



WELCOME LETTER

Welcome to Little Feet Big Dreams Child Care Centre. We are excited that you have decided to be a part of our community.

Please fill out the Registration Form completely, including all addresses with postal codes. Please provide us with three emergency contacts not including yourself.

On your child's first day, please bring the following items to the Centre for your little one:

1. A change of clothes (two sets for infants and toddlers, three sets for children toilet training)
2. Indoor and outdoor shoes, or boots during winter months
3. A blanket for sleep time, clearly marked with your child's name on the label
4. A sippy cup or water bottle, clearly marked with your child's name
5. A bottle, if needed, for milk
6. Sunscreen, initially applied prior to arrival during summer months
7. Sun hat for outside play during summer months
8. Weather appropriate attire; we go outside for two hours per day when possible
9. Diapers, wipes, and diaper cream, if needed

Again, please be reminded that it is important to make certain everything is labeled. In some cases, children have the same hat, coat or shoes and therefore labeling helps prevent items from getting lost.

Every child is important and transitions can take a short time or a little longer depending on your little one's needs. Our main goal is for all of the children in our care and you, his/her parents, to feel secure and comfortable at LFBD. We are excited and prepared to have you join us at Little Feet Big Dreams and want to ensure your child experiences a nurturing and stable environment. Please refer to the Parent Handbook for some great ways to prepare your child for daycare.

Sincerely,
Kamaljot Kaur , RECE
Supervisor
Little Feet Big Dreams Child Care Inc.
www.littlefeetbigdreams.com
905-829-9393

Parent / Guardian Information

Date: _____



Parent 1

First Name:	_____	Last Name:	_____	
Address:	_____		City:	_____
	Postal Code:	_____		
Occupation:	_____	Home Phone:	_____	
Employed By:	_____	Bus. Phone:	_____	
Work Hours:	_____	Cell Phone:	_____	
Bus. Address:	_____		City:	_____
	Postal Code:	_____		
Email:	_____			
Marital Status:	_____	Custodial Parent:	<input type="checkbox"/> (If married, check both parents)	

Parent 2

First Name:	_____	Last Name:	_____	
Address:	_____		City:	_____
	Postal Code:	_____		
Occupation:	_____	Home Phone:	_____	
Employed By:	_____	Bus. Phone:	_____	
Work Hours:	_____	Cell Phone:	_____	
Bus. Address:	_____		City:	_____
	Postal Code:	_____		
Email:	_____			
Marital Status:	_____	Custodial Parent:	<input type="checkbox"/> (If married, check both parents)	

Official Tax Receipt for income tax purposes to be issued to: _____

How Did You Hear About Our Centre?

<input type="checkbox"/> Road Sign	<input type="checkbox"/> Mailer	<input type="checkbox"/> Internet	<input type="checkbox"/> Friend	<input type="checkbox"/> Other: _____
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For office use only:	
Original Start date: _____	Date of Withdrawal: _____



Child Information

First Name: _____	Last Name: _____
Preferred Name: _____	Age at Enrollment: _____
Address: _____	City: _____
Postal Code: _____	Telephone :Home: _____
Gender: _____	Date of Birth: _____ (MM/DD/YY)

Medical Information

Child's Physician: _____	Address: _____
_____	City: _____ Postal Code _____
Telephone: _____	Allergies: _____
Anaphylactic: <input type="checkbox"/> If yes complete the anaphylaxis parent package	
Additional Medical Information: _____	
(Please attach a copy of your child's immunization records)	

In the event that I cannot be contacted, I give Little Feet Big Dreams Child Care Centre Inc. to authorize on my behalf medical treatment for _____ (Childs Name)
 Signature of parent: _____ Date: _____

Emergency Contacts & Authorized Pickup Persons

1	Name: _____	Home Phone: _____
	Relationship: _____	Office Phone: _____
	<input type="checkbox"/> Able to pick up all children in the family	Cell Phone: _____
Address: _____		Postal Code: _____
2	Name: _____	Home Phone: _____
	Relationship: _____	Office Phone: _____
	<input type="checkbox"/> Able to pick up all children in the family	Cell Phone: _____
Address: _____		Postal Code: _____
3	Name: _____	Home Phone: _____
	Relationship: _____	Office Phone: _____
	<input type="checkbox"/> Able to pick up all children in the family	Cell Phone: _____
Address _____		Postal Code: _____



Administration of non-prescription medication: Sunscreen

I give permission to Little Feet Big Dreams Child Care Inc to apply the sunscreen I have provided to (Name of child) _____ as needed.

Parent Signature: _____ Date: _____

Walking Trip Permission

I give permission for (Name of Child) _____ to go on walks in the immediate areas of Little Feet Big Dreams Child Care Inc.

Parents Signature: _____ Date: _____

Acknowledgement of Receipt of Information

I acknowledge that I have read the parent handbook and agree to abide by the terms and policies laid out. This is found on Little Feet Big Dreams webpage at (<http://www.littlefeetbigdreams.com/Home/parent-handbook/>). I am also aware that the policies and procedures manual, located in the office, contains more additional information. According to the needs of the centre, the Board of Directors may, from time to time, make changes to the Parent Handbook or the policies and procedures manual. Minor changes will be posted for me to read. Major changes to these documents will be given to me in writing.

Parent/Guardian Signature: _____ Date: _____

We may take and maintain a photo of your child for security purposes Yes No

We may take and utilize photos of your child for marketing purposes Yes No

- I have completed the Enrolment Application in full
- I have completed all permission forms and have signed the anaphylaxis form
- I have submitted my child's Statement of Immunization
- I have reviewed the Parent Handbook and Current Fee Schedule
- We may take and maintain a photo of your child for security purposes
- We may take and utilize photos of your child for marketing purposes



Little Feet Big Dreams Child Care Inc.
Pre-Authorized Debit (PAD) Agreement

Customer Information

Form with fields for First Name, Last Name, Address, City, Province, Postal Code, and Telephone.

Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Little Feet Big Dreams Child Care Inc. to debit your bank account (per VOID cheque attached) in the amount of \$_____ bi-weekly (every other Friday or the next business day). This amount will be debited from your bank account commencing _____.

These services are for (check one): [] Personal Use [] Business Use

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information of your right to cancel a PAD Agreement, contact your financial institution or visit http://www.cdnpay.ca/

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____

Name: _____

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

To obtain more information on your recourse rights, contact your financial institution or visit http://www.cdnpay.ca/

Attn: Customer Billing Department
Little Feet Big Dreams Child Care Inc.
2300 Sheridan Garden Drive
Oakville, ON, L6J 7R2
Tel: 905-829-9393
Email: billing@littlefeetbigdreams.com

AFFIX VOID CHEQUE HERE



CHILDS SOCIAL INFROMATION

Child's Name: _____ Preferred Name (Nickname if any) _____

Names of other people in the home (eg, siblings, granparents etc) :

Parents decription of the childs personality :

Previous peer experiences (eg mommy groups, library etc):

What are your expectations as parents for your child here at Little Feet Big Dreams:

Please provide us with the sleep pattern your child is currently on and in which you would like us to follow. What positioning would you like your child to sleep? (All children under the age of 12 months will sleep on their backs and have no soft objects or blankets in the crib).

Provide dietary information (times your child eats and has milk along with the quantity, any doctor recommended dietary suggestions or Suggestions for preferred foods):

Physical Activity recommendations:

Other relevant comments to help staff when working with your child:



Medical Danger - Anaphylaxis

Dear Parents:

This is a letter to inform you that there are children in our centre with life threatening allergies to peanuts/tree nuts. Some children have a high sensitivity to the peanut/tree nut protein that even a trace amount from a known peanut/nut product/item that has come in contact with a peanut/nut source (cross-contamination) and is ingested can result in a life threatening anaphylactic reaction. The most serious reaction being respiratory difficulties, blockage of the airways, which if not medicated immediately, can lead to death.

The Law: An Act To Protect Anaphylactic Students

Sabrina's Law, An Act to Protect Anaphylactic Students received royal assent in June 2005 and in May 2007 makes it law for each school in Ontario to provide an anaphylaxis management plan that will reduce the risk of exposure to anaphylactic causative agents (e.g. peanuts/tree nut protein) in the classroom and common areas.

AVOIDANCE AND PREVENTION

Our anaphylaxis plan conforms to the anaphylaxis policy. The plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

To provide the best possible environment required by the legislation, we need the support and cooperation of the parents/guardians and the Centre community. For example, if your child eats peanut butter at home before coming to the Centre, please ensure his/her hands are washed thoroughly before attending daycare. Truly, this is a life saving measure.

Peanut/Tree Nut Allergy Ingredient Checklist

The following is a partial list of ingredients on the labels that will inform you if a **peanut** protein can be found in a product and therefore, should not to be sent to the Centre:

- Arachis oil, cold pressed peanut oil
- Goober nuts, goober, peanuts, goober peas;
- Hydrolyzed peanut protein, hydrolyzed plant protein, sweet lupine, flour
- Nu-nuts, beer nuts, ground nuts, madolena nuts, mixed nuts, peanuts
- Peanut butter, peanut flour, peanut meal, peanut protein



The following is a partial list of ingredients on the labels that will inform you if a **tree nut** protein can be found in the product and therefore, should not to be sent to the Centre:

- Almonds, Brazil nuts, cashews, chestnut, filberts/hazelnuts, hickory nuts, macadamia nuts
- Nut butters, nut oils, nut paste, chocolate nut spreads
- Marzipan, nu-nuts, nut meats, shea nuts

Commercial food products may contain trace amounts of peanut/tree nut from equipment used during processing of touching another product containing nuts (e.g. donuts cookies and other baked goods from local doughnut shops). These small amounts have been known to cause a life threatening anaphylactic reaction.

We have a no outside food policy. All snacks and lunches are catered by Food for tots which is prepared in a nut free facility.

We thank you for your cooperation and support in safe guarding our children.

Thank you,
Kamaljot kaur, RECE
Supervisor
Little Feet Big Dreams Child Care Inc.
www.littlefeetbigdreams.com
905-829-9393

I have read and understand Little Feet Big Dreams Centre Policy on Anaphylaxis and the importance of keeping the Centre Peanut/Tree Nut free. I will not bring any outside food into the centre.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date Signed: _____



ADMINISTRATION OF NON-PRESCRIPTION MEDICATION: DIAPER CREAM

This is to certify that I give my permission to Little Feet Big Dreams Child Care Inc to apply the diaper cream _____ that I have provided for _____ as needed. (Name of cream) (Name of child)

Parents Signature: _____ Date: _____



Impromptu Walking Field Trips Policy and Procedure

Informed Consent

Dear Parents/Guardians:

The education of children is not confined to the four walls of the classroom. Teachers enhance their curriculum with field trips outside the classroom. Normally, field trips are planned by teachers and communicated to you outlining all relevant details concerning the trip. As a parent or guardian, your consent is required for each field trip on an individual basis. There are times, however, when teachers take their classes out of doors and off school site to walk to various destinations within the school neighbourhood.

These “walking field trips” are often spontaneous, taking advantage of the weather or to collect or see various things in the neighbourhood. Such field trips may include, but are not limited to the following:
Environmental clean-up, collecting fall leaves for science or art, and Science walks in order to teach the children how to use their senses to observe seasonal changes

SUPERVISION: The classroom teacher will directly supervise walking field trips and additional supervision will be provided by teachers and supply staff.

At all times, teachers will ensure and maintain a safe environment during all walking field trips. The children will walk in line formation using our safe-t-lines (seatbelts on a line) with an adult at the front and back of the line. This will ensure that children do not stray away.

RISK REDUCTION: Walking field trip activities are considered low risk for accidents or personal injury to children. However, classroom teachers will discuss behavioural expectations with students and take the appropriate safety precautions before embarking on the walking field trip to minimize risk and to enhance the safety of each child.

First-aid packs and cellular phones are taken and made easily accessible on walking field trips in case of an emergency. Student Emergency Procedure Plans/medical supplies will be brought for students with life-threatening allergies and medical conditions (e.g., anaphylaxis).

Due to the impromptu nature of the walking field trips, Little Feet Big Dreams Child Care is seeking, in advance, informed consent for your child to participate in walking field trips within our school community by completing the form attached.

These walking field trips are optional. Alternate arrangements will be made for students who do not participate. Please indicate whether you would like your child to participate in the walking field trips and sign and date the attached form and return it to your child’s teacher.

INFORMED CONSENT APPROVAL



Classroom: Please Indicate Infant: Toddler: Preschool:

(Please check appropriate box below)

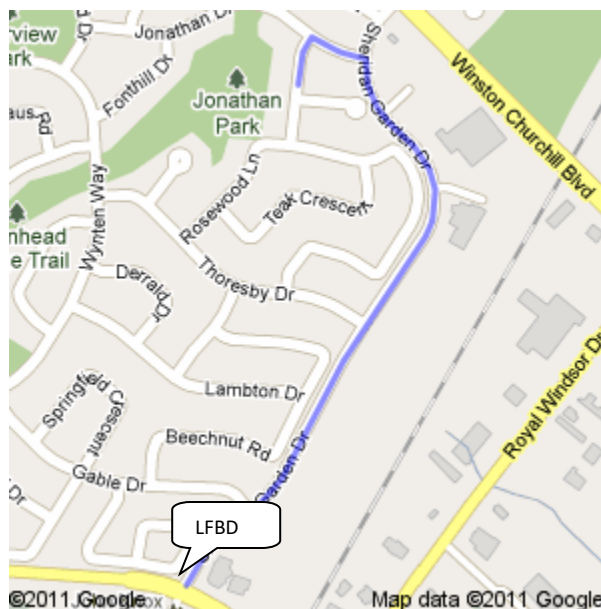
I understand the impromptu nature and inherent risks associated with walking field trips and give my informed consent for my child, _____, to participate in walking field trips within the school community as outlined in the attached Letter to Parents/Guardians.

I do **not** give permission for my child, _____, to participate in walking field trips. I understand that my child will be placed under the supervision of another classroom in the daycare centre during the walking Field trip.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian





(To be filled by an Infant family only and please update it if any information changes by start date)

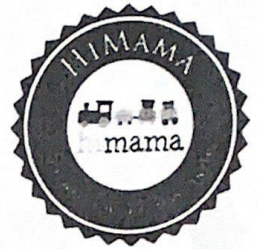
1. Please list instructions about milk, including what kind of milk your child is on, at what temperature they drink it, the quantity, the time they drink it, and whether they use a bottle or a sippy cup.

2. Please describe your child's sleeping pattern including what position they sleep in (back/tummy/side), how they go to sleep, if they require a soother for sleep, what time they nap at, and any other details that will ease the transition of napping at our centre.

3. If your child is under the age of 12 months, please list foods that he/she can eat at our centre. (Please note; we may require food from home if your child is under the age of 12 months)

4. Has your child already tried fish and eggs at home? Any reactions occur?

5. Does your child have any favourite toys, songs, etc that you would like to share with us?



CENTER NAME: _____

Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.