



421 Albert Street
 Strathroy, ON N7G 1W8
 T: 519.245.0459
 F: 519.245.5340

EMAIL: director@littl lambs.ca
 WEB: www.littl lambs.ca

Office use only:
 Date of Admission: _____ Discharge: _____ Deposit received _____

REGISTRATION FORM

Please fill out this registration package **completely**, including all addresses and phone numbers, as the information requested below is a requirement of our license with the Ministry of Education. Incomplete forms cannot be accepted.

Child's Name: _____ D.O.B: _____

Address: _____ City: _____ Postal Code: _____

Sex (circle one): Female Male

Mother's Name: _____ D.O.B _____

Home Phone # : _____ Cell Phone #: _____

Email Address: _____

Employer: _____ Work Phone #: _____

Work Address: _____ City: _____

Father's Name: _____ D.O.B _____

Home Phone # : _____ Cell Phone #: _____

Email Address: _____

Employer: _____ Work Phone #: _____

Work Address: _____ City: _____

Do both parents live with the child? ____ yes ____ no **If parents are divorced or separated, and there is a custody arrangement that you would like us to follow, we need a copy of the court document on file at Little Lambs*

Emergency contacts:

Please list **two** additional people we may contact in the event of an emergency and we are unable to reach either parent.

1. Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2. Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Authorized people who may pick up your child, please include relation (other than those listed above):

Unauthorized people who may not under any circumstances pick up your child:

MEDICAL INFORMATION:

Doctor’s Name: _____ Phone Number: _____

Address: _____ City: _____

Health Card Number: _____

Please list any allergies, sensitivities, etc that your child has: _____

Does your child have any other medical conditions or concerns that you feel we need to be aware of:

Life Threatening Medical Conditions Require Additional Paperwork to be completed by a physician before starting at Little Lambs. Please make sure you have all forms needed to complete enrollment.

Immunizations: Upon registering with Little Lambs Daycare it is a requirement to provide a current copy of the child’s immunization records to Little Lambs as well as the Middlesex London Health Unit. If there are grounds for not being fully immunized the proper forms must be filled out by the respective parties. If objection to immunizations is being made on the grounds of religious/conscience beliefs the **Statement of Conscience or Religious Belief** Ministry Form must be fully completed and NOTARIZED by a “commissioner for taking affidavits”. If objection is being made based on medical grounds the **Statement of Medical Exemption** Ministry Form must be completed by a Doctor or Nurse Practitioner.

Upon registration it is our obligation to ensure that children less than 12 months will be PLACED for sleep on their backs as per the *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada*, unless the child’s physician recommends it otherwise in writing. A copy of this note will be kept in the child’s file.

All age groups will be offered the chance to rest or sleep while in care. Each child attending fulltime will be assigned their own cot/crib; children attending on a part time basis will share a cot/crib. Cots/cribs will be sanitized as well as sheets laundered in between different children using the cots/cribs prior to use. Sheets will be laundered weekly or as needed. This will be communicated with parents during the initial tour as well as when children move up from room to room. Infants are provided with cribs for sleep and toddlers and preschoolers are provided with cots. Any special instructions provided by the parents/guardians will be followed as provided by the parents/guardians upon registration (ie. soothers only for sleep time, limiting naps etc). Regular communication between parents/guardians and staff will ensure that all the child’s sleep/rest needs are being met and kept current as children transition and mature.

Little Lambs Cot Permission Form (INFANT REGISTRATION ONLY)

I _____ give permission for _____ to be put to sleep on a cot for the purpose of transitioning to the toddler room.

(Parent’s Name)

(Child’s Name)

Parent/Guardian Signature

Does your child nap in the afternoon? If so, for how long? _____

Little Lambs requests that parent please refrain from sending toys from home to daycare, with the exception of sleep time toys (ie. Blanket, doll, stuffed animal). Please list any special toys that your child uses for comfort:

Please describe your child's overall disposition. _____

What do you hope for your child to gain from attending Little Lambs Daycare?

Please indicate your child's normal pick up and drop off times:

Drop Off _____AM Pick UP _____PM

Please feel free to use the remainder of this page to tell us anything else you feel we should know as your child's caregiver.

PARENT'S SIGNATURE: _____



PARENT CONTRACT

The conditions of this agreement protect both parents/guardians and Little Lambs Daycare.

Little Lambs Daycare agrees to:

- Provide a space for _____
- Review the centre’s policies and procedures with parents/guardians before enrollment in the program
- Provide notification of changes to program policies and procedures
- Provide a minimum of one month’s advance notice of fee increases
- Provide monthly billing to parents in a timely manner each month

I (we) _____ agree:
parent/guardian’s name(s)

- To accept membership in Little Lambs Daycare, upon my (our) child’s enrolment and I (we) agree to resign upon my child’s withdrawal giving two week’s notice of such withdrawal. This contract will remain in effect until permanent termination of care is given in written form. **Initials** ____ ____
- To act within the parameters of the Little Lambs policies and procedures **Initials** ____ ____
- To pay an enrolment fee of \$250 (Infant), \$100 (Toddler/Preschool) in cash, cheque or email money transfer upon registration, this will be held until first invoice issued at which point the fee will be credited. These fees are non refundable if care is no longer needed. **Initials** ____ ____
- To pay the current month’s fees, as indicated on my monthly child care upon receiving my invoice, paying one month in advance. Payments can be broken up at the Directors discretion.
- That Little Lambs Daycare reserves the right to terminate care if payment is not made within 30 days of date of invoice
- That my child will be attending Little Lambs according to the following schedule:

FULL TIME (5 DAYS A WEEK) PART TIME (1-4 DAYS) _____ AS PROVIDED CASUAL

That any changes to the above schedule are approved by the Director prior to attending

- To participate in at least 2 fundraising events per calendar year
- To notify and discuss the cost of any special needs or dietary restrictions with the Director in advance
- That staff will not be contacted off work hours with matters related to the centre or care of your child **Initials** ____ ____
- To pay for fees according to schedule regardless if day falls on a holiday. (eg. Schedule is Mondays, Wednesdays and Fridays, if Monday is a holiday the day will still need to be paid and if full time care is needed than all holidays will need to be paid)

I (we) understand that the monthly fees are set by the Board of Directors and reviewed as needed. I (we) accept responsibility to pay the full monthly fee unless I (we) receive a fee subsidy from the County of Middlesex or City of London. If I (we) do receive a child care fee subsidy, I (we) accept full responsibility to fulfill all requirements of the County of Middlesex or City of London necessary to maintain the subsidy. If I (we) become ineligible for child care fee subsidy, I (we) accept responsibility for paying the full daily fee. Furthermore, I (we) agree to pay any parent top-up fees as regulated by Little Lambs Daycare, in the event that I (we) do not qualify for full fee subsidy. **Initials** ____ ____

I(we) have read the Parent Handbook and agree to abide by the requirements contained within. I(we) understand that the Parent Handbook may be updated/changed periodically and it is my(our) responsibility to keep informed/updated. **Initials** ____ ____

Name of parent(s)/guardian(s)

Signature

Date

Name of parent(s)/guardian(s)

Signature

Date

Name of Director

Signature

Date



PARENT CONTRACT (Parent Copy)

The conditions of this agreement protect both parents/guardians and Little Lambs Daycare.

Little Lambs Daycare agrees to:

- Provide a space for _____
- Review the centre’s policies and procedures with parents/guardians before enrollment in the program
- Provide notification of changes to program policies and procedures
- Provide a minimum of one month’s advance notice of fee increases
- Provide monthly billing to parents in a timely manner each month

I (we) _____ agree:
parent/guardian’s name(s)

- To accept membership in Little Lambs Daycare, upon my (our) child’s enrolment and I (we) agree to resign upon my child’s withdrawal giving two week’s notice of such withdrawal. This contract will remain in effect until permanent termination of care is given in written form. **Initials** ____ ____
- To act within the parameters of the Little Lambs policies and procedures **Initials** ____ ____
- To pay an enrolment fee of \$250 (Infant), \$100 (Toddler/Preschool) in cash, cheque or email money transfer upon registration, this will be held until first invoice issued at which point the fee will be credited. These fees are non refundable if care is no longer needed. **Initials** ____ ____
- To pay the current month’s fees, as indicated on my monthly child care upon receiving my invoice, paying one month in advance. Payments can be broken up at the Directors discretion.
- That Little Lambs Daycare reserves the right to terminate care if payment is not made within 30 days of date of invoice
- That my child will be attending Little Lambs according to the following schedule:

FULL TIME (5 DAYS A WEEK) PART TIME (1-4 DAYS) _____ AS PROVIDED CASUAL

That any changes to the above schedule are approved by the Director prior to attending

- To participate in at least 2 fundraising events per calendar year
- To notify and discuss the cost of any special needs or dietary restrictions with the Director in advance
- That staff will not be contacted off work hours with matters related to the centre or care of your child **Initials** ____ ____
- To pay for fees according to schedule regardless if day falls on a holiday. (eg. Schedule is Mondays, Wednesdays and Fridays, if Monday is a holiday the day will still need to be paid and if full time care is needed than all holidays will need to be paid)

I (we) understand that the monthly fees are set by the Board of Directors and reviewed as needed. I (we) accept responsibility to pay the full monthly fee unless I (we) receive a fee subsidy from the County of Middlesex or City of London. If I (we) do receive a child care fee subsidy, I (we) accept full responsibility to fulfill all requirements of the County of Middlesex or City of London necessary to maintain the subsidy. If I (we) become ineligible for child care fee subsidy, I (we) accept responsibility for paying the full daily fee. Furthermore, I (we) agree to pay any parent top-up fees as regulated by Little Lambs Daycare, in the event that I (we) do not qualify for full fee subsidy. **Initials** ____ ____

I(we) have read the Parent Handbook and agree to abide by the requirements contained within. I(we) understand that the Parent Handbook may be updated/changed periodically and it is my(our) responsibility to keep informed/updated. **Initials** ____ ____

_____ Name of parent(s)/guardian(s)	_____ Signature	_____ Date
_____ Name of parent(s)/guardian(s)	_____ Signature	_____ Date
_____ Name of Director	_____ Signature	_____ Date



Child's Name: _____

EMERGENCY TREATMENT

The employees of Little Lambs Daycare implement a program with 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, medical treatment is required, this consent authorizes Little Lambs to proceed with medical treatment as deemed necessary by a private physician or hospital.

I expect to be notified immediately in such an emergency and have supplied telephone numbers where I can be reached. I understand that I cannot hold Little Lambs responsible for any injury or illness and will assume responsibility for expense incurred with any emergency treatment.

I hereby consent to periodic screening of vision, hearing, development, and general health of my child by the staff of Little Lambs as well as local children's agencies.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

DIAPER/BARRIER CREAMS

I hereby consent the employees of Little Lambs Daycare to apply the provided diaper/barrier cream on my child as needed during diaper changes.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

SUNSCREEN

I hereby consent the employees of Little Lambs Daycare to apply the provided sunscreen on my child as needed before going outside.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

PHOTOGRAPHS AND VIDEOTAPES

I hereby consent to have my child photographed and videotaped with the understanding that the photographs may be published in the local newspapers, or advertising.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

LEAVING THE PREMISES

As part of the regular program, the teachers may take the children for short walks off the premises. I hereby give my permission for my child to participate in these excursions. It is understood that members of the staff of Little Lambs will maintain supervision of the children. I shall not hold the staff responsible for any accident or injury that may occur on these trips, events, or activities.

I understand that I will be notified in advance of any field trips of a larger magnitude that will require transportation by bus. I further understand that I must sign off my permission for my child to attend, on a Field Trip Permission Form to any off-site trip which requires transportation. I understand that if I do not wish my child to attend the trip it is my responsibility to find alternative care for my child for the duration of the trip.

Furthermore, I hereby consent to have my child leave the premises in the event of an emergency evacuation. It is understood that adequate supervision will take place by staff as well as every care taken to ensure that all children are evacuated safely. I will not hold Little Lambs responsible for any accident or injury that might occur during the transportation of the children or for the reason of the evacuation.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____



Confidentiality and Social Media Wavier – Seesaw Use Terms

I understand that Little Lambs uses the digital app Seesaw for daily communications and that my child’s photo, along with other children’s photos, may be shared internally amongst other families in documentations.

I agree to refrain from posting any digital images or video shared by Little Lambs Daycare to all forms of social media and or blogs in which the content of the video or images include multiple children. I am free to share images and video that contain only my child(ren). I understand that failure to comply with the above statement may result in dismissal from the daycare.

_____	_____	_____
Print (Full Name)	Signature (Full Name)	Date
_____	_____	_____
Print (Full Name)	Signature (Full Name)	Date

DIRECTOR’S SIGNATURE: _____ Date: _____

**LITTLE LAMBS DAYCARE CENTER
PARENT CODE OF CONDUCT**

Little Lamb's Daycare highly values parents and others who are involved with the daycare. We hope to encourage your support, contributions and assistance. It is our duty to ensure that while engaged in voluntary activities for the daycare that we care for you and ensure your safety as well as the safety of children and staff.

In instances where there is failure to follow the Parent Code of Conduct, a disciplinary review will ensue and disciplinary action may be imposed ranging from a warning, restricted activities, or removal of children from the program.

Harassment incidents will be treated seriously. In accordance with Little Lambs Harassment Policy, should the harasser continue despite efforts to resolve the issue, removal from the daycare will ensue.

PARENT CODE OF CONDUCT

As a parent of a child at Little Lambs and thus a member of the Little Lambs community I will consistently display high standards of behaviour and agree to abide by the Parent Code of Conduct. In doing so I will:

- Demonstrate good behaviour by conducting myself in a manner that is respectful of my child, other children, parents, staff and other staff I may encounter on field trips
- Be respectful in my interactions with all persons
- Follow instructions of teachers/organizing staff
- Practice patience with all parents, children and staff
- Acknowledge and respect the boundaries of my role as a parent
- Refrain from criticism of teachers, teaching assistants, volunteers and children. When I feel criticism is warranted, I will offer it in a manner that is respectful, through proper channels and away from other children
- Refrain from discussing the progress of children other than my own with staff
- Display a favourable image and non disruptive behaviour to children and staff of Little Lambs
- Not interrupt or confront teaching staff during instructional day
- Not display abusive language towards teachers, children, parents or other staff of Little Lambs or on location during a field trip
- Abide by Little Lamb's Harassment Policy

I, _____, have read, understood and agree to abide by the Parent Volunteer Code of Conduct as adopted by Little Lamb's Daycare.

Should I conduct myself in such a way that brings discredit or discord to the daycare I will voluntarily subject myself to disciplinary action.

Parent Signature

Date

Parent Signature

Date

Director Signature

Date



CHILD CARE FEES

(effective January 1, 2020)

Program	Full Time	Part Time
Infant	\$53 per day	\$54 per day
Toddler	\$50 per day	\$51 per day
Preschool	\$48 per day	\$49 per day

Family Discount

Little Lambs Daycare offers a 10% family discount for families with 2 or more children attending full time (Discount is applied to oldest child). Part time children are not eligible for a family discount.

Referral Program

The Board of Directors would like to reward families who let friends and families know about Little Lambs Daycare and the programs that we offer. If you refer a new family and that family joins Little Lambs Daycare full-time, \$100.00 will be given to you. If a new family joins part-time, \$50.00 will be given to you. The \$100.00 and \$50.00 referral payments can either be used towards the Fundscrip fundraising program we offer or it can be deducted from your invoice.