

Thank you for considering Kingston Home Child Care. We are licensed by the Ministry of Education. Our program is part of an umbrella organization; AllSteps Child Care.

Private home child-care can be the best of both worlds, a monitored program within a small family- oriented setting. I hope your child and you enjoy the home you have choose, if you have any questions please do not hesitate to call me.

A few items to bring to your home childcare provider:

- bag or knapsack
- extra change of clothes
- diapers/wipes
- bottles/baby food

Please ensure your child's items are well labeled. Any foods brought from home must be labelled with your child's name on them.

Daycare fees are due at the first of each month for that month (ex. June 01 for June). It is understandable that parents may need to split their monthly amount into two separate payments. Please speak with the Director to arrange these payments. Payments are made online to AllSteps Child Care.

Please ensure the registration package is completed entirety (no area left blank) with all signature areas completed. We must have all requested information on file for the Ministry, it must include immunizations.

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Angela LaPierre – Director  
Kingston Home Child Care  
homechildcare@allsteps.ca



**Kingston Home Child Care  
Registration**

**Child's Name:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Date of Birth:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<b>Parent/Guardian Information</b>	<b>Parent</b>	<b>Parent</b>	<b>Guardian</b>
Name			
Home Address			
Home Phone			
Cell phone			
Work Place Phone (optional)			

**Emergency Contacts other than parents:**

1. Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

<b>Name</b>	<b>Relationship to Child</b>	<b>Phone #</b>



Languages spoken: \_\_\_\_\_

Siblings & ages:

\_\_\_\_\_  
\_\_\_\_\_

Custody Arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE**

Home Child Care Provider Name: \_\_\_\_\_

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

**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.

## Parent Agreement

### What is Private Home Child Care?

Private Home Child Care (P.H.C.C.) is a program in which children are taken care of by an individual home childcare provider in her/his own home, the home childcare provider is inspected by and receives support from the agency. P.H.C.C. homes must meet certain government standards for health, safety, number of children in the home, outdoor play, discipline, nutrition, and program planning. All home childcare providers are Criminal Reference Checked before starting in the program. For some people, Private Home Child Care offers the best of both worlds, quality care for their child in a home atmosphere.

The funds to operate the program come from an administrative portion deducted from the fees paid by parents. The rest of the fee goes directly to the home childcare provider. The administrative portion pays the salary for the director, rent, office supplies and equipment, home childcare provider training and maintains the toys and equipment lending library. Private Home Child Care is a non-profit program. Children birth to twelve years of age is eligible.

### Application and Enrolment

The application process involves completing several forms: the application form, the consent form (covers medical, outings and outdoor play), feeding instructions (if necessary), proof of immunization, and parent contract. Finding a home for your child depends on the location needed, the age of your child and your wishes and preferences. **The final choice of the home childcare provider is always made by the parent.** An interview will be arranged for the home childcare provider and yourself to meet each other. Please let the director know if there is any change in your address, telephone number, medical information, etc.

### Hours and Days of Care

These arrangements are a mutual agreement between the home childcare provider, the parent, and director. Please give your home childcare provider notice of your schedule. If for any reason's hours must be changed, they must be agreed upon 2 weeks prior to changing. Children must be picked up on time to avoid any disruptions of childcare.

### Fees

Fees are to be paid at the first of each month before care is given. It is understood that childcare can be a large sum each month, if you need to make an alternate arrangement please contact the Director. Your childcare provider will ask you to sign the timesheet twice a month to verify your child's attendance. Please take the time to count the number of days you use. If you do not sign the sheet, the information will be assumed to be correct. You will be billed according to the usage on these timesheets. Credit adjustments will be made through Quick Books.

## Arrival and Departures

Do not drop your child off at the home childcare provider's home to come in alone. Please be sure that your child is settled, and that the home childcare provider knows he/she has arrived. If your child will be early, late or absent, please call and let the home childcare provider know in advance.

Children will not be released to anyone without your prior written authorization. If you do not wish your child to be let go to other parent, there must be a legal document on file for custody reasons.

For school age children, it is the parent's responsibility to plan the arrangements for the child to get to and from school. The agency or home childcare provider will not be involved or will be liable with any private arrangements made.

## Absence

**\*You are required to pay all days that your child is scheduled to attend even if he/she is absent.** If the home childcare provider is sick and you must make alternate arrangements, you will not be required to pay for that day. If a child is withdrawn from the program for holidays and parents want the space held, the regular daily fee must be paid. If parents want to re-enroll their child and choose not to hold the space the child's name will be placed on the waiting list.

## Statutory Holidays

Parents are required to pay for all regular scheduled days.

New Year's Day	Family Day	Good Friday	Victoria Day
Canada Day	Civic Holiday	Labour Day	Thanksgiving
Christmas Day	Boxing Day		

## Medical Information

You must provide proof of your child's current immunization (the yellow card or a medical certificate from your family doctor). This information is according to the Kingston Frontenac Public Health regulations and will be forwarded to the Health Unit.

## Illness

If your child becomes ill during the day care day the home childcare provider will contact you. You can decide together what action should be taken. In an emergency situation, the home childcare provider will get immediate medical help for your child.

Children who have a contagious illness or who are too sick to take part in daily activities (ie. going outside), should not be sent to the home childcare providers home. Our agency abides by the regulations under K.F.L.&.A. Public Health.

## **Administration of Medication**

The home childcare provider stores all medication so that they are inaccessible to children. If you have medication (prescription drugs only) for your child to take, it must be provided to the home childcare provider in the original container with the original label and instructions. The home childcare provider will ask you to sign a form authorizing her/him to give the medication and specifying the time and dosage.

(Any topical ointments, creams or treatments must have a separate authorization form for the provider to apply with the parents' signature and date).

## **Meals and Snacks**

The home childcare provider will plan meals using the Eating Well with Canada's Food Guide. Please inform her/him of any allergies or special dietary requirements.

For children under one year old, you are required to give your home childcare provider written information on the type, amount and scheduling of food. Parents provide formula/milk and solid food for all children under one year old. The home childcare provider provides food for all children over that age (unless there is a special dietary need, ie. homogenized milk). If you are providing food for an infant, please label all containers and bottles, and up-date the home childcare provider whenever you introduce a new food.

## **Rest/Nap**

All children will have a rest time each day during which they may sleep or do quiet activities in accordance with the Child Care and Early Years Act regulations. If your child has a special blanket or toy that he/she wishes to sleep with, please make sure it is well labeled.

## **Outdoor Play**

Weather permitting; the children will play outside at least two hours each day. Please make sure that you send your child with the right clothing for the weather. Send an extra set of clothing just in case your child gets wet or very dirty. Please ensure your child's items are labelled to prevent confusion or loss. The supervision of outdoor play is agreed upon by the parent and the home childcare provider. In the sunny month's sunscreen needs to be applied to each child to protect them from the sun's rays. Speak with your home childcare provider regarding the application of this, a form needs to be completed.

## **Toys from Home**

The program has a toy lending library for the home childcare provider's so in most cases you will find that they are well stocked. If your child brings a toy from home, the home childcare provider cannot be held responsible if it is lost.





### **Outings and Trips**

The home childcare provider may take the children on walks, shopping, to visit the park, library, (some home childcare provider's take the children to playgroups) etc. Most of these local outings will be covered by the consent form that you have signed in the application process. If your home childcare provider plans a larger outing you will be given lots of notice and your permission will be required. Home childcare providers using their vehicles must have one million dollars liability insurance and children must be in proper car seats. **Please speak with your home childcare provider about the car seat to be used and sign off to agree to it.**

### **Fire Safety**

The director will ensure that the home childcare provider's home has adequate smoke detectors and fire extinguishers; each home has an inspection initially by the fire department. A fire evacuation plan has been developed and the provider must practice it with the children on a regular basis.

### **Parental Involvement/Evaluations**

Feedback, questions and suggestions are always welcome from parents. If there are ever any problems, please let the home childcare provider or director know as soon as possible. An evaluation of the program will be available annually.



## Kingston Home Child Care Parent Contract

I have read, understand and will abide by the policies as outlined in the Parents Agreement and Handbook. I also agree to notify the Director, and the home child care provider at least two weeks in advance of withdrawing my child from the program.

I realize all child care fees owing must be paid before leaving the program or the agency will seek legal recourse.

Days of Care needed for my child \_\_\_\_\_ are as follows:

Please check off days: Mon      Tues      Wed      Thurs      Fri      Sat      Sun

Hours of Care: \_\_\_\_\_

Re: Children \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Updates:**

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## Kingston Home Child Care

### Consent / Individual Care Plan

#### Medical

In the event of an accident, sudden illness or emergency involving my child(ren) 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.

#### Photographs

I give permission for my child to be photographed while in the program. Photographs will only be used to promote the programs and services offered by Limestone Advisory for Child Care Programs (for example, photographs posted inside/outside the Centre, used in newsletters, on display boards, Annual General Meeting slide shows, etc...).

#### Child Nap/Sleep Arrangement

According to the Joint statement on Safe sleep: Preventing Sudden Infant Death in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canadas recommendation since 1993, as a means to reduce SIDS. The requirement for an infant sleep position may only be waived if a medical doctor recommends differently in writing.

(Usual Nap Time, Length of Time (2 hours maximum), Special Toy, Naps in crib or on cot (children over 18 months must be rested on a cot unless note on file from parent stating it is their wishes for a transitional period), a mat can only be used with written instructions by a Dr.

Please indicate sleeping preference: crib: \_\_\_\_\_ cot: \_\_\_\_\_

Any special toys or familiar arrangement \_\_\_\_\_

#### Areas of providers home I approve my child to play in:

Livingroom/Family room \_\_\_\_\_ Kitchen (messy play) \_\_\_\_\_

Basement \_\_\_\_\_ Playroom \_\_\_\_\_

Other \_\_\_\_\_

Re: (children): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Outdoor Play and Outings Plan**

The supervision of outdoor play shall be agreed upon by the parent, the home child care provider and the director. The home childcare provider must know where the children are at all times and must have appropriate contact with them. All outings to area parks, must meet the C.S.A. guidelines for public playgrounds. (Please note children ages 0-8 must be supervised by the provider at all times according to the Child, Youth and Family Services Act 2017).

The purpose of the plan is to support the health, safety and well-being of each child while balancing the needs of all children and their ages.

Indicate the outdoor play areas agreed upon i.e.. Back yard, Front yard, play structures, Equipment the children may have access to and areas in the neighborhood that may be visited: parks, Playgroups etc. Other areas will be discussed with the provider as they arise.

Front yard: \_\_\_\_\_ Back yard: \_\_\_\_\_  
Play structures: \_\_\_\_\_  
Pavement (chalking, riding trikes) \_\_\_\_\_  
\_\_\_\_\_

I give consent for my child(ren) to leave the home childcare provider’s home on outings to places of interest, under the supervision of the home child care provider. I understand that such excursions may require my child to use public transportation and I will be notified of these excursions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Updated Date:** \_\_\_\_\_ **Parent** \_\_\_\_\_

**Provider Use of Car for my child ----- Yes or No**

Home childcare provider’s using their own vehicles must have at least one million dollars liability insurance. Car seats must physically fit the child according to their weight and height and must meet C.S.A. approval. They must also be properly installed using the universal anchorage system guidelines (U.A.S.).

I give consent for my child to be transported to places of interest by the home childcare provider in her vehicle. I approve of the car seat to be used for my child: \_\_\_\_\_  
I will ensure it is the proper fit for my child and has been properly installed.

<b>Parent Signature:</b> _____	<b>Date:</b> _____
<b>Provider Signature:</b> _____	<b>Date:</b> _____
<b>Agency Signature:</b> _____	<b>Date:</b> _____

**To Be completed for School Age Children Only  
Outdoor Supervision and Play Plan**

(Please note children ages 0-8 must be supervised by the provider at all times while under the supervision of the provider according to the Child, Youth and Family Services Act 2017)

The supervision of outdoor play shall be agreed upon by the parent, the home childcare provider and the Director. If the parent wishes their child (over 8 years) be permitted outside without the provider it must be written below and signed.

I agree to the following outdoor supervision play for my child(ren)

Child/ Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

**Getting to and From School:**

\*\*Please note this is the parents responsibility to make these arrangements. Some parents may use neighbourhood older children or family, please ensure these arrangements are with a responsible, mature person to ensure safety for your child.

**For Children who attend school ---ages Junior Kindergarten to Grade 8**

My child \_\_\_\_\_ Age \_\_\_\_\_ will be getting to and from the child care provider's home (name of school) \_\_\_\_\_  
 By: \_\_\_\_\_  
 \_\_\_\_\_

**Please indicate who and phone number of persons walking child or bus and bus #. Reminder the person walking the child to and from school must be responsible and mature for that responsibility and supervision.**

Procedure if my child \_\_\_\_\_ does not return to providers home within \_\_\_\_\_ minutes of school being let out is:  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand my child will not be under the direct supervision of my provider during this time and I take full responsibility for this. The provider is responsible till the time the child leaves for school and not again until the child returns from school to the providers home as the above-named person will be responsible for the supervision.

<b>Parent Signature:</b> _____	<b>Date:</b> _____
<b>Provider Signature:</b> _____	<b>Date:</b> _____
<b>Agency Signature:</b> _____	<b>Date:</b> _____



## **Kingston Home Child Care**

### **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 Allsteps Child Care - Kingston Home Child Care 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**

## Kingston Home Child Care 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



**Child's Feeding Information:**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

<b>For children under one year of age:</b>	<b>Type, amount and times</b>
<b>Beverages</b>	
Formula _____ Milk _____	
Juice _____ Water _____	
Other _____	
All containers of food or drink from home must be labelled with child's name on them. Parents are responsible for all foods and drinks if there is a special dietary need.	

**Solid Foods**

Breads \_\_\_\_\_

Vegetables \_\_\_\_\_

Fruit \_\_\_\_\_

Dairy Products \_\_\_\_\_

Favorite Food \_\_\_\_\_

Food my child dislikes \_\_\_\_\_

Foods served in a special way (cut up into chunks, pureed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Allergies** \_\_\_\_\_

(Please note if there are Allergies or Dietary Restrictions another form must be completed.)

**Special Instructions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please let your home childcare provider know of any changes!**

<b>Parent Signature:</b> _____	<b>Date:</b> _____
<b>Provider Signature:</b> _____	<b>Date:</b> _____
<b>Agency Signature:</b> _____	<b>Date:</b> _____

## Child Emergency Information

1. Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
2. Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
3. Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

**Mothers Name:** \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_ Cell : \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Custody Agreement on file:** \_\_\_\_\_

Indications: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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### Emergency contacts other than parents

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Names of Persons child can be released to: (other than parent)

\_\_\_\_\_  
\_\_\_\_\_

**Doctors Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Allergies or Reactions:** \_\_\_\_\_

Anaphylaxis—Epi Pen Needed: \_\_\_\_\_ Emergency Plan: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

Medications: \_\_\_\_\_

Notes: \_\_\_\_\_