



Our Kids Child Care Registration Package

December 2022

Parent initials

I have received a copy of the OKCC - Parent Handbook or am aware it can be found online (www.ourkidschildcare.com)

720 Elm Ave
Sarnia Ontario
N7T 4H3
C/O St Matthew's School
(519) 344-2333
ourkids2@bellnet.ca
ourkids3@hotmail.ca

REGISTRATION FORM

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

Address _____ **City:** _____ **Postal Code:** _____

Home Phone #: _____ **Gender:** Female Male Other _____

List Other Children in the Family: _____

Parent/Guardian's Name: _____

Circle One: Mother Father Other: _____ **Cell Phone #:** _____

Home Address: _____ **City:** _____ **Postal Code:** _____

Employer: _____ **Work Phone #:** _____ **Ext:** _____

Work Address: _____ **City:** _____ **Postal Code:** _____

Email Address: _____

Parent/Guardian's Name: _____

Circle One: Mother Father Other: _____ **Cell Phone #:** _____

Home Address: _____ **City:** _____ **Postal Code:** _____

Employer: _____ **Work Phone #:** _____ **Ext:** _____

Work Address: _____ **City:** _____ **Postal Code:** _____

Email Address: _____

Custody Arrangements: Not Applicable Sole Custody – Mother Sole Custody - Father Shared Custody

Note: Please include any custody agreements and/or court orders if Program must adhere to

Emergency Contacts: Please list two people we may contact in the event of an emergency if we are unable to reach either parent

1. **Name:** _____ **Relation to Child:** _____

Address: _____ **City:** _____ **Postal Code:** _____

Home: _____ **Cell:** _____ **Work:** _____

Authorized to pick up child Yes No

2. **Name:** _____ **Relation to Child:** _____

Address: _____ **City:** _____ **Postal Code:** _____

Home: _____ **Cell:** _____ **Work:** _____

Authorized to pick up child Yes No

Other authorized persons who may pick up your child:

Child's Medical Information:

List Known Allergies (with reactions):

Not Applicable

Medical Conditions and/or previous communicable diseases:

Not Applicable

Name of Family Physician: _____ **Phone:** _____

Full Address of Physician: _____

Yes, I received a copy of the OKCC Parent Handbook or am aware it is online
(www.ourkidschildcare.com)

Parent/Guardian's Signature: _____ **Date:** _____

Office Use Only: Date of Admission: _____ Discharge: _____

AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME: _____

DATE: _____

The staff of Our Kids Child Care Centre implements a program with the utmost care and concern for the physical safety and well-being of each child. However, if at any time, due to such circumstances as accident, sudden illness or emergency and treatment is required, this consent authorizes OKCC staff to secure emergency medical treatment as deemed necessary.

I expect to be notified immediately in such an emergency and have supplied telephone numbers where I can be reached.

I will assume responsibility for any expenses incurred with any emergency treatment (i.e. cost of ambulance).

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS: _____

CONSENT FOR ADMINISTERING NON-MEDICAL ITEMS

CHILD'S NAME: _____

I hereby consent to have the following items (*supplied by the parent*) applied to my child:

Please check all that apply:

- Sunscreen
- Moisturizing Skin Lotion
- Diaper Cream
- Lip Balm
- Insect Repellent
- Hand Sanitizer

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS: _____

DATE: _____

CONSENT FOR PHOTOGRAPHS & VIDEOTAPES

CHILD'S NAME: _____

I hereby consent to have my child photographed and

videotaped: Please check all that apply:

- To be displayed around the program for other families and children to view
- To participate in group photos that may go home with another child's portfolio or documentation
- To include in local newspapers (first names only)
- To have my child participate in digital documentation (HiMama).
- To have my child participate in group digital documentation. I understand that group documentation including my child, may be viewed by other families in my child's program
- I do not consent to have my child participate in any displays, group photos, newspapers or digital documentation**

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS: _____

DATE: _____

CONSENT FOR WALKING AND FIELD TRIPS

CHILD'S NAME: _____

DATE: _____

As part of the regular program, the Educators take the children for short walks to areas of interest within the community. I hereby give my permission for my child to participate in these excursions. It is understood that members of the OKCC staff will carefully supervise and monitor the children during these activities.

I understand that I will be notified in advance of any large scale field trips and those that may require transportation by bus. Excursions by bus will be provided by licensed bus operators. I further understand that I may be required to pay for the full or partial cost of these field trips. I further understand that I must provide written authorization for my child to attend, on a Field Trip Permission Form that will be provided prior to the trip and if I do not give authorization it is my responsibility to find care for my child on the day of the field trip.

SIGNATURE OF PARENT/GUARDIAN: _____

WITNESS: _____

CONSENT FOR RELEASE OF INFORMATION

Child's Name: _____

Date of Birth: _____
(MM/DD/YYYY)

As a component of gaining a more comprehensive understanding of your child's development, the Our Kids Childcare Centre Educator's completes regular screening and monitoring of each child enrolled in our programs until he/she enters school. The early identification of

Potential delays in meeting milestones is of key importance to a child's success. Developmental screening is important for monitoring progress and identifying any potential concerns in children's development.

Our Kids Childcare Centre will be using an established developmental screening tool, called Ages and Stages Questionnaire. This questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills. If your child exhibits any areas where his/her development is of concern, your child's educator will bring this to your attention immediately to discuss any next steps. You are welcome at any time to view your child's Ages and Stages Questionnaire or speak to staff about your child's development. Permission is requested to monitor your child's development with the Ages and Stages Questionnaire which will be performed with your child at regular intervals.

As part of the purchase of service agreement with the County of Lambton for child care services, Our Childcare Centre is required to screen children ages 0-4 years that participate in our infant, toddler, and preschool programs at least annually. There may be some data shared for community reports to be used for planning purposes. At no time will data be shared that will identify your child.

I, _____ provide permission for Our Kids
Childcare (Parent/Guardian name)
Centre to:

- Monitor my child's development using the Ages and Stages Questionnaire.
- Share the Ages and Stages Questionnaire results (no names included) with our local Data Analysis Coordinator or designate who will compile the data anonymously for community reports and planning.

Parent/Guardian Signature: _____

Witness Signature: _____

Date: _____

Our Kids Childcare Centre Parent/Guardian Responsibilities

The conditions of this agreement protect both parents/guardians and Our Kids Child Care Centre.

Our Child Care Centre agrees to:

- Provide care for _____
(Child's Name)
- Review the Centre's policies and procedures with parents/guardians before enrollment in the program.
- Provide an up-to-date parent handbook that includes relevant policies and procedures. (on line version available)
- Provide notification of changes to program policies and procedures.
- Provide a minimum of one month's advance notice of fee increases.

I (we) _____ agree:
(Parent/Guardian's name(s))

- To accept membership in the Our Kids Child Care Centre, upon my(our) child's enrollment.
- To act within the parameters of the Centre's Policies and Procedures.
- The Centre is open 7:00 am to 5:30 pm. Parents must call the Centre within one hour of scheduled arrival time to advise of late arrivals or absences. If the Centre has not been notified within one hour of the child's scheduled arrival time, the child will be marked "absent" and will not be eligible for care that day.
- Parents will be prompt picking up their child at the end of the day. The hours of care indicated on monthly schedule/calendar must be followed. Repeated lateness will result in meeting with the Director/assistant supervisor. Children picked up after 5:30pm will be charged a **late fee of \$5.00 per minute (per child)** according to the Centre clock, and the child(ren) will not return to the program until the fee has been paid. CAS (Children's Aid) will be notified if the child remains in our care after 6:00 pm.
- Children must be accompanied through the Centre by an adult. It is never permitted to allow a child of any age to enter the Centre by him/herself. Parents must sign their child in and out on the attendance form each day.
- Each child will be fully immunized and proof of immunization will be provided before the child is enrolled in OKCC. It is the responsibility of the parent to provide up-dated information (yellow immunization card) to the Centre as immunizations occur. Immunizations that are not kept current, will result in the child being released from care.
- Parents will notify the Centre immediately of information changes including contact information from home or work, emergency contacts, separations etc.
- Parents will supply an adequate and appropriate amount of diapering supplies, extra clothing, outerwear etc. All items must be **labelled**. The parent understands that if an adequate or appropriate supplies are not supplied, they will receive a call from the Centre to deliver the items or to remove their child from program.

- A sick child will not be permitted to stay in the program. (Please refer to Parent Handbook) Parents will make alternate care arrangements if their child is ill. OKCC will call a parent or emergency contact to remove the child if the child is ill or unable to participate in the program. This will be at the discretion of the Director or assistant supervisor.
- I (we) agree to pay full child care fees for each scheduled session, as indicated by the monthly calendar submitted, regardless of whether my (our) child is present or not. Monthly calendars are due by the 15th of each month for the following month's care. Payments must be received by the 1st of each month for care to continue. Parents are billed for what is indicated on calendar submitted. Changes to schedule are at the discretion of the Director and/or Administrative Assistant and/or Program Supervisor, based on availability of space and staffing. Changing days submitted is not permitted. If you wish to book additional days to the schedule already provided, payment must be received in advance as well.
- Late schedules/calendars not received on time may result in loss of care, or no availability for all days requested.
- If I (we) do receive child care subsidy from the County of Lambton or other funding source I (we) accept full responsibility to fulfill all requirements of the County of Lambton to maintain funding. Any lapse in funding will be our responsibility.
- A child may not be in care for longer than 9 hours. Full day fees are based on a 9 hour day. A half day is considered 4 hours.
- To notify Our Kids Child Care in writing two weeks in advance of withdrawing my (our) child from the program or full fees will be charged.
- To notify and discuss any special needs, or dietary restrictions with the Director and/or Administrative Assistant and/or Program Supervisor.
- If at any time you wish to contact a member of the Board of Director please ask the Director in writing for contact information.
- Our Kids Child Care reserves the right to withdraw a child from care if:
- OKCC policies and procedures are not respected or followed by a parent or child
- Fees are in arrears
- The program is deemed by the Director and/or Board of Directors as not suitable for the child
- Parents/Guardians are disrespectful to any staff member of OKCC.

I have read and understood the above Parent/Guardian Responsibilities and will respect them. I have received a copy of the Parent/Guardian Responsibilities for my records.

Signature of Parent/Guardian:

Signature of Parent/Guardian:

Signature of Director/Administrative Assistant:

Immunization Reporting Form (Appendix B)

Child Care and Early Years Programs

Name of Child (*Last, First*) _____ DOB (*yy/mm/dd*) _____

Health Card # _____ Day Care _____

Name of Parent(s)/Guardian(s) (*Last, First*) _____






Preferred Phone Number _____ Alternate Phone Number _____

Address _____

Email _____

Health-Care Provider _____ Health-Care Provider's Phone Number _____

Please **attach a photocopy** of your child's complete immunization record (yellow card), including all vaccines received since birth.

	PHONE	519-383-3822
	FAX	519-383-7092
	EMAIL	immunization@county-lambton.on.ca
	ONLINE	https://lph.icon.ehealthontario.ca/
	IN PERSON	160 Exmouth St., Point Edward ON

It is the PARENT/GUARDIAN'S responsibility to notify Lambton Public Health of ALL immunizations a student/child receives at their health-care provider.

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. This personal information may be shared with the Ontario Ministry of Health, Ontario Ministry of Community & Social Services, your child's school and/or your local health department if you move out of Lambton County. Please direct any questions about the collection of this information to the Lambton Public Health at 519-383-8331 or toll free 1-800-667-1839.



**Lambton
Public Health**

160 Exmouth Street
Point Edward, ON N7T 7Z6
Telephone: 519-383-8331 or 1-800-667-1839
www.lambtonpublichealth.ca

Our Kids Child Care Lambton Inc.

Child Care Rates

(Effective December 1, 2022)

All child care fees are due in advance on the first of each month.

Enrolment in Our Kids Child Care is conditional upon full and timely payment of all fees. there is a \$25.00 non-refundable registration fee (per family) that is due when you return your registration package.

Payments accepted are: e-transfer.

It is your responsibility to keep your account balance current. We reserve the right to add a “Late Fee Service Charge” to your account, change your payment schedule, and/or suspend or terminate your child care space if your account is not kept current. More specifically, if your account is not paid in full by the 15th of the month, a “Late Fee Service Charge” of \$25.00 will be automatically added on your account. If by the 20th of the month there is a balance outstanding on your account, your childcare space will be suspended the first time this occurs and will be terminated on the second occurrence. Upon termination you will be required to reapply to the Lambton OneList (www.LambtonOneHSN.com), where your child’s name will be at the bottom of the wait list. **Please note that if you leave the centre with an outstanding balance we will use any and all measures available to us to collect the balance.**

Category of Care	Current Agreement Rate	CWELCC Eligible Adjusted Rate (December 1-31, 2022)	CWELCC Eligible Adjusted Rate (Starting January 1, 2023)
Full Day Infant	\$52.60	\$39.45	\$24.85
Full Day Toddler	\$50.25	\$37.69	\$23.74
Full Day Preschool	\$47.75	\$35.81	\$22.56
Full Day Under 6	\$47.75	\$35.81	\$22.56
Full Day School Age	\$43.05	N/A	N/A
Half Day Preschool	\$34.65	\$25.99	\$16.37
Half Day Under 6	\$34.65	\$25.99	\$16.37
Half Day School Age	\$33.45	N/A	N/A
Before School Under 6	\$12.00	\$12.00	\$12.00
After School Under 6	\$14.20	\$12.00	\$12.00
Before and After School Under 6	\$21.85	\$16.39	\$12.00
Before School School Age	\$12.00	N/A	N/A
After School School Age	\$14.20	N/A	N/A
Before and After School School Age	\$21.85	N/A	N/A

***** Please note that a half day can not exceed 4 hours of care, a full day can not exceed 9 hours of care *****

I have read and understand the above information.

Parent Signature: _____

Date: _____

Our Kids Child Care
720 Elm Ave. Sarnia, ON
N7T 4H3



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.

SOLID TABLE FOOD CHART

CHILD'S NAME: _____

Please check off the foods your child has already been introduced to

VEGETABLES

Beans Yellow
Broccoli
Cabbage
Carrots
Cauliflower
Celery
Corn
Cucumber
Green Beans
Green Onions
lettuce
Mushroom Soup
Mushrooms
Onion
Peas
Peppers
Potatoes
Pumpkin
Spinach
Tomato Juice
Tomatoes/sauce
Zucchini

FRUIT

Apples
Banana
Blackberries
Blueberries
Cantaloupe
Cherries
Cranberries
Cranberry Sauce
Fruit Cocktail
Grapes
Honeydew Melon
Kiwi
Lemon
Mandarin Oranges
Mango
Oranges
Papaya
Peaches
Pears
Pineapples
Raisins
Raspberries
Strawberries
Watermelon

MEAT & SUBSTITUTES

Beef
Black Beans
Brown Beans
Chick Peas

Chicken
Eggs
Eggs (cooked in things)
Fish
Ham
Hummus
Kidney Beans
Navy Beans
Pork
Quiche
Salmon
Pinto Beans
Summer Sausage/Pepperoni
Tofu
Tuna
Turkey

DAIRY

2% Milk
Cheddar Cheese
Cheese Whiz
Cottage Cheese
Cream Cheese
Frozen Yogurt
Homo Milk
Ice Cream
Marble Cheese
Mozzarella Cheese
Parmesan Cheese
Ricotta Cheese
Sour Cream
Swiss Cheese
Yogurt

BREADS & GRAINS

Arrowroot Cookies
Bagels
Banana Bread
Bran Cereal
Bread Crumbs
Cheerios
Chex Cereal
Corn Flakes
Crescent Rolls
Croutons
Crumpets
Digestive Cookies
Egg Noodles
English Muffins
Goldfish Crackers
Graham Crackers
Granola Bars (Nutrigrain/Special K)
Melba toast
Muffins
Multigrain Buns

Oatmeal/Oats
Pasta noodles
Pita Bread
Pumpernickel Bread
Rice
Rice cakes
Rice Krispies
Ritz Crackers
Saltine Crackers
Tortillas
Waffles
Whole Wheat Bread/Toast/Buns
Zucchini Bread

MISCELLANEOUS

Apple Juice
Applesauce
BBQ Sauce
Beef Broth
Brown Sugar
Chicken Broth
Chocolate/Chocolate Chips
Cinnamon
Cream of Potato Soup
Cream of Mushroom Soup
Fruit Jam
Gravy
Hash browns
Italian Dressing
Jello
Ketchup
Lemon/Lime Juice
Maple Syrup
Marmalade
Marshmallows
Mayonnaise/Miracle Whip
Mum mum's
Mustard
Nutmeg
Pancakes
Pasta Sauce
Pizza Sauce
Plum Sauce
Pudding (vanilla, chocolate)
Pumpkin Pure
Ranch Dressing
Salsa
Semisweet Chocolate
Soy Sauce
Soy Peanut Butter
Syrup
Taco/Fajita Seasoning
Teriyaki Sauce
Tomato Soup

Tell us about your child...

Daily Feeding Schedule: Please include times, amounts, feeding routines, etc, for the times that your child will be in child care only. Please note that bottles and outside food are only permitted in the infant room.

When does your child nap?

Check all that apply: Crib___ Bed___ Back___ Side___ Stomach___ Covered___
Uncovered___ Favourite Blanket___ Favourite Toy___ Soother___ Sucks Thumb___
With Bottle___ (Infant room only. Staff are unable to put a child to bed with bottle, but will hold child until bottle is finished)

Check all the apply: My child can: Roll over___ Sit___ Pull to stand___ Stand alone___ Crawl___
Walk with support___ Walk___ Run___ Climb___ Other_____

Is your child prone to high fevers?(if yes, please elaborates)

Is there anything else you would like us to know about your child?

Parent Signature:_____

Date:_____