

BOULTON AVENUE CHILDCARE CENTRE
131 Broadview Avenue Toronto, ON M4M 2E9
phone 416 463 7625 & facsimile 416 463 0042
boultonavecc@bellnet.ca www.boultonchildcare.com



INFANT REGISTRATION PACKAGE

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INFANT PROGRAM

We suggest that children wear their casual clothes (not their best clothes) to childcare as they will be using different art materials including paint, magic markers and glue.

Children learn through a variety of materials, some of them messy. We encourage the use of smocks to protect clothing; however, accidents do occur. Please remember; for your child, fun, involvement and getting messy are far more important than neatness!

We ask you to please bring the following items and leave them at the centre:

1. Two (2) Shirts/tops
2. Two (2) Undershirts
3. Two (2) Pairs of Pants
4. Two (2) Pairs of Socks
5. A Blanket for Sleep Time

Please label all of your child's clothing/belongings.

In addition, we require the following extra items for each season:

FALL	WINTER	SUMMER
Heavy Jacket Mittens on Strings Warm Hat (ie. Woollen) Nylon Pants (optional)	Snowsuit Two (2) Pairs of Mittens on Strings Warm Hat (ie. Woollen) Scarf Extra Sweater Winter Boots	Light Jacket Sunscreen Sun Hat



FAMILY INFORMATION

Child's Name:	
Date of Birth:	
Child's Address:	

PARENT/GUARDIAN INFORMATION

Name:		
Relation to Child:		
Address:		
Home Phone		
Business Phone:		
Business Address:		
Cell Phone:		
Email Address:		

MEDICAL EMERGENCY INFORMATION

Health Card No:	
Life Threatening Allergies:	
Family Physician:	
Address:	
Phone Number:	

PERSON(S) TO CONTACT IN AN EMERGENCY

Name:	#1:	#2:
Relation to Child:		
Address:		
Home Phone:		
Other Phone:		

PERSON(S) CHILD MAY BE RELEASED TO

Name:	#1:	#2:
Relation to Child:		
Address:		
Home Phone:		
Other Phone:		

Signature of Parent/Guardian

Date

Start Date: _____

Withdrawal Date: _____



CONSENT TO OBTAIN MEDICAL TREATMENT

Name of Child: _____

Date of Birth: _____

Health Card No: _____

Day Care Provider: **Boulton Avenue Childcare Centre**
131 Broadview Avenue, Toronto, Ontario M4M 2E9

If, at any time, due to such circumstances as accident, sudden illness or emergency, medical treatment is required, this may be given, including anaesthetic, if necessary, by a private physician or hospital.

Special Considerations (allergies, medical conditions):

Family Physician: _____

Address: _____

Phone Number: _____

 Signature of Parent/Guardian

 Date

 Signature of Witness

 Date

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May 26, 2005

COMPLAINT PROCEDURES

For Parents/Guardians/Staff

A complaint is a concern that is expressed by an individual or group of individuals (eg. Neighbour, community person, school staff, public official, parent, child, etc.)

All comments and complaints must be taken seriously, investigated and a mutually satisfactory resolution attempted.

The person receiving the complaint should remain objective; try not to personalize the issue.

Allow the person making the complaint to express their concerns thoroughly, listen carefully to what is being said, be sure to ask for clarification to ensure the nature of the complaint is understood, advise the person/group that you need time to investigate and you will get back to them.

All issues or concerns regarding your child, should be directed to the child's teacher. If, in the event that the teacher is unable to rectify the situation, the centre supervisor will be notified.

If your issues or concerns are regarding a staff member or centre procedures, we ask that you direct your inquiry to the Supervisor.

If, in the event that your complaint is regarding the Supervisor, only at that time should a written letter be addressed to the Board of Directors.

If the issue is not resolved at the Board level, Toronto Children's Services should be informed of the complaint.

The centre supervisor or designate must fill out a Serious Occurrence Report. Attach relevant documents, and send copies to Toronto Children's Services.

All of the above procedures are being enforced immediately, please sign below in acknowledgment of the information and return to the supervisor.

Thankyou,

June Schappert
Supervisor

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LATE FEE AGREEMENT

Anyone picking up a child after 6:00 p.m. will incur a late fee of \$1.00 per minute – to be paid directly to staff on duty.

I agree to pay \$1.00 per minute lateness and will make every attempt to contact the centre if for any reason I will be unable to pick up my child by 6:00 p.m.

If a phone call is not received **after 1 hour** and your child is still at the centre, the Children's Aid Society will be contacted to collect the child.

Signature of Parent/Guardian

Date

Signature of Witness

Date

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BEHAVIOUR MANAGEMENT POLICY

MONITORING

Behaviour management of all staff, students and volunteers will be monitored on an ongoing basis. A summary of observations including any concerns will be done every three months, the Supervisor may choose to use a check list or an anecdotal report. This will be reviewed as part of the performance appraisal.

As part of your contract with Boulton Avenue Childcare Centre, the centre reserves the right to withdraw service if it is believed that the particular needs of your child cannot be appropriately met. The decision for suspension and/or withdrawal will be based on the following types of incidents:

- Repeated physical acts against other children and/or staff (hitting, biting or any other form of physical threat or assault.)
- Verbal attacks on other children and/or staff, which includes the use of threats, as well as continual profane and degrading language.
- Racial incidents, including name-calling shall not be tolerated; a written procedure is in place for the handling of such incidents.
- A child who absents themselves from the centre and/or care of centre staff on or offsite.

We realize that occurrences and disputes will occur among children and it is not our intent to exclude children over normal developmental incidents that assist them in acquiring problem solving skills. However, as individual's needs vary in terms of environment and program, some children may not benefit from the program offered in this centre. We will make every effort to meet the needs of your child, which may require the assistance of an outside agency. If the behaviours still occur and it is still deemed that we are unable to meet the needs of your child, then they will be withdrawn from the centre, with approval from the Board of Directors.

Name of Child

Signature of Parent/Guardian

Date

Signature of Supervisor

Date



PERMISSION TO PHOTOGRAPH FOR INTERNAL/EXTERNAL/WEBSITE DISPLAY

INTERNAL

I, _____, give permission for the staff of the Boulton Avenue Childcare Centre to photograph my child, _____, for the purpose of displaying in the classrooms and within the childcare centre's boundaries. Should I choose not to permit my child's photo to be taken for the stated purpose, I will inform the appropriate staff member of my decision.

Signature of Parent/Guardian

Date

Signature of Witness

Date

EXTERNAL

I, _____, give permission for the staff of the Boulton Avenue Childcare Centre to photograph my child, _____, for the purpose of displaying outside of the boundaries of Boulton Avenue Childcare Centre. Should I choose not to permit my child's photo to be taken for the stated purpose, I will inform the appropriate staff member of my decision.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Website Photos

I, _____, give permission for the staff of Boulton Avenue Childcare Centre to photograph my child _____ for the purpose of displaying on the Boulton Avenue Childcare centre's website. Should I choose not to permit my child's photo to be taken for the stated purpose, I will inform the appropriate staff member of my decision.

Parent's signature _____ Date: _____

Witness Signature _____

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AUTHORIZATION AND CONSENT FOR NEIGHBOURHOOD OUTINGS

I hereby consent to have my child, _____, leave the premises of Boulton Avenue Childcare Centre to participate in trips in the area of the childcare centre. I understand that my child will be escorted and supervised by the staff of the childcare centre while participating in these activities.

Signature of Parent/Guardian

Date

Signature of Witness

Date

BOULTON AVENUE CHILDCARE CENTRE

INFANT INTAKE INFORMATION

Child's Name:	
Date of Birth:	
Allergies:	
Food Restriction:	

How many hours will your child be attending the centre each day: _____

FOOD

- Does your child drink formula: ☐ Yes ☐ No If Yes, what kind: _____
- Does your child drink milk: ☐ Yes ☐ No If Yes, what kind: _____
- What kinds of food does your child eat:

Fruits:	
Vegetables:	
Meats:	

- Does your child have any feeding problems: ☐ Yes ☐ No
If Yes, please specify: _____
- Is your child breastfed: ☐ Yes ☐ No
- What are your child's favourite foods: _____
- Dietary Instructions/restrictions: _____

DIAPER CHANGES

- Do you use cloth or disposable diapers: _____
- Does your child have regular bowel movements: _____
- Does your child signal when having a bowel movement? If yes, please explain:

- Has your child started toilet training: ☐ Yes ☐ No

SLEEPING

- Has your child shown any sleeping problems? If yes, what kind:

- How long does your child sleep at night: _____
- What are your child's sleeping patterns for the day:

- Does your child have a special bedtime routine:

- Does your child take a pacifier or special blanket to bed: _____
- What kind of signal is given when sleepy: _____
- Does your child cry when he/she wakes up: _____
- At home, where does your child sleep: _____
- Do you have any special way of helping your child go to sleep:

BOULTON AVENUE CHILDCARE CENTRE

PARENT CONTRACT

The conditions of this contract between _____ and the Board of

(PRINT NAME OF PARENT/GUARDIAN)

Directors for Boulton Avenue Childcare Centre protects both parties in assuring the financial stability of the centre and protects the security of your child while in care.

Further, as a parent with my child(ren) in care, I agree and will abide by the following terms and conditions:

FINANCIAL (Please initial each)

1		To pay my childcare fees on the first day of each month, with no deductions made for absences from care.
2		To pay a penalty fee for each NSF cheque.
3		
4		To advise the centre as soon as possible if I am unable to pay my fees.
5		That failure to pay my childcare fees will result in a loss of childcare for my child(ren).
6		To pay the late pick-up fee when my children are picked up after 6:00 p.m.
7		To give the centre two (2) week's notice in writing, when my child(ren) will be withdrawn from care. Failure to give two (2) week's notice shall result in a full month's fee being paid.
8		To fulfil all subsidy requirements if my child(ren) receive a subsidy. If I become ineligible for subsidy, I am therefore responsible to pay the full cost of child care.

SECURITY (Please initial each)

1		To notify the centre staff when my child(ren) will not attend and when possible, to call the centre before 10:00 a.m.
2		To notify the centre staff when I will be picking up my child(ren) earlier than my normal time, or if another person is picking up my child(ren).
3		To provide the centre with up-to-date information regarding: <ul style="list-style-type: none"> • Emergency contacts and persons allowed to pick up the child(ren) • The state of the child(ren)'s health • Any information regarding my child(ren)'s family that may have a bearing on their care.
4		To respect that all information shared by the centre staff regarding my child(ren) is in the best interest of my child(ren) and that information will be kept confidential.
5		To respond to the centre's request for information regarding my vacation time childcare needs, ie. Christmas, summer, spring break, etc.
6		To participate as fully as I am able in parent information meetings, parent/teacher meetings, and any other centre events.
7		To read and abide by all centre policies.
8		I acknowledge receipt of this contract.

Signature of Parent/Guardian

Date

Signature of Supervisor on behalf
of Board of Directors

The Day Nurseries Act states that each infant under one year of age in attendance in a day nursery is fed in accordance with written instructions from the parent or guardian of the child. Please write your feeding instructions below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date _____

Please fill out your child's daily routine at home. Please include eating times and sleeping times.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date

BOULTON AVENUE CHILDCARE CENTRE

INFANT DAILY SCHEDULE

The following is an example of the daily schedule for the infant room. Please check with the teacher for actual posted schedule.

7:30 a.m. – 9:00 a.m.	ARRIVAL/SNACK <ul style="list-style-type: none"> • Receive children, greet parents, discuss Daily Information Sheet, record and relay any messages to and from the parents and staff. • Assist parents during separation, playroom set up. • Serve snack based on individual needs and parent requests. • Diaper changes are carried out through the day as needed.
9:00 a.m. – 10:00 a.m.	MORNING PLAYROOM <ul style="list-style-type: none"> • A variety of activities and equipment are offered to meet individual needs and goals and to incorporate all developmental areas. • A weekly program plan is posted in the room and posted outside the room for parents to view.
10:00 a.m. – 11:00 a.m.	OUTDOOR PLAY <ul style="list-style-type: none"> • The infants are involved in a variety of experiences. • Neighbourhood excursions (depending on inclement weather conditions).
11:00 a.m. – as needed	LUNCH PREPARATION <ul style="list-style-type: none"> • Lunch time is based upon individual needs and schedule. • The menu is based on the posted menu and parental requests.
Early Afternoon	SLEEPTIME/PLAYROOM <ul style="list-style-type: none"> • Sleep time occurs as needed throughout the day, based upon individual needs and schedules. • All infants sleep in their own designated cribs. • Each child's sleep patterns are recorded on their cribs (ie. tie pacifiers, blankets, sleeping position, relaxation techniques, etc.) • Infants that are not sleeping at this time are involved in playroom and/or may go outside for outdoor experiences, (depending on the weather and conditions).
2:30 p.m. – 3:30 p.m.	SNACK <ul style="list-style-type: none"> • Snack should be served to infants based on their individual needs and schedules and parental requests.
3:30 p.m. – 6:00 p.m.	AFTERNOON PLAYROOM/DEPARTURES <ul style="list-style-type: none"> • Playroom experiences are carried out according to posted plan. • Parents are encouraged to bring bottles home nightly for washing and sterilization. • Parent/staff communication takes place and the parent receives the Infant Daily Chart. • Our parents are encouraged to be involved in the program as much as possible.

NOTES:

- Diaper changes are to be carried out based upon individual needs. They are to be done approximately every 2 hours, before and after an infant goes to sleep and as required.
- Bottles are given based upon individual schedules.
- Sleep patterns may vary greatly and individual needs are met at all times throughout the day.

*During Inclement weather gross motor play will be in the classroom and children engage in gross motor during scheduled outdoor play on rooftop playground (12:30 pm-1:30 pm).

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AUTHORIZATION AND CONSENT FOR HAND SANITIZER

I, _____, give permission for the staff of Boulton Avenue Child Care Centre to use hand sanitizer on my child. We practice proprt hand washing using soap and water but at times we may require hand sanitizer when soap and water is not available. Should I choose not to let my child use hand sanitizer I will inform the apprpriate staff member of my decision.

Signature of Parent/ Guardian

Date



Please identify on the list any communicable diseases your child has had in the past

Health History

Child's Name: _____ Date of Birth: _____

Address: _____

Please circle and provide the date your child has had each particular communicable disease. If your child has had no communicable diseases please return the form to be kept in your child's file.

Chicken Pox Date: _____

Diarrheal Episodes Date: _____

Measles Date: _____

Mumps Date: _____

Pertussis (Whooping cough) Date: _____

Rubella (German Measles) Date: _____

This form will be included in your child's file for the Toronto Public Health and the City of Toronto Licensing Committee to view upon request. Thank you for being accurate with your records. All personal information on this form is collected under the Child Care and Early Years Act.