen at first sign of reaction. Note time.
- Call 911. Assist child transported to an emergency room via ambulance if back up epi pen, take it along.
- Stay with child until parents arrive.

#### **In the event that there is only 1 person -**

- The adult will administer the epi pen, be sure to check it is
  - The right medication
  - The right child
  - The right dose
  - The right route of administration
- Administer epi pen at first sign of reaction. Note time.
- Call 911.
- Ensure supervision of other children.
- Notify parents that their child will be transported via ambulance with paramedics, to the designated hospital and to meet their child A.S.A.P. The adult will remain with the other children at the centre.



By signing below, I understand and acknowledge the procedure that will be followed in the event that my child is in need of immediate emergency attention.

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Child's Name

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Parent's Name (Please Print)	Signature	Date
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Witness – A.C.C. Staff (Please Print)	Signature	Date
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Woodbine Early Learning Centre Summer Program Families:

For future marketing purposes, can you tell us how you found out about our program. Please indicate below and return with your registration package.

Any feedback regarding advertising and/or marketing would be greatly appreciated.

Thank You

- Social media-Facebook/Twitter/Instagram
- AllSteps Child Care Website
- Friend/Family
- Flyer in Community
- Other AllSteps Child Care Programs
- Other\_\_\_\_\_

Comments/Suggestions:

**Please attach a photocopy of your child’s immunization record to this form and give these documents to your child care provider.**

**Day Nursery Admission Profile and Immunization Record - Cover Sheet**

Child’s Name:	Sex: <b>M F</b> Date of Birth (y/m/d):
Address:	Postal Code:
Home Phone No.:	Work Phone No.:
Day Nursery Name:	
Parent/Guardian (Print):	Parent/Guardian (Signature):
Parent/Guardian (Relationship):	Date:

**\*When your child receives an immunization, please notify the KFL&A Public Health Immunization Team.**

**NOTE:**

This information is collected under the authority of section 2 and 5 of the **Health Protection and Promotion Act**, the **Health Cards and Numbers Control Act**, Ont. Reg. 585/94 and the **Day Nurseries Act (1990)** R.R.O. 1990, Reg.262,s.33(1).  
 Acceptance into a licensed Day Nursery is dependent upon your child’s immunization records are current. For more information, call KFL&A Public Health - Immunization at 1-800-267-7875 or 613-549-1232 ext. 1451.

## REMINDERS

Welcome to Woodbine Early Learning Centre Summer Program. The following are some reminders and suggestions that will enable us to run a smooth and successful program.

- 1) **SUNSCREEN** – please apply before you arrive as we will start our program outside.
- 2) We are a **PEANUT SAFE ENVIRONMENT**. Please help us keep the children with allergies safe by washing your child's hands and face before coming to the summer program.
- 3) Please make sure your child has proper foot wear for indoor/outdoor play and walks.
- 4) Please provide a hat for outside play.
- 5) Please include an extra set of clothes in case of spills or accidents. Please **label** your child's items.
- 6) Emergency Medications – ie. Inhalers, Epipens, etc. must be given to staff and not left in your child's bag or in the cubby area.
- 7) Please notify staff if someone else will be picking up your child. Please remind that person that they will be required to show I.D. if it is someone that staff has not met.
- 8) Please make any changes to phone numbers, emergency contacts, etc., so that current information is available at all times.
- 9) Please check the parent board on a regular basis. It will have reminders and special events posted, as well as the weekly program plan and themes.
- 10) Please contact the program if your child will not be attending that day. 613-384-5051 or [woodbine@allsteps.ca](mailto:woodbine@allsteps.ca)
- 11) Payment can be made by cheque or E-Payments.
- 12) **Please Note:** we will meet your child outside (weather permitting) at 8:55 (doors will not open until this time).

Thank you in advance for your cooperation! Please feel free to come to us with any questions or concerns.

Sherry & Tracy