



St. Vincent location	St. Ann location	St. Elizabeth location
150 Redwood Avenue West Thunder Bay, Ontario, P7C 1Z6 (807) 623-9580	1130 Georgina Avenue Thunder Bay, Ontario, P7E 3J1 (807) 473-5848	735 Selkirk Street South Thunder Bay, Ontario, P7E 1V3 (807) 633-0057

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:

- Infant (birth to 18 months) Toddler (18 months to 2 ½ years)
 Preschool (2 ½ to 5 years) 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? Yes No
 Will you be applying for subsidized childcare? Yes 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	<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
Have picture posted on social media	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 for all children in infant, toddler, and preschool programs. 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 is closed for the same two-week period that the Thunder Bay Catholic District School Board is closed and may be closed on additional days throughout the year for staff professional development (ample notice will be provided).

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.

To access our Parent Handbook, please navigate to www.mahmowenchike.ca/parent-handbook or scan the below QR code with your phone or device:



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.



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.



Enrolment During COVID-19 - WAIVER

During COVID-19, Mahmowenchike Family Development Centre's operations, policies, and procedures are adjusted in order to accommodate for enhanced cleaning protocols, infection prevention measures, and to ensure that we are in compliance with all relevant legislation and direction from the Thunder Bay District Health Unit.

It is imperative that parents and guardians with children attending Mahmowenchike during the COVID-19 outbreak understand and are aware of their roles and responsibilities in keeping our centre safe and healthy.

We will need to share the basic identification information (name and grade) of the children enrolled in our before and after school programs with the schools we are situated in so that in the case of a COVID-19 outbreak or if a child is sent home ill, we are able to communicate that effectively for contact tracing purposes.

Child's Name: _____ **Date of Birth:** _____

Pre-Existing Conditions or Symptoms

Please indicate below if your child has a diagnosed pre-existing condition that may cause symptoms or ongoing symptoms that could be indicative of COVID-19 to present on an ongoing basis (i.e., asthma or seasonal allergies). This will allow us to create a baseline for your child to better determine the point at which they should be sent home for potential COVID-19 symptoms. **Please note** that indicating a symptom or condition below does not necessarily mean your child will not be sent home with that symptom if the advice of the TBDHU directs us to do so for the protection of all staff, families, and children.

I, _____, have read the *COVID-19 Handbook for Parents* and understand my roles and responsibilities in preventing the spread of COVID-19 at Mahmowenchike Family Development Centre. I understand that Mahmowenchike staff will take every precaution to prevent the spread of infection at the centres, however, I understand that they unfortunately cannot guarantee a COVID-19 infection will not take place.

Parent Signature

Date



Sunscreen Permission Form

Dear parents/guardians,

With the arrival of summer-like weather, it is time to start putting sunscreen on the children before outdoor play.

We request that you sign the permission form below and return to your child(ren)'s educator(s) as soon as possible. **We will be unable to apply the sunscreen without your written permission.** If your child has allergies or sensitivities that you are aware of (or you would prefer to provide your own), parents/caregivers will be responsible for providing sunscreen that will be used only for your child.

We will be providing **Equate brand, SPF 50** sunscreen for centre use. Sunscreen is very important as we do spend most of our days outside during the summer months. We recommend a sunscreen with an SPF of 30 or higher for each child enrolled. If your family chooses to provide their own sunscreen, families with children in more than one program will be required to provide a separate bottle of sunscreen for each child.

You are also requested to provide a hat for your child and dress them appropriately for outdoor play and the day's weather conditions. A long-sleeved cotton shirt and pants will also help to protect your child from harmful UV rays. An extra change of clothes in case of mishaps will also be appreciated by your child and the program staff. **Miigwetch!**

I give permission to the staff of Mahmowenchike Family Development Centre to apply the sunscreen I have provided:

Child's name

Child's name

Child's name

Child's name

Sunscreen brand provided: _____

Parent's signature

Date





CENTER NAME: _____

Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "**Program**"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.



Mahmowenchike Family Development Centre Payment Information

At Mahmowenchike, we accept two forms of payment for child care and late fees:

1. Etransfer

In order to etransfer your payment, please remit payment to office@mahmowenchike.ca. We ask that you use the password **mahmow1** for your etransfers.

2. Cheque

Please make cheque payments payable to:

Mahmowenchike Family Development Centre

Cheque payments must be handed directly to a supervisor as listed below or can be delivered or mailed to our main office at:

**150 Redwood Avenue West
Thunder Bay, Ontario
P7C 1Z6**

Please do not remit cheque payments to your program educators or leave them in your child's bag or on the supervisor's desk.
Thank you!

We **do not** accept cash payments.