



930 Woodbine Rd, Kingston, ON K7P 2X4  
 (613) 384 5051 | info@allsteps.ca

## The Kids' Place Registration

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

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

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

Day

Month

Year

Parent/Guardian Information	Parent/Guardian	Parent/Guardian	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: \_\_\_\_\_

### OFFICE USE

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



## **The Kids' Place**

### **Consent Form**

**Name of Child:** \_\_\_\_\_

#### **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 a treatment are the parent's responsibility.

#### **Outings**

I give my child permission to leave the daycare 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. Ratios must be met and exceeded if possible.

It is understood that the child care centre 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 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.

#### **Policies**

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

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

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



## The Kids' Place

### 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 Happen" 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/allstepschildcare](https://www.instagram.com/allstepschildcare)

**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:	Ontario Health Card No. (optional):
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.



## The Kids' Place

### Letter of Consent

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 A.C.C.-The Kids' Place 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 \_\_\_\_\_.



## Authorization for Non-Prescription Skin Products

**Child's Full Legal Name:** \_\_\_\_\_

**Date of Birth (dd/mm/yyyy):** \_\_\_\_\_

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen       Diaper Creams/Ointment       Lip balm
- Hand sanitizers       Insect repellent       Lotions

AllSteps has agreed to provide:	Parent has agreed to provide:

Note: Consider adding the brand name of the non-prescription items for transparency.

\_\_\_\_\_  
**Date (dd/mm/yyyy)**

\_\_\_\_\_  
**Signature of Parent**