

Application and Consent

This information is collected under the legal authority of the Child Care and Early Years Act 2014, for the purpose of ensuring quality delivery of child care services.

Parent or Guardian Information

Parent/Applicant #1	Parent/Applicant 2
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Name		
Primary Phone #		
Secondary Phone #		
Home Address		
Email		
Name of (parent) work or school		
Address of work/school		
Hours of work/school		
Phone of work/school		

Child Information – Children in Home Child Care

Child 1	Child 2
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Name		
Date of Birth (dd/mm/yy)		

Medical - Please check any of the following medical conditions that pertain to each child:

Please describe:	Please describe:
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Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Regular Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Communicable Diseases and other illnesses	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Child Information – Children in Home Child Care

Child 3

Child 4

Name		
Date of Birth (dd/mm/yy)		

Medical - Please check any of the following medical conditions that pertain to each child:

Please describe:	Please describe:
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Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Regular Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Communicable Diseases and other illnesses	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name of Child(ren)'s Physician:
Physician's Phone Number:
Physician's Address (Number, Street, City):

Legal

Are there any court issued custody orders or restraining orders in place for your child(ren)?

Yes No In progress (no final documents available yet)

If so, please describe and provide supporting court documents to your caregiver:

If you have more than one child, are there different custody/visitation arrangements for each child?

Does your child(ren) visit the with non-custodial parent? Yes No
If so, is there an informal custody schedule?

Other Children:

Are there other children under 18 in the family?

Escort/Emergency Contact Information: In the event that I am unable to escort my child(ren) from the caregiver's home, my child(ren) may be released to any one of the following people. If I wish to have my child released to anyone else, I will give separate permission to the Caregiver. In an urgent situation, if parent(s) and emergency contacts cannot be reached, Family and Children's Services may be contacted.

Escort/Emergency Contact # 1	Escort/Emergency Contact # 2	Escort/Emergency Contact # 3
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Name:			
Relationship to child:			
Address (Number, Street, City)			
Phone 1			
Phone 2			

Policies and Permission:

1. Excursions from the Caregiver's Home

The above named children may accompany the Home Child Caregiver on excursions and outings within the Regional Municipality of Waterloo, as scheduled as part of the day's program. Transportation for these outings will be any manner of public or private transportation that the caregiver chooses. Children transported in private automobiles will be restrained in the correct method of their age and weight in accordance with federal and provincial standards and legislation. Any exceptional activities will be agreed upon separately by the parent and caregiver, in writing.

Agree Disagree Initial _____

2. Outdoor Play and Pool Supervision

Specific conditions regarding my child(ren)'s outdoor supervision will be stated in a separate agreement.

3. Emergency Medical Treatment

In the event of an accident or illness involving my child(ren) while in the care of a licenced Regional Home Child Caregiver, I hereby authorise if I am not immediately available, the administration of any medical procedures deemed necessary by the child's physician, or by any other physician selected by the Home Child Caregiver. I also give my permission for my child to be transported to the physician's office or the Emergency Department of the hospital with no liability on the driver's part.

Agree Disagree Initial _____

4. Developmental Screening

I am aware that my child(ren)'s developmental progress will be observed and recorded by the use of various screening tools. I understand that this information is available to be shared with me.

Agree Disagree Initial _____

5. Publicity

The above named child(ren) may appear in any publications (such as newsletters or the HCC website) that are arranged by the Children's Services Division for the purposes of educating the public.

Agree Disagree Initial _____

Please discuss with your Caregiver their use of photos and videos that may be used for their social media sites.

6. Liability

I agree that the Regional Municipality of Waterloo, its employees or agents shall not be liable for any injury to my child(ren) while enrolled in the Home Child Care Program, unless such injury, loss or damage is caused by the gross negligence of the Regional Municipality of Waterloo or its employees, servants, or agents while acting within the scope of their duties.

7. Permission

Questions concerning the collection of this information should be directed to the Manager of Home Child Care, 99 Regina Street S., P.O. Box 1612, Waterloo, Ontario N2J 4G6. Phone Number: (519) 575-4400, TTY Number: (519) 575-4608. This information will be shared with Caregiver(s) providing care to your family.

I give permission for my child to take part in the Region of Waterloo's Home Child Care Program.

Signed and Witnessed the _____ Day of _____, 20_____

Witness

Parent/Applicant

First Day of Care: _____ / _____ / _____
(DD/MM/YYYY)

Last Day of Care: _____ / _____ / _____
(DD/MM/YYYY)