



St. Vincent location	St. Ann location
150 Redwood Avenue West Thunder Bay, Ontario, P7C 1Z6 (807) 623-9580	1130 Georgina Avenue Thunder Bay, Ontario, P7E 3J1 (807) 473-5848

The Parent Handbook can be accessed on our website at www.mahmowenchike.ca/parent-handbook

Registration Form

Date of admission: _____

Name of child: _____

Date of birth: / /

Sex: M / F Home 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 (4 to 12 years and attending school) |

Schedule of care required:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

(Please note that this schedule is pending approval by the Site Supervisor of the Mahmowenchike site your child is attending as well as TBDSSAB for families receiving childcare subsidy)

- | | | |
|--|------------------------------|-----------------------------|
| Will your child be attending school in September of this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will you be applying for subsidized childcare? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

All portions below must be filled out completely

Parent's name:		Parent's name:	
Home address: (if different from above)		Home address: (if different from above)	
Contact numbers:	Home:	Contact numbers:	Home:
	Mobile:		Mobile:
Business/school name and address:		Business/school name and address:	
Business/school phone number:		Business/school phone number:	
Email address:		Email address:	

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(s), address(es), and phone number(s) of additional employers.

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



Other family members living at home (in addition to the parents/guardians listed on page 1)

Name	Age	Relationship to child

Emergency Contacts

Please list the names, addresses, and phone numbers of at least two people that can be called in an emergency if parents/guardians cannot be reached. Please be sure to include their full names as identification will be required and checked upon pick up.

Full name	Relationship to child	Address	Phone number

Pick Up List

Please list the people who have permission to pick up the child. If they are not listed here and they come to pick up your child, you will be called to confirm the name of the person and identification will be required before the child can be released.

Full name	Relationship to child	Address	Phone number

Authority for Publicity

- I give consent for my child to:
- Be photographed Yes No
 - Take part in audiovisual taping Yes No
 - Have picture published by the media Yes No
 - Have picture posted on social media Yes No

(Please note that parents would be notified prior to your child’s photo being published by the media or on one of our social media pages regardless of permission being provided on this registration form.)

Health Information

Child’s allergies: _____

Reaction: _____

Medical attention required: _____

(if your child requires an epi-pen, an Anaphylaxis Plan will need to be created prior to your child’s start date)

Family doctor: _____ Phone number: _____

Address of clinic: _____

Special medical conditions: _____

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

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



Has your child had:

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

Is your child on any medications on an ongoing basis?

Yes No

If yes (and the medication will need to be administered when your child is at the centre), please inform the Site Supervisor as you will need to complete a Medication Administration Form to allow staff to administer the medication. Please see our *Medication Administration* policy in the Parent Handbook for specific policies.

Name(s) of medication(s):

Special Requirements

Diet

Exercise

Rest

(Detailed written and signed instructions must be provided by the parent separately from this application)

Does your child have any difficulties or problems with the following?

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Toileting | <input type="checkbox"/> Fears or phobias |
| <input type="checkbox"/> Motor coordination | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Other (please specify): |

Please give a brief description (information that will be helpful for your child's educators):

Record of Immunization

The attached form must be completed, and a copy of the child's immunization record must be provided. In the case of a child who has not received their full immunizations, a written letter from a legally qualified medical practitioner stating the medical reasons that a child cannot be immunized must be received. These items are required **prior to the child starting in the program**. Parents are required to notify the Thunder Bay District Health Unit of dates of immunizations received after enrolling in the childcare centre.

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



Information About My Child

My child likes...
My child dislikes...
When my child is sad, I usually do this to comfort them...
My child's strengths are...
My child finds the following challenging and difficult to do...
Typical eating and sleeping habits or routines...
Recent changes, progress, or milestones that have been reached by my child include...
What are the most important goals you feel should be addressed now?
Any other information you would like to share about your child?

Signature: _____

Date: _____

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



Parent Contract

1. I understand that it is my responsibility to provide the full names and telephone numbers of persons who are authorized to pick up my child(ren) from the centre.
2. I will notify the Site Supervisor of any changes to my contact information (including home, mobile, and business addresses/telephone numbers or my primary email address).
3. I will provide up-to-date medical information about my child(ren), notifying the Site Supervisor promptly of any change in medical information or allergies.
4. In the event of a life-threatening physical accident or illness, if I am not immediately available, I understand that the centre will have my child(ren) taken to the hospital's emergency department in the company of a staff member via the most appropriate method of transportation (ambulance or taxicab).
5. I will give the centre 2 weeks' written notice prior to withdrawing my child(ren) from the centre. If notice cannot be given, I understand that I will be responsible for up to 2 additional weeks of childcare fees.
6. I understand that it is my responsibility to abide by the schedule of care agreed upon at the time of enrolment. I will notify the Site Supervisor prior to adjustment if I require alterations to my schedule.
7. I understand that drop-off prior to my scheduled start time and/or pick-up after my scheduled end time will result in late fees being applied to my bill. I understand that recurring early drop-offs and/or late pick-ups may result in termination of childcare. I understand that late pick-ups in particular may prevent the educators from meeting their personal obligations after-hours.
8. I understand and agree to abide by the policies and procedures as outlined in the Parent Handbook (accessible at any time at www.mahmowenchike.ca/parent-handbook or a hardcopy can be obtained from the Site Supervisor upon request), including but not limited to:
 - a. Refraining from bringing toys and outside food into the centre;
 - b. The Code of Conduct and Conflict Resolution policies;
 - c. Confidentiality policies;
 - d. Illness and Exclusion policies (including reporting all communicable illnesses to the Site Supervisor for posting to other families to be aware of or to the TBDHU, if necessary);
 - e. Medication Administration policies;
 - f. Fee Payment policies.
9. I understand that Mahmowenchike Family Development Centre is closed on New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, and Boxing Day. I understand that the centre may be closed for a longer period of time over the Christmas/New Year period as well as on various professional development days throughout the year, with dates to be determined annually and ample notice to be provided to families.

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



SUBSIDIZED FAMILIES ONLY

10. I understand that the TBDSSAB is responsible for paying Mahmowenchike the subsidized portion of the daily rate up to a maximum of 30* absences per year for each child. Mahmowenchike will claim absent days for parents that are students during any breaks from school (March Break, Christmas Break). I understand that it is our full responsibility to make payment to Mahmowenchike Family Development Centre for our daily rate (parent portion) for these 30* days and the full pay rate for any additional absences after absent days are exhausted. Requests may be made for the TBDSSAB to pay for additional absences required due to extraordinary circumstances must be submitted in writing and include the dates and reasons for absences (supporting documentation, such as medical documentation, is encouraged). The TBDSSAB reserves the right to deny requests for additional days.

*Absent days are prorated based on enrolment schedule and start date within the year.

FULL FEE FAMILIES ONLY

11. I understand that payment of childcare fees for any absences that occur on scheduled days for my child(ren) will be our full responsibility. I understand that payment of fees for absences holds my child(ren)'s space(s) in the program.

Parent's signature

Date

Parent's signature

Date

A copy of this Parent Contract will be made and given to the family for their records.

The original will be kept on file at the centre.

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



Finance Contract (Full Fee Families)

I, _____, agree to pay Mahmowenchike Family Development Centre the amount as specified below in childcare fees based on the schedule agreed upon by the Site Supervisor and myself commencing _____.

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

I understand that invoices are distributed by the 10th of each month and are due in full by the 20th of each month. The methods of payment accepted by Mahmowenchike are cheques and e-transfers. Cash payments are not accepted.

I agree to give the centre at least two weeks' written notice prior to withdrawal of my child(ren). If sufficient notice cannot or is not given, I understand that two additional weeks of childcare fees may be charged in lieu of notice.

Child's Name:	Program:
----------------------	-----------------

	Monday	Tuesday	Wednesday	Thursday	Friday
Approved Schedule					
Daily Rate					
Care Code					

Parent's signature

Date

Parent's signature

Date

Supervisor's signature

Date

A copy of this Finance Contract will be made and given to the family for their records.

The original will be kept on file at the centre.

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



Service Coordination in Childcare

The Thunder Bay District Social Services Administration Board (TBDSSAB), as Service System Manager, is responsible for the delivery of special needs services within the childcare 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 childcare 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):

- The Thunder Bay District Health Unit (TBDHU),
- Children's Centre Thunder Bay (CCTB),
- Dilico Anishinabek Family Care,
- Children's Aid Society,
- George Jeffrey Children's Centre, and
- 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 the above and understand that childcare centres work collaboratively with agencies and services, some of which are listed above. I understand that if my child is to be referred for any specific or individualized services, separate permission will be obtained at that time.

Parent/guardian's signature

Date

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



Permission Form for the Introduction of Table Foods

(Please note: Do not fill out for any child over the age of 18 months)

Child's Name: _____

Child's Age: _____ months

Infant bottles, whether they contain formula or breastmilk, will never be heated in the microwave. Infants who are still eating jarred foods, formula, or breastmilk will be required to provide these items from home.

Infants under 12 months of age will not be served any foods without written permission from the parent(s) or guardian(s). Once the child is 12 months of age, they will be served foods from the regular childcare centre's menu with consideration given to developmental readiness, allergies, and written parental instructions.

Please check off the foods that your child can have at the centre: It is strongly recommended that your child have tried these items at home prior to having them at the centre in case of adverse reaction.

- | | | |
|--|---|---|
| <input type="checkbox"/> Cookies | <input type="checkbox"/> Dairy products (yogurt, cheese, cream soups) | <input type="checkbox"/> Applesauce |
| <input type="checkbox"/> Soups | <input type="checkbox"/> Crackers | <input type="checkbox"/> Chicken |
| <input type="checkbox"/> Rice/wild rice | <input type="checkbox"/> Pastas | <input type="checkbox"/> Breads, toasts, bannocks, bagels |
| <input type="checkbox"/> Muffins | <input type="checkbox"/> Pudding | <input type="checkbox"/> Salads |
| <input type="checkbox"/> Oatmeal | <input type="checkbox"/> Vegetables (i.e., potatoes, lettuce, beans, cucumber, broccoli, cauliflower, etc.) | <input type="checkbox"/> Cereals |
| <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 12 months of age the following food items, 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 or yogurt) | <input type="checkbox"/> Honey |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> 3.25% cow's milk |
| | <input type="checkbox"/> Corn |

Other specific foods:

Comments:

Food allergies: _____

Other restrictions (i.e., sensitivities, intolerances): _____

Please explain: _____

- I feel that my child, regardless of age, is able to eat any and all foods regularly provided on Mahmowenchike's menu and give Mahmowenchike permission to feed my child all foods as listed on the posted menus.

At admission Parent/guardian's signature	Date
Update Parent/guardian's signature	Date
Update Parent/guardian's signature	Date
Update Parent/guardian's signature	Date
Update Parent/guardian's signature	Date

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



Program Permissions

I hereby authorize Mahmowenchike Family Development Centre to provide the following services to my child, _____:

- Developmental screening (Ages and Stages, LookSee, etc)
- Child observations (staff regularly observe the children throughout the day and record their observations to facilitate curriculum planning that promotes each child's growth and development)
- I/we give permission for my child to take part in excursions in the neighbourhood. These may include neighbourhood walks on the premises and within the general neighbourhood area. Any field trips that require bussing or are visiting an establishment will require a separate permission form with specific details for each individual occurrence.

Parent/guardian (please print full name)

Date

Parent/guardian's signature

Witness

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 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. 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.

