



METCALFE HOME DAY CARE

8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

CHILD'S APPLICATION FOR CARE

Date received: _____

Date revised: _____

Date of admission _____

Date of discharge _____

Child's last name first initials nicknames D.O.B.

Address _____ postal code _____

Days of care needed _____ Hours of care needed _____

Email (will not be shared outside Rural Family Connections) _____

Mother's name Work Address Telephone

Home:

Work:

Father's name Work Address Telephone

Home:

Work:

Guardian's name Address Telephone

Home:

Work:

Name of person to be called if Address Telephone

Parents cannot be reached

Home:

Work:

Others in household Age if under 18 years Relationship

What school does/will your child/children attend: _____

Authorized person who may pick up child

1. _____ 2. _____ 3. _____

Child's OHIP Number _____



METCALFE HOME DAY CARE

8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

Child's Physician	Address	Telephone
-------------------	---------	-----------

Previous Communicable Diseases	Date
--------------------------------	------

Previous Illnesses or Injuries	Date
--------------------------------	------

Special Medical Conditions or known Allergies

Medication Administered Regularly (Specify)	Comment
---	---------

Special Diet (Specify)	Comment
------------------------	---------

Please comment on your child's development giving information that would be useful to the program in the provision of care regarding fears, favorite activities, routines, etc.

Other information

I (We) have read and agree to "Behaviour Management", "Parent's Responsibilities", "Parent Agreement", "Parent Permission", "Parent's Pay Procedure", "Program Statement", "Transportation Policy".

Date_____

Parent's signature_____

Are you aware of our other programs? Live and Learn Resource Centre, and Metcalfe Cooperative Nursery School also serve the Ottawa South Rural Communities. We are all part of:





METCALFE HOME DAY CARE
8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

PARENT AGREEMENT

I (We) _____ and
(name of parent (s))
the Metcalfe Home Day Care agree to the following fee schedule:

(name of child)

(name of child)

(name of child)

This amount is due the 6th of each month, in advance. No extra fees will be charged by the provider. The cheque is made payable to Rural Family Connections Inc. Notice of fee changes will be given two (2) months in advance. Notice of cancellation of services by the Provider will be given one (1) month in advance. Notice of holidays will be given one (1) month in advance where possible. Parents must pay for any vacation days used..

Time of arrival: _____

Time of pick-up: _____

Child may only be released to: _____

unless otherwise arranged: _____

***PARENTS MUST GIVE TWO (2) WEEKS NOTICE WHEN WITHDRAWING A CHILD FROM THE PROGRAM.**

Additional information: _____

(Signature of Parent)

(Date)

(Signature of Home Visitor)

(Date)

I have read and agree with the information provided in the Parent Package including:

- Program Statement
- Pay Procedure
- Non-Smoking policy
- Sun Exposure policy
- Illness policy
- Behaviour Management
- Transportation Policy
- Outdoor Play and Pool Policy



METCALFE HOME DAY CARE
8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

PARENT PERMISSION FORM

Name of child _____ Birthdate _____

Name of parent(s) _____

Address _____ Postal Code _____

Home Telephone _____ Cell Phone _____

Email: _____

Parent's Work Information: Name _____ Name _____

Phone Number _____ Phone Number _____

Cell number _____ cell number _____

Address _____ Address _____

OHIP number _____ Family doctor _____

Doctor's telephone number _____ Doctor's address _____

Please state any allergies or health problems your child has and emergency treatment: _____

STEPS FOR EMERGENCY MEDICAL TREATMENT

In case of an emergency the provider will administer first aid, call 911, call the parents or guardian, and then contact the agency. We will use the information below if parents cannot be reached.

Emergency contact _____

Name _____

Address _____

Telephone number _____ cell phone _____

Date _____

Signature of parent (s) or guardian _____

Revised: May 29, 2014



METCALFE HOME DAY CARE
8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

PARENTS PAY PROCEDURE

Revised Nov. 16, 2011

Please ensure you have signed the Parent Agreement.

There is a \$25.00 registration fee payable before our Home Visitors accompany you on a match visit.

Once care starts, parents can expect a call from the daycare office Wednesday or Thursday before the last Friday of each month. This call is the perfect opportunity to discuss the care and convey the amount owing for the month. Your cheque is due (payable to Rural Family Connections Inc.) by the 6th of each month. Your cheque may be mailed (Box 75, Metcalfe, ON K0A 2P0) or dropped off at 8243 Victoria St., lower level (Live and Learn Resource Centre). Please make sure it is in an envelope if you are dropping it off. **There is a \$25.00 late charge for all payments received after the 6th. Interest on overdue accounts is 1.8% per month.**

As of April 1, 2011 all new and returning families will pay their child care fee in advance. For example: the monthly fee would be due Apr. 6th for children beginning care Apr. 1st. For children starting after the 6th of the month payment is due before the care begins.

Policy regarding statutory holidays:

Providers will invoice for statutory holidays if they have worked half or more of the billable days that month. A child is considered enrolled in a program effective the statutory holiday if the first day the child attends that program is the day following the holiday. These days include: New Years, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Christmas Day, and Boxing Day for a total of 11 days per year. Statutory holidays for part time children (enrolled less than 5 days per week) may be claimed only if the holiday falls on the day of the week the child would have attended. If the provider is available to provide care on a stat. holiday and you require care, the fee is a full day plus a full day less the administrative rate. Therefore, an infant or pre-school fee would be \$38.08 + \$31.17 for a total of \$69.25.

Policy regarding vacation days:

Parents must pay for their vacation time, when children are not in care. If vacation is used during school holidays, (determined by the school board your child attends), a full day rate will be charged. If vacation is used during regular school days, the part day rate will apply. Snow days and PD days are paid at the regular part day rate if the child is not in care. Snow days and PD days are paid at the full day rate if the child is in care.

Policy regarding termination of care or withdrawal from care:

Parents are required to give **two weeks** notice before withdrawing their child from care. (Two week's no notice will be paid by the parents if this notice is not given) The provider in turn will give one month notice before terminating care. There are circumstances that will waive any notice or payment. For example, the care being provided is not following the regulations set out in the Day Nursery Act, or the parents are not fulfilling their obligations as set out in the agreement or parents responsibilities.

Things to remember:

Parents may want to set up a series of post-dated cheques to cover six months of care. Your account will then be assessed for credit or balance owing. Please check with the office if you would like this arrangement. **It is the parent's responsibility to have full payment delivered to the MHDC office, regardless of full fee or subsidized status by the 6th of the month. There is a \$25.00 fee for NSF cheques.** The providers are paid whether your child is there or not. This includes days your child stays home because of illness. The only days our providers are not paid are days they are unavailable to give care. An alternate provider will then be offered. An emergency number will be available at the end of the outgoing telephone message.

I have read and understand this policy. _____
Signature

Date

Please check with the office if you have any concerns, questions or require alternate care.

OFFICE: 821-2899

MARIA: 613 295-9716



METCALFE HOME DAY CARE
8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

OUTDOOR PLAY POLICY

An outdoor play time must be scheduled into the daily program for all children (weather permitting).

1. All children must be supervised during outdoor play.
2. Providers must be familiar with precautions for sun exposure, extreme heat, and extreme cold.
3. These additional restrictions apply: Special play yard structures, and surrounding physical environment.

POOL AND STANDING WATER POLICY

As directed by the Ministry of Education, Early Learning Division Effective immediately licensed private-home day care agencies must:

- **Prohibit the use of and access to** all standing bodies of water (e.g., ponds) and recreational in-ground/above-ground swimming, portable/"kiddie"/inflatable wading-type, and hydro-massage pools, hot tubs, and spas located **on the premises of any single or multi-dwelling private residence, including a provider's own house, townhouse complex or apartment building where the provider resides**, for children under the supervision/care of the contracted private-home day care provider in his/her capacity as a child care provider during operating hours.
- Continue to ensure that, where applicable, all Private Home Day Care homes that have standing bodies of water/swimming pools are in compliance with local by-laws requiring private residences with standing bodies of water/pools etc. in their catchment area to have an enclosure (e.g., fence and a latched gate).

Metcalfe Home Day Care encourages the use of **on-premise splash pads, sprinklers, hoses or water tables**, under close supervision of adults at all times, as safer alternatives during cooling or play/sensory activities.

Parent signature: _____

Date: _____

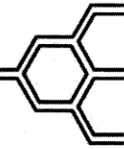
Child Care Advisor signature: _____

Date: _____



METCALFE HOME DAY CARE
8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca



Immunization Information

Children attending licensed child care facilities in Ontario must be immunized as required by the *Day Nurseries Act*. Please refer to the *Ontario Vaccine Requirements* sheet to ensure that your child's immunization is up-to-date for his or her age. Parents/guardians must provide a valid exemption for children who are not immunized.

Ottawa Public Health collects and maintains immunization information. The information is periodically reviewed to ensure that children continue to meet the requirements of the law.

Please remember to inform your child care provider and Ottawa Public Health every time your child receives additional vaccinations.

If an exemption is required for any reason, contact the Immunization Program at 613-580-6744 extension 24108.

Please complete this form and attach a photocopy of your child's immunization record.

Child information:

Last Name: _____ First Name: _____

Gender: Male Female Date of Birth: ____/____/____ (YYYY/MM/DD)

Ontario Health Card Number: _____

Name of Child Care Facility: _____

Doctor's Name: _____ Telephone: _____

Parent/Guardian information:

Last Name: _____ First Name: _____

Relation to child: Mother Father Guardian Other: _____ (Please specify)

Home Address: _____ Apt./unit: _____

City: _____ Postal Code: _____

Tel. (home): _____ Tel. (work): _____ Cell: _____

For more information, or to update your child's immunization record, please contact:

Ottawa Public Health Immunization Program
100 Constellation Drive, 7th Floor West
Ottawa, ON K2G 6J8
Telephone: 613-580-6744, extension 24108
Fax: 613-580-9660
E-mail: Immunization@ottawa.ca
Web: ottawa.ca/health

Personal health information is collected under the authority of section 33 of Regulation 262 under the *Day Nurseries Act* and section 5 of the *Health Protection and Promotion Act* and will be used by Ottawa Public Health to maintain an immunization record for your child and to take appropriate action to prevent vaccine preventable diseases. Questions regarding the collection and use of personal health information may be directed to the Supervisor, Immunization Program, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744 ext 24108, or by e-mail at Immunization@ottawa.ca.

HPD 6.01 01/2012



METCALFE HOME DAY CARE
8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

MEDICATION AUTHORIZATION

I authorize the administration of:

_____ (medication)

to _____ (child's name)

by _____ (provider)

Start date _____

End date _____

Use the following instructions :

Dosage _____

Time (s) of administration _____

Storage _____

Side effects _____

Stop medication if the following reaction is observed _____

Name of prescribing physician _____

Phone number _____

Date _____

Parent's signature _____



METCALFE HOME DAY CARE
8243 Victoria St., Metcalfe, ON K0A 2P0

613 821-2899 www.ruralfamilyconnections.ca metcalfehomedaycare@bellnet.ca

TRANSPORTATION POLICY

The Ontario Government is now making it mandatory for anyone transporting children to make sure children are properly secured in either an infant seat, child seat, or booster seat. Children under 13 years of age are safest in the back seat away from all active air bags.

A field trip consent form will be signed before each excursion.

I _____ give permission for _____ to transport _____
Parent caregiver child(ren)
in her vehicle. I am responsible for supplying the appropriate car seat/booster in accordance with the legislation.

Parent's signature

Date

Caregiver signature

Date

For more information about child car seat safety contact: Ministry of Transportation: www.mto.gov.on.ca/safety.
MTOINFO 1-800-268-4686.

OR

Transport Canada: www.tc.gc.ca. 1-800-333-0371