



**Abigail's Learning Centre
Child Care Registration Form**

Office Use Only
Date of Admission:
Date of Discharge:

Child's Name		Nickname(s)	Date of birth
Address		Postal Code	Age
Program <input checked="" type="checkbox"/>	Infant <input type="checkbox"/>	Toddler <input type="checkbox"/>	Pre-School <input type="checkbox"/>
Component <input checked="" type="checkbox"/>	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Half Day <input type="checkbox"/> Full Day <input type="checkbox"/>
Days Required <input checked="" type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Parent 1/Guardian's Name and Address:			Home Number:
Email:			Cell Number:
Place of Employment and Address:			Work Number:
Parent 2/Guardian's Name and Address:			Home Number:
Email:			Cell Number:
Place of Employment and Address:			Work Number:
Emergency Contact and Address:			Home Number:
Place of Employment and Address:			Work Number:
Emergency Contact and Address:			Home Number:
Place of Employment and Address:			Work Number:
Authorized people who may pick up child			

Parent/Guardian: _____

Date: _____

Parent/Guardian Signature: _____



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Medical Information

Previous communicable diseases, illnesses, or injuries
Community Services Providing Support
Medical conditions or known allergies
Special Medications/Diets
Consent for non-prescription skin products
Sunscreen <input type="checkbox"/> Diaper creams/ointment <input type="checkbox"/> Lotions <input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Providing own skin products <input type="checkbox"/>
Record of immunization required

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? **YES NO**

If **YES**, please provide a copy of the appropriate legal documentation (e.g., court order)

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Permission for Photos/Field Trips:

Abigail's Learning Centre request permission to take photographs of your child that may be displayed or take field trips with Abigail's Learning Centre staff. These field trips are within walking distance of Abigail's Learning Centre.

- On bulletin boards in the centre
- for media purposes (e.g., Abigail's Facebook page, newspapers, displays)

Please check the boxes and sign

- I give permission for field trips and to take photographs of my child for the above purpose
- I do not give** permission for field trips and to take photographs of my child for the above purpose

Parent/ guardian Signature

Date

TO BE COMPLETED AT TIME OF REGISTRATION & WHEN IMMUNIZATIONS UPDATED

Under the Child Care and Early Years Act, 2014, Reg 137/15, s.35, children attending a licensed child care centre, who are not in attendance at a school (e.g., infants, toddlers, and preschoolers), must be immunized as recommended by the local Medical Officer of Health, or provide a valid [Child Care and Early Years Act Ministry of Ontario Statement of Conscience or Religious Belief exemption form](#) or a valid Child Care and Early Years Act [Ministry of Ontario Statement of Medical Exemption form](#). Parents are required to provide their child's immunization record upon registration.

The local Medical Officer of Health requires children attending daycare to be immunized against measles, mumps, rubella, Haemophilus influenzae b (Hib), diphtheria, tetanus, pertussis, polio, meningococcal disease and varicella (Chickenpox), according to the Ontario schedule. Please note: If your child is attending school, additional documentation is required under the Immunization School Pupils Act for conscience or religious belief exemptions.

Complete the fields below and submit a copy of your child's immunization record via our [website](#). If your child's record is not up to date you will be notified by your Child Care Centre or Public Health.

Immunization records and updates are *NOT* automatically provided to Public Health by your health care provider. Options available to update HPEPH with your child's immunization records:

- [ICON](#) ▪ Email: CDCIMM@hpeph.ca ▪ Fax: 613-966-8145 ▪ Phone: 613-966-5500 ext. 221

Child's Information (Please Print)

Date: _____
year / month / day

Indicate: New Registration Updated Information

Last Name:		
First Name:		Middle Name:
Date of Birth:	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
year	month	day
Ontario Health Card Number:		
Phone (Cell):	(Home):	(Other):
Postal Mail Address:	City:	Postal Code:
Name of Parent(s) or Guardian:		
Last Name	First Name	
Last Name	First Name	→ Relationship to child: parent / guardian
Name of Child Care Centre:		Secondary Child Care Centre:

We are committed to providing accessible publications, programs and services to all. For assistance please call 613-966-5500; TTY 711, or or email accessibility@hpeph.ca. For more information, visit hpepublichealth.ca.



Parent Acknowledgement Form

I _____ have received a copy of the Parent Handbook.

*Please initial beside each box to acknowledge reading the particular agreement

I acknowledge that it is my responsibility to read and follow the Policies in the handbook.

I understand it is my responsibility to notify the daycare by phone or email when my child will not be attending their regular schedule day for any reason. I agree to let my caseworker know of any changes in my scheduling (if applicable).

I agree that I will pay any portion of the cost of daycare that is not covered and funded by my funding provider for my child(ren) by the end of each month

I agree that I am required to pick up my child(ren) on time and that I am responsible for all "Late Pick Up Fees" as line out in the Parent Handbook regarding Late Fee Policy. These fees are to be paid within one week of the late fee.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Staff Name: _____

Staff Signature: _____ Date: _____

Note "parent" is defined as a person having lawful custody of a child or person who has demonstrated a settled attention to treat a child as a child of his/her family and includes legal guardians.



Infant Feeding Chart

This form will be updated as needed- will be kept in Sign in/out binder

Child's Name				
Child's Birthday				
Child's Start Date				
Parent's Name				
My child is breast fed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Both <input type="checkbox"/>	
My child uses formula:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
*If yes, what kind of formula:				
How many oz's per bottle?	How many bottles per day?			
Please put a date when your child was introduced to the following cereals:				
Rice:	Barley:	Oatmeal:		
Please check Yes <input type="checkbox"/> or No <input type="checkbox"/> for the following:				
Dry toast: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cheese: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cottage cheese: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Unsalted crackers: Yes <input type="checkbox"/> No <input type="checkbox"/>	Eggs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fish: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please circle the following foods if your child has tried them				
	4-6 months	6-9 months	10-12 months	12 months +
FRUIT	Banana Pear Avocado Plum Apple Peach nectarine	same as 4-6 months PLUS: blueberry papaya melon apricot raisins & Grapes (chopped/pureed) THEN Kiwi fruit	Same as 6-9 months PLUS: Mango Pineapple	Same as 10-12 months PLUS: Citrus Berries (Including strawberries & raspberries) Blueberries can be introduced earlier
Cereal & Grains	White rice Brown rice	Same as 4-6 months PLUS: Wheat Wheat germ Rye Barley Oats Quinoa pasta		
Veggies	Sweet potato White potato Carrots Butternut squash Pumpkin	Peas Green beans Zucchini or courgette Belle pepper	Tomatoes Spinach okra	Corn



Infant Feeding Chart

	Rutabaga parsnip	THEN Broccoli Eggplant Cauliflower Beets/beetroot Lentils/dried beans Onions Asparagus Turnips Soy (Inc. Tofu)		
	4-6 months	6-9 months	10-12 months	12 months +
Dairy	Yogurt (Some pediatricians advising waiting until 6 months)	Cheese yogurt		Cow's milk
Eggs		Cooked egg yolk Cooked egg white (With caution)		
Fish		White fish (cod, haddock, pollock) Light tuna Salmon Sardines mackerel		
Meat		Chicken Beef Pork Lamb turkey		
Other		Aromatic spices Herbs Garlic Ground flax seeds Ground sesame seeds mushrooms		Peanuts/peanut butter Other nuts Shellfish Honey *We are a peanut/nut free environment*

Appendix A: Supplementary Information for children under 12 months

Child's Name: _____

Child's Birthdate: _____

Age (in months): _____

Feeding Arrangements:

My child drinks: Breast milk Formula Breast milk and formula

My child has started eating solid foods Yes No

If yes, food must be: Pureed Mashed Steamed until soft Soft

My child can self-feed: Yes (independently) Yes (with support) No

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., meal times, favorite foods)

Sleep Arrangements:

Note: 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 been Health's Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).²

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., soother, must be rocked to sleep?)

Yes No

If yes, please provide relevant details:

Parent Signature: _____ Date: _____

²Government of Canada: Safe Sleep- <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>