Application and Consent

Home-Based Registered Early Childhood Educator | Waterloo, Ontario

This information is collected by Happy Feet Childcare to support the safe, quality delivery of child care for your family. It is kept confidential and shared only with the caregiver(s) providing care to your family.

Parent or Guardian Information

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

Child Information

Child 1

Name: _____ Date of Birth (dd/mm/yy): _____

Medical — check any conditions that pertain to this child, and describe:

Asthma:	☐ Yes	☐ No	
Allergies:	☐ Yes	☐ No	
Regular Medication:	☐ Yes	☐ No	
Previous Communicable Diseases / Other Illnesses:	☐ Yes	☐ No	

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Child 2

Name: _____ Date of Birth (dd/mm/yy): _____

Medical — check any conditions that pertain to this child, and describe:

Asthma: ☐ Yes ☐ No _____

Allergies: ☐ Yes ☐ No _____

Regular Medication: ☐ Yes ☐ No _____

Previous Communicable Diseases / Other Illnesses: ☐ Yes ☐ No _____

Child 3

Name: _____ Date of Birth (dd/mm/yy): _____

Medical — check any conditions that pertain to this child, and describe:

Asthma: ☐ Yes ☐ No _____

Allergies: ☐ Yes ☐ No _____

Regular Medication: ☐ Yes ☐ No _____

Previous Communicable Diseases / Other Illnesses: ☐ Yes ☐ No _____

Child 4

Name: _____ Date of Birth (dd/mm/yy): _____

Medical — check any conditions that pertain to this child, and describe:

Asthma: ☐ Yes ☐ No _____

Allergies: ☐ Yes ☐ No _____

Regular Medication: ☐ Yes ☐ No _____

Previous Communicable Diseases / Other Illnesses: ☐ Yes ☐ No _____

Physician

Name of Child(ren)'s Physician: _____ Phone Number: _____

Physician's Address (Number, Street, City): _____

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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 with the 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.

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

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Policies and Permission

1. Excursions from the Caregiver's Home

The above-named child(ren) may accompany the caregiver on excursions and outings within Waterloo and the surrounding area, 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 for 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 Happy Feet Childcare, I hereby authorize, 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 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 Happy Feet Childcare publications, such as newsletters or the happyfeetchildcare.ca website. Please discuss with your caregiver their use of photos and videos that may be used for their social media sites.

☐ Agree ☐ Disagree Initial: _____

6. Privacy and Permission

Questions concerning the collection of this information should be directed to Happy Feet Childcare, 533 Buckingham Blvd, Waterloo, ON, 226-972-8999. This information will be shared with the caregiver(s) providing care to your family.

I give permission for my child(ren) to attend Happy Feet Childcare.

Signatures

Parent/Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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