



CLINTON CO-OPERATIVE CHILDCARE CENTRE INC.

27 Percival Street, Clinton Ont. N0M 1L0 Phone: 519-482-5777

Email: clintonchildcare@hotmail.com

Website: clintonchildcare.com

INFANT REGISTRATION PACKAGE

General Information

Child's Name _____ Male: _____ Female: _____

Health Card Number: _____ Date of Birth: _____

Health Card Expiry Date: _____

Parents Name: _____

Home Address: _____

Town: _____ Box # _____ Postal Code: _____

Home Phone # _____

Email Address: _____

Place of Employment _____

Mother

Father

Work Address _____

Town _____

Postal Code _____

Work Phone # _____

Cell # _____

Doctor's Name: _____ Siblings _____ Age _____

Hospital: _____

Address: _____

Emergency Contact: (Other than Parents)

Name: _____

Address: _____ Home # _____

Town: _____ Cell# _____

Postal Code: _____ Relationship to Child: _____

My child may be released to **and their relationship:** _____

My child MAY NOT be released to: _____

Because: _____

Approximate Days of Care required: Mon. Tues. Wed. Thurs. Fri.

Time of Arrival _____ Time of Departure _____

Registration Fee: Full/Part Time \$25 _____ Summer \$5 _____

OFFICE USE ONLY

Group: _____ Admission Date: _____ Discharge Date: _____

Entered: _____ Email Entered: _____ Registration Fee Paid: _____

Allergies: _____ Immunizations Attached: _____

Photo Consent: In Centre _____ Social Media _____ Public _____ Staff _____

Over the Counter Medication: _____

DEVELOPMENTAL INFORMATION

Describe your child's;

Speech and Language Abilities:

Eating Habits:

Sleeping Habits:

Toileting Habits:

Any other information you would like to share about your child:

SOCIAL AND EMOTIONAL INFORMATION

1. Which type of play does your child like best?
Playing Alone _____ Watching Others Play _____ Actively Playing with Others _____
2. What are your child's favorite activities?

3. Does your child have any fears:
If so, what are they?

How do you help your child?

4. Are you currently associated with any other organization regarding childcare? _____
If so, which?

HEALTH INFORMATION
*******A CURRENT UP-TO-DATE COPY OF YOUR CHILD'S**
IMMUNIZATION MUST BE ATTACHED TO THIS REGISTRATION
INFORMATION*****

AGE	Required vaccines to Attend a Child Care Centre									Other Important Vaccines		
	P e r t u s s i s	D i p h t h e r i a	T e t a n u s	P o l i o	H a e m o p h i l u s b	M e a s l e s	M u m p s	R u b e l l a	R o t a v i r u s	V a r i c e l l a	P n e u m o c c c a l	M e n i n g o c c c a l
2 mths												
4 mths												
6 mths												
12 mths						*	*	*				
15 mths										*		
18 mths	*	*	*	*	*							
4-6 yrs	*	*	*	*		*	*	*		*		

1. Does your child suffer from any allergies? _____

If so, what are they allergic to and what type of reaction do they have?

2. Does your child have a special diet? _____

If so, is it medically or personally requested? _____

The details of my child's special diet are as follows:

3. Does your child have any special needs that the staff need to be aware of: _____

If so, please describe them:

4. Any other medical information we need to be aware of:

CHILD CARE POLICIES AGREEMENT

I declare that I have read and understand the Child Care Policies of Clinton Co-operative Childcare Centre and will fulfill my obligations as outlined therein, including the yearly membership requirements.

Parent Guardian(s):

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

HEALTH/MEDICATION AGREEMENT

I declare that I have read and understand the Health/Medication portion of Clinton Co-operative Childcare Centre's Policies as outlined in the Parent Handbook. I understand when I am to keep my child home, and when the Centre will contact me with regards to illness and my child.

Normal temperature is 98.6, if your child consistently runs high or low, please document this here. _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

RELEASE OF INFORMATION

I, _____ give permission to Clinton Co-operative Childcare Centre to distribute my name and phone number to other childcare parents and board members for the purpose of parent committees.

Parent/Guardian Signature

Date

WAIVER OF CONFIDENTIALITY

As a participant in programs at Clinton Co-operative Childcare Centre, I waiver confidentiality in regards to my child _____ and allow for open communication in all matters, between employees of Clinton Co-operative Childcare Centre and employees of the Avon Maitland District School Board and the Huron-Perth Catholic District School Board.

Parent/Guardian Signature

Date

PARENTS' OR GUARDIANS' AGREEMENT

EMERGENCY TREATMENT

I, undersigned parent/guardian of _____, who has been accepted at my request at the Clinton Co-operative Childcare Centre hereby consent to the rendering of any emergency medical treatment to the above named child, deemed necessary in the interest of the above child, by a qualified physician.

Dated this _____ day of _____, 20_____.

Signature(s) _____, _____
Parent/Guardian Witness

_____, _____
Parent/Guardian Witness



FIELD TRIP CONSENT FORM

I, the undersigned, being parent/guardian of _____, who attends Clinton Co-operative Childcare Centre, as governed by the board of directors, do hereby consent to the participation of my child in activities related to the school program during regular school hours, provided such activities are supervised by a member of your staff. This includes field trips and excursions to points of interest taken during school hours and although I understand that every precaution will be taken, Clinton Co-operative Childcare Centre will not be held responsible for any accident or injury that may occur.

List any exceptions to participation in certain activities this consent does not include.

Parent/Guardian

Date

OVER-THE-COUNTER PRODUCT AUTHORIZATION

I, the undersigned, being parent/guardian of _____, who attends Clinton Co-operative Childcare Centre, as governed by the board of directors, do hereby consent to the following over-the-counter products to be administered, as per the Drug Administration Policy

I understand that I am required to supply the following that I wish my child to use. With the exception of sunscreen which the centre will provide.

YES	NO	PRODUCT	NOTES
		Sunscreen	<input type="checkbox"/> OWN <input type="checkbox"/> CENTRE
		Moisturizing Lotion	
		Lip Balm	
		Insect Repellant	
		Hand Sanitizer	
		Diaper Cream	

Dated this _____ day of _____, 20_____.

Signature(s) _____, _____
Parent/Guardian
Witness

_____, _____
Parent/Guardian
Witness

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Clinton Co-operative Childcare Centre will not use children's photos or videos unless we have signed consent from the parent/guardian.

PHOTO CONSENT

I, _____ give permission for Clinton
(parent/guardian name)

Co-operative Childcare Centre Inc. to photograph or video

_____ for the following purposes:
(child's name)

Type of Use	Yes	No
Photograph or videos used at the centre for displays, bulletin boards, children's portfolios.		
Photographs or videos for use on our Facebook and Twitter pages		
Photographs or videos to use for promotional and public displays		
Photographs or videos to be used for staff portfolios		

I understand that websites, publications and social media have a large audience and my child's photo will be available to the general public. I give Clinton Co-operative Childcare Centre the perpetual, royalty-free right to use my child's photos. I understand that it is my responsibility to update this form in the event that I no longer authorize one or more of the above types of use. I agree this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

PARENT COMMITTEES

At Clinton Co-operative Childcare, we are a "Parent Participating" Centre. Each family is responsible for contributing by choosing one or more of the following committees.

Board Members:

_____ Members are needed to sit on our volunteer Board of Directors. Board Members assist in setting policies and approving the yearly budget.

Fundraising & Special Events Committee:

_____ Help plan/provide ideas for fundraising

_____ Helping on the day of fundraiser deliveries

_____ Working with events, assisting with parties, helping at Public Relations events such as the Annual General Meeting (AGM)

_____ Donating items for prizes/gifts/events

Maintenance Committee:

_____ Indoor maintenance

_____ Outdoor maintenance

_____ Toy/equipment repair, assembly or installation

Helping Hands Committee:

_____ Spring cleaning (indoors/outdoors as needed)

_____ Kitchen help as needed

_____ Toy washing (indoor/outdoor toys and equipment)

Community Services Committee:

_____ Technology (website, information technology questions)

_____ Trades (for example - electrical, plumbing, carpentry, arborist)
Please specify _____

_____ Agriculture (items to donate for sensory bins)

_____ Skills/Talent (for example - musical, crocheting, sewing)
Please specify _____

_____ Field Trip Potential/Visitor to Centre (for example - veterinary, dental, farm, maple syrup tour, bakery, Police, Fire, Ambulance)

The Centre will reach out to you when your volunteer services are needed.

PRINT NAME: _____ Phone number: _____



Clinton Co-operative Childcare Centre

Infant Program Information

Child's Name: _____

Feeding

My Child uses: (please circle all that apply)

1. formula homo milk breastmilk water
 warmed/cold warmed/cold

2. bottle sippy cup-type/kind _____

3. baby food table food from daycare menu both

4. child IS / IS NOT consistent schedule

Daily Feeding Schedule (Please include both bottle and food feedings)

Approximate Time of Feeding	Type and Amount of Feeding

Comments:

Child's Sleeping Routine

Approximate time of Nap	Approximate Length of Nap

My child prefers to be: (please circle)

rocked to sleep

put down in crib

My child sleeps on: (please circle)

back

side

tummy

My child sleeps with: (please circle)

blanket

soother

stuffed toy

PLEASE CHECK OFF THE FOODS THAT YOUR CHILD HAS BEEN EXPOSED TO

FRUITS

- Apples
- Applesauce
- Bananas
- Blueberries
- Cantaloupe
- Cherries
- Cranberries
- Grapes
- Honeydew
- Kiwi
- Peaches
- Pears
- Raspberries
- Strawberries
- Watermelon

OTHERS

- BBQ Sauce
- Chili Seasoning Pack
- Cinnamon
- Jam
- Jello
- Maple Syrup
- Marshmallows
- Mayonnaise
- Pasta
- Pickles
- Ranch Seasoning Pack
- Raisins
- Salad Dressings: Ranch, Caesar, Italian
- Salsa
- Soya Sauce
- Taco Seasoning Pack
- Tomato Sauce
- Veggie Straws
- Worshire Sauce
- WOW Butter

VEGETABLES

- Avocado
- Black Beans
- Broccoli
- Brown Beans
- Cabbage
- Carrots
- Cauliflower
- Celery
- Chick Peas
- Corn
- Cucumber
- Green/Yellow Beans
- Lettuce
- Lentils
- Lima Beans
- Mushrooms
- Onions
- Peas
- Peppers
- Potatoes
- Pumpkin
- Refried Beans
- Spinach
- Squash
- Tomatoes
- Turnip
- Zucchini

MEAT

- Beef
- Eggs
- Fish
- Ham
- Pepperoni
- Pork
- Poultry
- Sausage
- Summer Sausage

BREADS AND EREALS

- Animal Crackers
- Arrowroots
- Bugles
- Breadsticks
- Cheerios
- Corn Flakes
- Cornmeal
- Cous-cous
- Crackers
- Cream of Wheat
- Crispy Minis/Rice Cakes
- Crispix
- English Muffins
- Goldfish Crackers
- Graham Wafers
- Life Brand
- Oatmeal
- Pancakes/Waffles
- Rice
- Rice Krispies
- Ritz Crackers
- Shreddies
- Taco Chips
- Tea Biscuits
- Teddy Grahams
- Whole Wheat Bread

DAIRY

- Homo Milk
- Block Cheese
- Parmesan
- Cheese Slices
- Yogurt
- Cream Cheese
- Cottage Cheese
- Pudding

IF YOUR CHILD HAS BEEN OFFERED A FOOD IN A COMMERICALLY PREPARED OR
HOMEMADE BABY FOOD, HE OR SHE HAS BEEN EXPOSED TO IT AND IT CAN BE
CHECKED OFF THE LIST FOR
YOUR CHILD TO EAT.

