

## Mahmowenchike Family Development Centre

150 Redwood Avenue West Thunder Bay, Ontario, P7C 1Z6 (807) 623-9580	1130 Georgina Avenue Thunder Bay, Ontario, P7E 3J1 (807) 473-5848
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### Mission Statement

Mahmowenchike is a charitable non-profit organization dedicated to providing quality childcare and providing resources to empower families. Working together as a community, we practice and respect tradition to promote the cultural development of a strong generation of children.

The centres are open Monday to Friday from 7:30 AM to 5:30 PM. Programs vary by centre. See Parent Handbook for more information. Nutritious meals are provided at breakfast, lunch, and as an afternoon snack for all full day programs. Parents of infants still on formula and baby food must provide the centre with these items for their child.

### Application Form

Date of admission: \_\_\_\_\_

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

#### Please check which program you require:

- |  |   |
|--|---|
| <input type="checkbox"/> Infant (birth to 18 months) | <input type="checkbox"/> Toddler (18 months to 2 ½ years) |
| <input type="checkbox"/> Preschool (2 ½ to 5 years)  | <input type="checkbox"/> School age (6 to 12 years)       |
| <input type="checkbox"/> Full time (4-9 hours)       | <input type="checkbox"/> Part time (1-4 hours)            |
| <input type="checkbox"/> Monday                      | <input type="checkbox"/> Tuesday                          |
| <input type="checkbox"/> Wednesday                   | <input type="checkbox"/> Thursday                         |
| <input type="checkbox"/> Friday                      |   |

Will your child be attending school in September?  Yes  No

Do you need subsidized care?  Yes  No

<b>Parent's name:</b>		<b>Parent's name:</b>	
<b>Home address:</b> (if different from above)		<b>Home address:</b> (if different from above)	
<b>Contact Numbers:</b>	<b>Home:</b>		<b>Contact Numbers:</b>
	<b>Mobile:</b>		
<b>Occupation:</b>		<b>Occupation:</b>	
<b>Business/school name and address:</b>		<b>Business/school name and address:</b>	
<b>Business/school phone #:</b>		<b>Business/school phone #:</b>	
<b>Email address:</b>		<b>Email address:</b>	

\* If you are a student, we will require a copy of your class schedule.

\* If you have more than one place of employment, please use the back of this page to record the name, address, and phone number of additional employers.

**Other family members living at home**

Name	Age	Relationship to child

**Emergency Contacts:** List names and phone numbers of at least two alternate people that can be called in an emergency if parents cannot be reached. Please ensure to include their full last name as we will check identification.

Full name	Relationship to child	Address	Phone number

**Names of people who may pick up child**

Full name	Relationship to child	Address	Phone number

**Authority for Publicity**

I give consent for my child to:

Be photographed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Take part in audiovisual taping	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have picture published by the media	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Health Information**

Child's allergies: \_\_\_\_\_

Reaction: \_\_\_\_\_

Medical attention required: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address/clinic: \_\_\_\_\_

Special medical conditions: \_\_\_\_\_

Child's usual reaction to illness (i.e., high temperature, flushing, vomiting, irritability, etc.):

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**Parents are required to update the information on this application as required.**

**Has your child had:**

	<i>Yes/No</i>	<i>Date</i>	<i>Comments</i>
Measles			
Mumps			
Chicken pox			
Frequent colds or ear infections			
Other previous illness or injury			

**Is your child on medication?**          Yes          No  
If YES, you are required to complete an Administration of Medication Form.

<b>Names of Medications:</b>     
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**Special Requirements**

**Diet:**

**Exercise:**

**Rest:**

(Written and signed instructions must be provided by the parent).

**Does your child have any problems or difficulties with:**

- |   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Feeding            | <input type="checkbox"/> Hearing   | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech             | <input type="checkbox"/> Toileting | <input type="checkbox"/> Fears  |
| <input type="checkbox"/> Motor coordination | <input type="checkbox"/> Other     |                                 |

**Please give a brief description (information that will be helpful to staff):**

**Record of Immunization:** The attached form must be completed or a written letter from a legally qualified medical practitioner stating the medical reasons why the child cannot be immunized is required before the child starts in the program. Parents are required to notify the Thunder Bay District Health Unit of dates for immunizations received after enrolling in the child care centre.

**Parent's comments (or additional information):**

Miigwetch for considering Mahmowenchike Family Development Centre to meet your childcare needs. Please contact the Executive Director, Ashleigh Presenger, for further information.

**Signature:** \_\_\_\_\_

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

## Service Coordination in Child Care

The Thunder Bay District Social Services Administration Board (TBDSSAB), as Service System Manager, is responsible for the delivery of special needs services within the child care programs through effective and efficient use of resources.

The TBDSSAB provides support and resources to families and their children through agreements and protocols with several agencies to provide enhanced services and support to the child care centres. The scope of the agreements includes service coordination, program observations, consultation regarding child development, parenting support, intervention services, case management, and other global services.

The agencies include (but are not limited to):

- 1. The Thunder Bay District Health Unit**
- 2. Children's Centre Thunder Bay**
- 3. Dilico Anishinabek Family Centre**
- 4. Children's Aid Society**
- 5. George Jeffrey Children's Treatment Centre**
- 6. St. Joseph Preschool Speech and Language Services**

In the event that a child requires further specific and individualized services, permission from the child's parent or legal guardian is required. Confidentiality will be maintained.

I, \_\_\_\_\_, have read and understand that child care centres work collaboratively with agencies and services, some of which are listed above, however, any specific individualized services for my child will only be allowed with my signed authorization.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Mahmowenchike Family Development Centre  
Infant Permission Form for the Introduction of Table Foods**

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ months

**Important to note: Infant bottles will not be heated in the microwave. Breast milk will not be heated in the microwave.**

Please check off the foods your child can have and has tried at home:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cookies  | <input type="checkbox"/> Dairy products (yogurt, cheese)         | <input type="checkbox"/> Applesauce   |
| <input type="checkbox"/> Soup   | <input type="checkbox"/> Crackers                                | <input type="checkbox"/> Chicken      |
| <input type="checkbox"/> Rice/wild rice   | <input type="checkbox"/> Pasta (spaghetti, penne, macaroni, etc) | <input type="checkbox"/> Beef         |
| <input type="checkbox"/> Salads   | <input type="checkbox"/> Bannock                                 | <input type="checkbox"/> Bagels       |
| <input type="checkbox"/> Pudding  | <input type="checkbox"/> Turkey sausages                         | <input type="checkbox"/> Cold cereals |
| <input type="checkbox"/> Vegetables and legumes (i.e., potatoes, lettuce, beans, cucumber, cooked broccoli/carrots) | <input type="checkbox"/> Oatmeal                                 |                                       |
| <input type="checkbox"/> Fruits (i.e., apples, oranges, bananas, melons, pineapple, quartered grapes, raisins)      |  |                                       |

**I am aware that it is not recommended to give infants under one year of age the following foods**, however, I give the staff of Mahmowenchike Family Development Centre permission to feed my child (who is an infant):

- |  |   |
|--|---|
| <input type="checkbox"/> Strawberries (including strawberry jam, yogurt, or Jello) | <input type="checkbox"/> Honey            |
| <input type="checkbox"/> Eggs  | <input type="checkbox"/> 3.25% cow's milk |
| <input type="checkbox"/> Corn  | <input type="checkbox"/> Regular menu     |

Other specific foods:

\_\_\_\_\_

Comments:

\_\_\_\_\_

Food allergies: \_\_\_\_\_

Other restrictions (i.e., sensitivities, intolerances): \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date

**UPDATES: please use a different colour pen for checking off and signing each update.**

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date

**Mahmowenchike Family Development Centre  
Family Permission Form**

I hereby authorize Mahmowenchike Family Development Centre to provide the following services to:

**Child's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Services**

Please check the following:

- Developmental screening (Fair Start Disc Screening)
- Child observations (staff regularly observe the children during active times and record their observations to facilitate curriculum planning that promotes each child's growth and development)

\_\_\_\_\_  
Parent/Guardian (print full name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Relationship to child

I hereby authorize Mahmowenchike Family Development Centre to release and/or obtain the following information/reports which pertain to:

**Child's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information/reports:** Disc screening results

**To/from:** Public/Separate School Board (please circle one)

**For a period of:**

\_\_\_\_\_  
Parent/Guardian (print full name)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Witness (other than family member)

**Mahmowenchike Family Development Centre**  
Personal Information

All children are unique with individual strengths and talents. Completing this form helps us to know more about your child.

**Child's name:** \_\_\_\_\_

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

<b>My child likes...</b>
<b>My child dislikes...</b>
<b>When my child is sad, I usually do this to comfort him or her:</b>
<b>My child's strengths are...</b>
<b>My child finds the following challenging and hard to do...</b>
<b>When other children are around, my child...</b>
<b>Recent changes or progress I have noticed with my child are...</b>
<b>What are the most important goals you feel should be addressed now?</b>
<b>Any other information you would like to share about your child?</b>

**Are you able to volunteer at the centre?**        Yes                          No

**Would another family member like to volunteer?**        Yes                          No

**Name:** \_\_\_\_\_      **Phone number:** \_\_\_\_\_

**Mahmowenchike Family Development Centre, Inc. (2017)**  
**Important Points from the Parent Handbook**

- Parents are required to inform the centre 2 weeks in advance if they are withdrawing their child(ren) from the program. Mahmowenchike will provide the parents with 2 weeks' notice if they deem it necessary to discontinue their child care service.
- Bottles and soothers are only permitted in the **infant** program; they are prohibited in all other programs.
- Parents will be charged for late pick-ups: if you pick your child up outside of your designated childcare time; i.e.: 8-4, even though the centre is open until 5:20 PM, you will be asked to sign a late slip which will then be applied to your bill at the end of the month. Please note that late fee charges are at a rate of \$25.00 per child for the first 15 minutes. Each additional 5 minutes will be charged at a rate of \$5.00 per child.
- Children cannot be dropped off after 10:00 AM. The last drop-off time for children is 10:00 AM, regardless of your childcare time.

**Illness Policy**

**For mildly ill children, exclusion will be based on whether the child is able to take part in regular daily activities and whether there are adequate facilities and staff available to meet the needs of both the ill child and the other children in the group.**

Mahmowenchike Family Development Centre will use the guidelines from the Thunder Bay District Health Unit's *Common Childhood Infections Manual* in order to determine if a child should not attend the centre.

**From the Thunder Bay District Health Unit's website:** If possible, the Health Unit encourages parents/guardians to keep their children home when ill. It is difficult for young children to "keep their germs to themselves." Children can rest at home to recover. The best way to reduce the spread of infection is to keep sick children away from healthy children.

Child care centres also have a role to play. It is the responsibility of the operator to enforce exclusion policies that are set out by the Health Unit for certain symptoms (fever, gastrointestinal symptoms like vomiting) and infections (mumps, chickenpox).

**\*Please refer to the Parent Handbook online for a complete policy and detailed list of illnesses and procedures.**

**Code of Conduct**

To ensure the safety, security, and respectful atmosphere for our children, staff, and others in the child care centre, the following policy is in effect for anyone in attendance at the centre, including parents/guardians, staff, and management:

- All children, families, and staff members will be treated with respect;
- All facilities and equipment will be treated with respect;
- No profanity, racial slurs, physical abuse, emotional abuse, or yelling at any person will be tolerated;
- No threats to anyone else's safety will be tolerated;
- No bullying behaviours will be tolerated.

Any infractions of these guidelines will result in immediate corrective action. Depending on the severity of the action(s) taken, an immediate permanent discharge from Mahmowenchike may be



involved. All facts and remarks made during the incident will be documented and kept on file. The appropriate authorities will be given a statement regarding the incident.

If any person in the centre, acting as a parent, guardian, staff member, member of management, or other visitor to the centre, becomes verbally, emotionally, or physically abusive to any other person, the procedure will be as follows:

**First step:** a meeting will be set up with the Supervisor or Executive Director to discuss the inappropriate conduct and why it is unacceptable. A plan will be put in place to prevent further instances from occurring.

**Second step:** a letter of warning will be issued explaining why the inappropriate action is unacceptable, how it can be improved upon, and what the next step will be should it continue.

**Third step:** Childcare will be suspended until further notice (in the case of a parent or guardian) and/or suspension of work until further notice (in the case of a staff member).

**Fourth step:** Childcare will be terminated (in the event of a parent or guardian) and/or employment will be terminated (in the case of a staff member).

**Please note that in extreme circumstances, immediate termination may result.**

### **Social Media and Confidentiality**

By enrolling their child(ren) in Mahmowenchike Family Development Centre, families agree to refrain from publicly discussing children, families, or staff in attendance at Mahmowenchike, including on social media websites. All staff are required to sign an Oath of Confidentiality upon employment at Mahmowenchike Family Development Centre, protecting children and family files. Families may take photographs of their own child, but are asked to refrain from taking videos or photos of other children or families.

Mahmowenchike employees, as well as families under Mahmowenchike's care, that maintain personal social media pages (e.g., Facebook, Instagram, LinkedIn, blogs, Twitter, FourSquare, etc.) are expected to comply with the guidelines set out in this policy.

1. Families using social media are advised to maintain strict privacy settings on their personal accounts to ensure that any materials contained therein are not accessible to the public at large.
2. Employees and families that use these sites are prohibited from disseminating any private organizational information therein, or any negative comments regarding the organization.
3. Posts involving the following will not be tolerated and will subject the individual to discipline:
  - a. Proprietary and confidential information;
  - b. Discriminatory statements or sexual innuendoes regarding staff, management, clients, and;
  - c. Defamatory statements regarding the centre, its employees or clients.
4. Where a family publicly associated him or herself with the organization, all materials associated with his or her page may reflect on Mahmowenchike Family Development Centre. Please be advised that inappropriate comments, photographs, links, etc. should be avoided.
5. Mahmowenchike Family Development Centre policies governing the use of corporate logos and other branding and identity apply to electronic communications, and only individuals officially designated may "speak" (orally or in writing) on Mahmowenchike's behalf.

6. Mahmowenchike Family Development Centre reserves the right to take action against individuals for posting any of the following:
  - a. Proprietary and confidential information;
  - b. Discriminatory statements or sexual innuendoes regarding staff, management, clients, and;
  - c. Defamatory statements regarding the centre, its employees or clients.

Should an individual choose to ignore the above statement, the family will (a) be given a warning indicating that such actions are not tolerated, then on a second occurrence, (b) be given two weeks' notice that services have been terminated. **Please note that in extreme circumstances, immediate termination may result.**

### **Fee Payment**

(Approved by the Board of Directors: April 15<sup>th</sup>, 2002)

All families are required to pay half of one month of childcare fees upon enrolment.

Families who may be in town for a short period of time and do not have a permanent address in Thunder Bay are required to prepay in full for childcare required upon enrolment or on a monthly basis dependent on services needed.

Full payment is due by the 20<sup>th</sup> of each month, after which time a late fee of \$10.00 may be added. If full payment is not received by the 30<sup>th</sup>, childcare services may be terminated or suspended until payment in full is made or a payment plan has been approved by the Director.

Once a payment plan has been established, a missed payment will result in the termination of childcare services. Postdated cheques for a period of 12 months at a time equal to the monthly fee amount are encouraged. If your child is withdrawn, any unused cheques will be returned to you. Electronic money transfers are also accepted. You can obtain the email address and security password from the Director or any staff member at Mahmowenchike. As of June 1<sup>st</sup>, 2017, cash payments are no longer accepted.

Families of children who attend the centre prior to completion of their application and approval for subsidy will be required to pay the full fee amount until results of their subsidy application are received.

### **Children's Vacations**

The centre appreciates 2 weeks' written notice for vacation time. This allows for the arranging of staff schedules to accommodate the fluctuations in enrolment. Each full time, subsidized child is allotted up to 30 days absence per year including vacation time unless otherwise arranged by the Director. Parents of children who are not subsidized are required to pay full fee for the time their child is off or withdraw the child, then re-register once they are to return if space is available at that time.

**Please sign below indicating that you have read and understand the above policies of Mahmowenchike Family Development Centre, Inc. (2017). Failure to comply with the above stated may result in termination of care and services.**

\_\_\_\_\_  
Parent/guardian name (printed)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Mahmowenchike Family Development Centre  
Finance Contract**

I/We, \_\_\_\_\_, hereby agree to pay Mahmowenchike Family Development Centre, the amount of \$ \_\_\_\_\_ per day (or as stated below each day's schedule) for a total of \$ \_\_\_\_\_ per week commencing \_\_\_\_\_ for Child Care and Education Services.

**Schedule of Services Required**

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours	to	to	to	to	to
Daily rate	\$	\$	\$	\$	\$

**I understand that payment for contracted time is my responsibility,  
regardless of absences.**

I agree to give the centre at least two weeks' **written** notice prior to withdrawing my child(ren). If notice cannot be given, I agree to pay for two additional weeks of fees in lieu of notice.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
Date

**Parent Contract**

I hereby acknowledge that I have read and fully understand the contents of the Parent Handbook including the Finance Policies and Procedures of Mahmowenchike Family Development Centre. I agree to abide by these policies and updates as the Board deems necessary from time to time with appropriate notice.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
Date

## Licensed Child Care Entry – Immunization Form

The Thunder Bay District Health Unit is required by law to keep an immunization record on every child attending licensed child care.

**It is the responsibility of the parent/guardian to provide the Health Unit with an immunization record. Health care providers do not routinely forward immunization records to the Health Unit.**

If an exemption for a vaccine(s) is required, call 625-5900 or toll free 1-888-294-6630, or visit our website at [TBDHU.com](http://TBDHU.com) to obtain a Ministry of Education Statement of Medical Exemption form OR Statement of Conscience or Religious Belief affidavit.

PLEASE COMPLETE THE FOLLOWING:

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (YY/MM/DD) \_\_\_\_\_ Male  Female

Ontario Health Card \_\_\_\_\_

Has your child ever had a different last name(s)? If "Yes" Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_

Child Care Provider \_\_\_\_\_ Site \_\_\_\_\_

### OPTIONS FOR SUBMITTING IMMUNIZATION RECORDS:

Attach a photocopy of your child's immunization record ("yellow card") and any other documents to this form and return to the child care provider.

OR

Take a photo of your child's "yellow card" and any other documents and submit through the secure website: [www.updatevaccinerecord.com](http://www.updatevaccinerecord.com). Return this form to the child care provider.

PLEASE RETURN THIS FORM TO THE CHILD CARE PROVIDER

IMT-402 Licensed Child Care Entry Immunization Form May, 2017

Personal information on this form is collected under the authority of the *Health Protection and Promotion Act, R.S.O. 1990*, as amended and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990* and the *Personal Health Information Protection Act, 2004*. This information will be used to maintain an immunization record. For questions regarding the collection of your personal information, please contact the Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5900.



