



Deposit Explanation

Our deposit at Pluto Day Care is a total of \$250.00. This breaks down into the following components:

- \$25.00 administration fee (refunded with a minimum 30 days notice of withdrawal)
- 2 fobs at \$25.00 each (refunded upon the return of the fobs)
- \$175.00 deposit (refunded with a minimum 30 days notice of withdrawal)

If you are subsidized through the Region (beyond CWELCC), you do not need to pay the deposit. You will receive an entry code instead of key fobs.

Upon paying the deposit, please note that the administration fee & deposit amount is only refundable should you give us **at least** a notice of 30 days.

This policy is in place to ensure that we have an adequate amount of time to fill the space your child will no longer be using should you choose to terminate their enrollment.

Today's Date

Parent Name

Parent Signature



Enrollment Form

Child's Legal Name: _____ Start Date: _____
FIRST MIDDLE LAST DD-MM-YY

Child's Home Address: _____ Unit: _____

City: _____ Postal Code: _____ Date of Birth: _____
DD-MM-YY

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Parent/Guardian 1 Full Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Work Place/School: _____ Work/School #: _____

Relation to Child: _____ Email Address: _____

- Check this box if you would like the above email to receive email updates from the centre (at least 1 email per child must be checked)

Parent/Guardian 2 Full Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Work Place/School: _____ Work/School #: _____

Relation to Child: _____ Email Address: _____

- Check this box if you would like the above email to receive email updates from the centre (at least 1 email per child must be checked)

Please List two individuals **other than the parents** that may pick up your child in an emergency situation.

It is a requirement that you supply us with two emergency contacts, however if you are unable to do so we will require you to sign a waiver.

Emergency Contact 1 Full Name _____ Cell # _____

Address _____ City _____ Postal Code _____

Emergency Contact 2 Full Name _____ Cell # _____

Address _____ City _____ Postal Code _____

History of Communicable Disease & Illness and/or injuries child has had _____

Names of siblings (if previously attended Pluto) _____

Please Tell Us About Your Child

Allergies or Food Restrictions (Food or Drugs): _____

Foods Disliked: _____

Eating Problems: _____

Favourite Toys & Activities: _____

Fears: _____

Toilet Training – Habits of Elimination: _____

Child Term for Urination & Bowel Movement: _____

Behaviour Problems: _____

Parents Method of Discipline: _____

Description of Child's Personality (Active, Timid, Shy, etc.): _____

Where did you hear about us? _____

Any other comments: _____

Parents Signature: _____ Date: _____

DD-MM-YY

FOR OFFICE USE ONLY - ALL DATES IN DD-MM-YY FORMAT

Date Spot was Accepted: _____ Start Date: _____

Amount Paid: _____ Date Deposit Paid: _____

Last Day of Enrollment: _____ Date of Withdrawal Notice : _____

Authorized Signature: _____ Position: _____



EMERGENCY FORM

Child's Legal Name: _____ Date of Birth: _____
FIRST MIDDLE LAST DD-MM-YY

Address: _____ Unit: _____ City: _____ Postal Code: _____

Parent/Guardian 1 Full Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Workplace/School: _____ Work/School #: _____

Relation to Child: _____ Email Address: _____

Parent/Guardian 2 Full Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Workplace/School: _____ Work/School #: _____

Relation to Child: _____ Email Address: _____

1. Child May Be Released to the following people: (other than parents only in an emergency situation)

Emergency Contact 1 Full Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Emergency Contact 2 Full Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Allergies (Drug or Food) or Food Restrictions:

****We are a peanut, pork, pork product, beef & honey free facility, do not list these unless anaphylaxis allergy****

2. In case of sudden or serious illness or accident concerning my child, I give consent for appropriate treatment be given by a qualified physician or staff member. Every effort will be made to contact parents. I understand that any expense involved will be my responsibility.

With my signature below, I am hereby giving consent the above items number **1 & 2.**

Date (DD-MM-YY)

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature



Anytime Pick-up Form

As parent/s of _____, I/we hereby give my/our permission for the following people to pick up my child at any time without me giving any further permission. These people are:

- 1. Full Name: _____ Relationship to Child: _____
- 2. Full Name: _____ Relationship to Child: _____
- 3. Full Name: _____ Relationship to Child: _____
- 4. Full Name: _____ Relationship to Child: _____
- 5. Full Name: _____ Relationship to Child: _____
- 6. Full Name: _____ Relationship to Child: _____

Date (DD-MM-YY)

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature

Please understand that for children’s safety, we can ask any individual for identification and any individual picking up should have valid ID on them at all times. The names above need to match a valid piece of government ID.



Emergency Contact Waiver Form

Only to be filled out if there are not 2 emergency contacts listed on the Emergency Form

As part of the Pluto Day Care registration process, we have been asked as the parents of _____, to supply Pluto with two emergency people with complete address and telephone information. As we can only supply one or not supply any, we sign this document stating that we been asked and will not hold Pluto responsible in the event of an emergency if they are unable to contact us.

Date (DD-MM-YY)

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature



I hereby enroll _____ in Pluto Day Care
(Please print child's full name)

The policies of the daycare are as follows:

1. The current monthly fees can be seen on our current fee sheets. Fees are payable monthly **on or before the 1st day of each month**. The daycare operates from Monday to Friday from 7:00am until 6:00pm. Fees are to be paid as outlined on the fee sheet. Any changes to our fee sheets will be communicated with you via email.
2. An additional charge will be applied for the following: *Any additional charges are due within 5 business days of notification* -
Overdue payments (including Weekends & Holidays) \$7.50/day
- Late pick up of children outside daycare hours \$30.00/15 minutes
(Charged at the **start** of each 15 minute period) (\$30.00 minimum charge)
- Additional / Lost fob replacement \$25.00 per fob
3. The administration fee of \$25.00, paid at the time of enrollment covers processing and a portion of liability insurance for the children. This deposit will be deducted from the last month's fees of enrollment at the centre, provided that one month's written notice is given to the centre supervisor prior to withdrawal of the child. **Failure to give one month's written notice cancels the deposit, you will also not be refunded for any days of the month your child is not in attendance should you choose to withdraw before a month's end.**
4. A deposit of \$175.00 is required at the time of enrollment. This deposit will be deducted from the last month's fees of enrollment at the centre, provided that one month's written notice is given to the centre supervisor prior to withdrawal of the child. **Failure to give one month's written notice cancels the deposit, you will also not be refunded for any days of the month your child is not in attendance should you choose to withdraw before a month's end.**
5. A deposit of \$50.00 is also required at the time of enrollment for 2 door entry fobs (\$25.00 each). These deposits will be refunded if you return the fobs in good condition.
6. Parents are responsible for full fees for all scheduled days whether your child is in attendance or not, including all holidays listed below. *Financial credit or time replacement is not granted due to sickness of children or staff, unforeseen closures due to inclement weather, emergency maintenance or utility issues or any other uncontrollable events.*

The daycare will be closed on the following days:

- | | |
|------------------|--------------------------------------------------------------|
| - New Year's Day | - August Civic Holiday |
| - Family Day | - Labour Day |
| - Good Friday | - Thanksgiving |
| - Easter Monday | - Any Regionally appointed PD Days* |
| - Victoria Day | - Approximately 1 week over the Christmas/New Year's Holiday |
| - Canada Day | |

**Regional PD Days are the only days listed above that will not require parents to pay fees for.*

*Fees are charged for all other Statutory & Civic days as well as for our Winter Shutdown, or any other closure dates**

7. Once disclosed to us that your child requires epinephrine for allergic reactions, it is the parents responsibility to assure that there is always a non-expired prescription of it here on site for your child's protection. Failure to have this will result in your child being unable to attend daycare until we have the medication.
8. If a child becomes ill during the day, the parent/guardian/emergency person will be contacted. The child must then be picked up within 30-60 minutes. Also Pluto expects that a child not feeling well will be kept at home if symptoms are already present prior to the start of the day. You are not to bring your child to daycare within 24 hours of them suffering from a fever of 38.1° Celsius or higher. The 24 hour period starts when the child no longer has a fever. You are not to bring your child to daycare within 48 hours of them suffering from diarrhea (2 or more liquid bowel movements) or vomiting (2 bouts) or 1 of each. The 48 hour period starts when the child no longer has any bouts of diarrhea/vomiting. This follows the guidelines we have from the Region of Waterloo Public Health. We will also follow our Region of Waterloo Public Health binder on Safe Healthy Children for all other contagious illnesses. **Pluto reserves the right to refuse acceptance of an ill child. Please understand that this is as much for your own child's protection as it is for others.**
9. In the event that you have to send someone else to pick up your child, you must confirm this situation with us in advance. These individuals will have to supply photo identification.

10. We will not be held liable for any extenuating circumstances which arise due to a lack of up-to-date information. It is the parents/guardians responsibility to keep the daycare informed of any change of address and phone numbers, for yourselves and any emergency contacts. Please update this information with the centre supervisor.
11. Up to the first four weeks of care are on a trial basis as there are some children that do not function well in a group setting. Pluto Day Care retains the right to discontinue service in a case like this **or at any other time** if problems develop as detailed in our discharge policy below.
12. If you have legal custody, as a single parent, you must provide the supervisor with legal documentation.
13. Pluto Day Care and its staff are not responsible for the loss of personal property. Please ensure that all your children's clothing is labelled with their name.
14. It is the parents responsibility to bring your child directly to a teacher upon arrival. Teachers are not responsible until a child has been presented to them.
15. Parents must advise the daycare by 9:00am if your child will not be attending on a scheduled day.
16. Families applying for subsidized placements and wishing to start their child prior to subsidy approval will be responsible for all payment including registration and deposit. If and when you are issued with subsidy approval and this is backdated we will issue a refund or a credit towards future months.
17. Pluto Day Care reserves the right to immediately terminate any child's placement due to non-payment of fees on the due date. This is at the sole discretion of the owners and general manager.
18. Should you have any problems, concerns or questions please speak with the supervisor.
19. **Our Discharge Policy is as follows...** We understand that a daycare environment is not always best suited for every child. There can also be other reasons why services may have to be withdrawn. As a company, we reserve the right to withdraw services for any of, but not limited to the following reasons:
 1. Non-payment of monthly fees (after 1 week late)
 2. Non-payment of late, NSF or any other fees due. (after 1 week)
 3. On-going late pick-ups (2 or more)
 4. On-going late fee payment (2 or more)
 5. Non-compliance with the Region of Waterloo Public Health's illness guidelines, or lying to the daycare about your child's health status.
 6. If you do not follow through with paying by cash, e-transfer, or certified cheque.
 7. Parents/Guardians coming into the daycare intoxicated or under the influence of illegal substances.
 8. Being non-truthful or forthcoming about your child's needs at the time of enrollment.
 9. Parents/Guardians will not approve outside help when the staff have concerns about the child having special needs and/or behavioural issues.
 10. After help is gotten, correction to the issue affecting others safety and or wellbeing is not achieved.
 11. A child's severe misbehaviour that can affect the safety & wellbeing of others is not tolerated. Examples of serious misbehaviour may include, but not be restricted to, the following: biting, hitting, kicking, bullying, name-calling, swearing, pushing and shoving, rude and aggressive behaviour, consistent failure to follow general rules of expected behaviour.
 12. A lack of attendance without valid reason. If we feel that you are not using your child's space within the program, we have every right to dismiss you from our program to allow another child to enroll.
 13. Any yelling, verbal or physical abuse towards any staff by a parent or their representative.
 14. Any explicit sexual advances made toward a staff.
 15. Failure to bring your child directly to a teacher upon arrival to be signed in for the day.
 16. Failure to provide written current contact information to the centre.
 17. Failure to supply current immunization records or an affidavit of exception.

Children, parents and staff of the daycare have the right to play, work & participate in a safe and non-threatening environment. All instances of a child or adult who compromises the safety or sense of security of others will be treated seriously & the incidents duly documented. The daycare's primary considerations are the wellbeing of the children at the centre & the staff who care for them.

My signature confirms that I have read over & fully understand this entire document. I agree to abide by the above stated policies.

Date (DD-MM-YY)

Parent/Guardian Name (Print)

Parent/Guardian Signature

Fees with CWELCC Reduction

Updated January 2025



Base Fees

All base fees are due **on or before** the first of each month

Pre Schoolers - 2½ - 6 years

Full Time \$458.33

Toddlers - 18 months to 2½ years

Full Time \$478.50

Infants – 3 to 18 Months

Full Time \$478.50

Additional Fees (Non-Base Fees)

Additional fees are charged as needed and are due within 5 business days of notification

Deposit We have a \$250.00 deposit for children starting care. This consists of:

- \$175.00 deposit - this is refunded upon leaving given you provide us 30+ days notice
(not paid if subsidized)
- \$25.00 administration fee - this is refunded upon leaving given you provide us 30+ days notice
(not paid if subsidized)
- \$50.00 for 2 fobs to the centre (\$25 per fob) - refunded upon the return of the fob
(codes allocated instead of fobs if subsidized)

Late collection outside of daycare hours \$30.00 Per ¼ hour
(Minimum \$30.00, Charged at the start of each 15 minute period)

Late Payment Charge \$7.50 Per Day (Including weekends and holidays)

Returned Cheque \$35.00 Plus any late fees accrued

Additional / Lost fob replacement \$25.00 per fob

Accepted Payment Types

We accept cash, certified cheques or e-transfer payments. Please read the below carefully for cheque or e-transfers.

Certified Cheques:

- must be a certified cheque, no handwritten cheques allowed.
- must be made out to "Pluto Day Care Centres"

E-Transfers:

- Must be sent to paymentspluto@gmail.com
- E-Transfers are auto-deposited to our legal business name of 706785 Ontario Inc.
- In the message section, you **must** put the centre name & the full name of your child

This form is for you to keep at home for your reference



The following consents each need their own signatures.

Please make sure that you read through each thoroughly & sign each one individually.

1. I, as a parent/guardian of _____ hereby give my permission for them to go on a supervised walk during their time spent at Pluto Day Care.

Date (DD-MM-YY)

Parent/Guardian Signature

2. In the case of a sudden serious illness or accident concerning my child, I give permission for appropriate treatment to be given by a qualified staff member. Every effort will be made to contact the parents.
I understand that any expense incurred will be my responsibility.

Date (DD-MM-YY)

Parent/Guardian Signature

3. Please be advised that while you are on the premises, responsibility for the care and safety of your child rests with you. That responsibility is assumed by the staff only during your absence.
We do ask that you deliver your child directly to a teacher on a daily basis. We will not be held responsible for your child until the teachers acknowledge them.

Date (DD-MM-YY)

Parent/Guardian Signature

4. My signature below affirms that I have been made aware that I am never to leave any of the following in my child cubby or diaper bag.

- Drugs - Vitamins - Drops - Creams - Inhalers

Anything that could possibly be poisonous to a child. Your child or another's could get into these things with disastrous results.

Date (DD-MM-YY)

Parent/Guardian Signature

5. On a day-to-day basis as the children are involved in their activities, we like to snap occasional photographs to post for parents to see and for daycare purposes in general. This could include on our website or on our social media pages. In order to do this, we are asking for your permission. Please check one of the boxes below.

My signature below gives Pluto Day Care permission to photograph and post pictures of my child

(please print child's name)

In Day Care Only

On Any Media Platform

Date (DD-MM-YY)

Parent/Guardian Signature



IMPORTANT SAFETY WARNING

Every year in Canada there are multiple children that get seriously hurt or killed when

- the ties on their hoods
- the ties on their jackets
- the ties on their hats
- the strings on their mitts
- or scarves

get caught and/wrapped around playground equipment or fences. The children can then be strangled.

Canadian children's manufacturers are now making coats with elastic where the ties used to be. Hats and coats now also have a lot of velcro on them as well instead of ties.

Where the problem comes in is if we use clothes that perhaps are hand-me-downs or clothing that was made in another country.

If you have any clothing that has any of the above issues, we ask that you please address these issues. Although it is ultimately your decision, we would strongly suggest that your child(ren) never wear clothing with the above concerns for safety reasons.

We ask for your signature below to confirm that we have made you aware of the above safety concerns.

Date (DD-MM-YY)

Parent/Guardian Signature



REGION OF WATERLOO PUBLIC HEALTH

Parent Information Letter

for children attending a child care centre in Waterloo Region

Dear Parent/Guardian:

When your child attends a child care centre there are immunization, health and medical requirements under the Child Care and Early Years Act and the Health Promotion and Protection Act that must be followed. This information letter will outline your responsibilities in terms of providing the required information to your child care operator or provider.

Immunization Requirements:

Your child must be immunized against the following diseases:

- Tetanus
- Diphtheria
- Pertussis (whooping cough)
- Polio
- Measles, Mumps and Rubella
- Pneumococcal disease
- Haemophilus Influenza type B (only for children under five years of age)
- Meningococcal disease
- Varicella (Chickenpox)

New Registrants

When you register your child with the child care centre you will be asked to submit a form (Form A) and two copies of your child's immunization record. A copy of this information will be kept on file at the child care centre, and the other will be sent to Region of Waterloo Public Health. Public Health maintains the immunization records of all children enrolled in child care centres and schools in a provincial database called Panorama.

- If your child was not born in Canada, a photocopy of their medical immunization history since birth from their country of origin can be provided

If you wish your child to be exempt from immunization, please speak to the child care provider. They will provide you with the required form for you to complete. The form must be on file at the child care centre and with Public Health.

Existing Registrants (Immunization Update Form)

Each time your child receives an immunization, please inform the child care provider. At that time, you will be asked to complete an Immunization Update Form (Form B). This is done to protect all children in child care, and provides your child care provider and Public Health with current immunization information in case of an outbreak of a disease at the centre. If there are no changes to your child's immunization status, an update is not required.

The chart on Attachment 1 shows the publicly funded routine immunization schedule for children (up to four to six years) in Ontario. This schedule may change if your child misses any of these immunizations. Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please speak with your health care provider (e.g., family doctor) or contact Region of Waterloo Public Health at 519-575-4400.

Obtaining Additional Information

There are many people who can assist you if you require more information.

For general questions about children's development and/or health issues, please contact Public Health's Child and Family Health Division at 519-575-4400.

For questions regarding immunization please contact Public Health's Vaccine Preventable Diseases Program at 519-575-4400.

Thank you for your cooperation in these important precautions which will protect the health of children in Waterloo Region's child care centers.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Hsiu-Li Wang'.

Dr. Hsiu-Li Wang
Associate Medical Officer of Health

**Attachment 1
Ontario Publicly Funded Immunization Schedule for Starting Immunization in Infancy**

Vaccine	2 months	4 months	6 months	12 months	15 months	18 months	4 to 6 years**
DTaP-IPV-Hib* Diphtheria*, Tetanus*, Pertussis*, Polio*, Haemophilus influenzae B*	X	X	X			X	
Pneu-C-13* Pneumococcal Conjugate 13*	X	X		X			
Rot-1 Rotavirus	X	X					
Men-C-C* ^ Meningococcal Conjugate C*				X			
MMR* ^ Measles*, Mumps*, Rubella*				X			
Var* Varicella (Chicken pox)* (required if no history of having chickenpox disease)					X		
MMRV Measles*, Mumps*, Rubella*, Varicella							X
Tdap-IPV* Tetanus*, Diphtheria*, Pertussis*, Polio*							X

* Indicates required vaccine for entry into a child care centre

^ MMR and Men-C-C vaccine must be given on or after the first birthday

** Preferably given at four years of age

Adapted from Ontario Ministry of Health and Long-Term Care (2016)
http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf



REGION OF WATERLOO PUBLIC HEALTH

Immunization Information Form for new registrants attending a child care centre in Waterloo Region

FORM A

The Child Care and Early Years Act requires all infants and children attending a child care centre be fully immunized as recommended by the Medical Officer of Health. In Waterloo Region this includes: **Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type B, Varicella (chickenpox), meningococcal disease and pneumococcal disease.**

Please complete this form and attach the appropriate immunization record to provide your child care centre and Region of Waterloo Public Health with this required information.

Child's Last Name: <input style="width: 95%; height: 20px;" type="text"/>	Child's First Name: <input style="width: 95%; height: 20px;" type="text"/>
Date of birth: <input style="width: 80%; height: 20px;" type="text"/> (year/month/day)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: <input style="width: 50px;" type="text"/>
Name of Parent/Guardian A: <input style="width: 95%; height: 20px;" type="text"/> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Name of Parent/Guardian B: <input style="width: 95%; height: 20px;" type="text"/> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Child's Primary Address: <input style="width: 95%; height: 20px;" type="text"/> Postal Code: <input style="width: 95%; height: 20px;" type="text"/>	City: <input style="width: 95%; height: 20px;" type="text"/> Home Phone: <input style="width: 95%; height: 20px;" type="text"/>
Child Care Centre: <input style="width: 95%; height: 20px;" type="text"/>	
School currently attending (if applicable): <input style="width: 95%; height: 20px;" type="text"/>	
Please print the name of country where the immunization records are from: <input style="width: 95%; height: 20px;" type="text"/>	

Immunization History

Please attach two (2) photocopies of your child's immunization record including all immunizations given since birth. One will be kept on file at the child care centre while the other will be sent to Public Health. Please ensure the dates of immunization are included. If your child was not born in Canada please attach a photocopy of their medical immunization history from their country of origin.

The chart on the reverse side of this page shows the full publicly funded routine immunization schedule for children (up to four to six years) in Ontario. Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please speak with your health care provider or contact Region of Waterloo Public Health at 519-575-4400.

For information about Public Health's privacy practices please visit

<http://chd.region.waterloo.on.ca/en/personalhealthprivacy.asp?mid=23925> or call 519-575-4400 ext. 5861.

Parent/Guardian Signature:

Date:



Acknowledgement of Support Services

Waterloo Region's Special Needs Resourcing Collaborative (SNRC) supports licensed childcare programs to identify and meet the diverse needs of all children and their families. All children, regardless of their abilities, are supported to thrive in quality inclusive early learning environments.

As a licensed Early Learning Child Care in Waterloo Region, our program is fortunate to be supported by Resource Consultants and Therapists from the SNRC. The Resource Consultants and Therapists visit and observe our program regularly and provide resources, training, and support to our team. Consultation is provided to support all children in the group on topics related to children's development, developmental and/or behavioural strategies, classroom management, classroom environment and other general program strategies. This support can be provided for the whole group and may not be specific to your child.

Resource Consultants and Therapists have the ability to provide support both in person and virtually. They can provide virtual consultation through an approved platform as well as through email and/or phone calls. Virtual consultations will not be recorded and will only be used for observation purposes, to help provide appropriate resources and strategies. Should an in-person visit from a Resource Consultant or Therapist be required all visiting staff would follow current guidelines from the Child Care Program, Ministry of Education and Public Health.

While Resource Consultants and Therapists are observing our program, they may find that some children would benefit from extra support with certain areas of their development. If this happens, a conversation may take place between yourself and the Educator, Resource Consultant and/or Therapist.

As members of our team, all Resource Consultant and Therapists follow specific confidentiality policies and are aware of our behaviour guidance policies. Should you have any further questions regarding the role of the Resource Consultant or Therapist, our Supervisor/Director, Resource Consultant or Therapist would be happy to review this with you.

I acknowledge that the support services provided by the Waterloo Region's Special Needs Resourcing Collaborative have been reviewed with me, and I understand that this will be a valuable part of my child's experience in licensed childcare program.

Child's Name

Parent Guardian Name (Printed)

Parent/Guardian Signature

ELCC Representative

Date





BLANKET AUTHORIZATION FORM

The Ontario Ministry of Education requires a blanket consent form for the application of lotion, lip balm, hand sanitizer and non-prescription diaper cream that is applied with each change.

Child's Name: _____ Date of Birth: _____

DD - MM - YY

I, as the parent/guardian of _____ do hereby authorize the application of **(please check which items you are giving authorization for)** on my child by the staff at Pluto Day Care.

- Sunscreen
- Moisturizing skin lotion
- Lip balm
- Insect repellent
- Hand sanitizer
- Non-prescription diaper cream

The above will only be applied as supplied by the parents.

Other authorizations (these could be supplied by parents, or available occasionally at the daycare)

- Temporary tattoos
- Hair elastics

Date (DD-MM-YY)

Parent/Guardian Signature



DIAPER RESPONSIBILITY

Dear Parents,

We want to make you clearly aware that it is your responsibility to make sure that your child has an adequate supply of diapers/pull-ups here at the centre at all times.

If you are not certain of how many your child has left, when leaving at night either ask your child's teacher or just look in your child's diaper spot. Teachers will continue to try to remind you when you are getting low, but ultimately, it is your responsibility.

If your child is brought in in the morning and does not have a suitable amount of diapers at the centre for the entire day, you will be faced with the following options:

1. Go pick up diapers and then return with your child that day.
2. Leave with your child and the next day you come in with diapers.

It is not our intent to make your life difficult. Our intent is to discourage this from happening in the first place. To clarify ahead of time, borrowing diapers from another child is not one of the options and will not be entertained.

We ask for your signature below to confirm that you have read and understand the above and agree to abide by the stipulations within.

Date (DD-MM-YY)

Parent/Guardian Signature

HEALTH & MEDICAL INFORMATION

Dear Parent/Guardian;

Please provide any information regarding

- Chronic medical problems (eg. diabetes, asthma, epilepsy, or other diseases)
- Impairments or disabilities (eg. vision, hearing, speech, autism)
- Allergies (eg. drug, food, insect bites, pets and animals, environmental)
- Routine Medications (eg. phenobarbital, ritalin etc.) please provide dosage & frequency

Childs Name: _____

Chronic Medical Problems YES NO

If yes, please describe: _____

Impairments or Disabilities YES NO

If yes, please describe: _____

Allergies YES NO

If yes, please describe: _____

Routine Medications YES NO

If yes, please describe: _____

Date (DD-MM-YY)

Parent/Guardian Signature

Allergies & Restrictions

Please put an "X" in the correct column only if your child has an allergy or restriction to a food.

R = Restriction

A = Allergy

Ax = Anaphylaxis

Vegetables	R	A	Ax
Black Beans			
Broccoli			
Brown Beans			
Carrots			
Celery			
ChickPeas			
Corn			
Cucumber			
Green Beans			
Green Peppers			
Kidney Beans			
Lentils			
Lima Beans			
Onion			
Orange Peppers			
Peas			
Potatoes			
Red Peppers			
Spinach			
Sweet Potatoes			
Tomatoes			
Yellow Peppers			
Zucchini			

Breads/Grains	R	A	Ax
Cookies/Biscuits			
Wheat Bread			
Cheerios			
Crackers			
English Muffins			
Wheat Flour			
Oats			
Pasta			
Brown Rice			
Pancakes			

Seasonings	R	A	Ax
Basil			
Black Pepper			
Chili Powder			
Cinnamon			
Curry Powder			
Cocoa Powder			
Dill			
Garlic			
Italian Seasoning			
Jam			
Ketchup			
Onion Powder			
Oregano			
Mustard			
Parsley			
Salsa			
Sesame Seeds			
Soya Sauce			
Syrup			
Taco Seasoning			
Thyme			
Vanilla			

Meat & Dairy	R	A	Ax
Basa			
Chicken			
Cod			
Tuna			
Cheddar Cheese			
Cottage Cheese			
Cream Cheese			
Cream			
Eggs			
French Dressing			
Margarine			
Mayonnaise			
Milk			
Mozzarella			
Parmesan			
Ranch Dressing			
Sour Cream			
Yogurt			

Fruit	R	A	Ax
Applesauce			
Bananas			
Blackberries			
Blueberries			
Cantelope			
Honeydew			
Lemon			
Mandarins			
Navel Oranges			
Peaches			
Pineapple			
Raspberries			
Raisins			
Strawberries			
Watermelon			

Child's First & Last Name: _____

Date of Birth: _____
DD-MM-YYYY

Centre: _____

Please provide any missed items or additional details we may need to know about your child's food restrictions or allergies:

Today's Date

Parent Name

Parent Signature



Infant Room Introductory Questionnaire

Dear Parent/Guardians;

We would like to thank you for choosing Pluto Day Care and look forward to welcoming your child into the Infant Room. We ask for you to please take a few minutes and complete the following questionnaire. If some of these questions seem inappropriate, please understand this form is used for Infants birth through to 18 months.

This information is for the Infant Room Teachers. It will help to ensure that the transition from home routines to the routines of the Centre is accomplished with as little disruption to your baby as possible.

Child's Name: _____

- 1) Does your child use a soother? Yes / No
- 2) Would you like your child's soother restricted? Not at all / Sleeptime / For Comfort
- 3) Is your child on milk / formula / breast milk? _____
- 4) Does your child have milk/ formula at specified times? Yes / No _____
- 5) Does your child prefer to have their milk warmed? Yes / No
- 6) Is your child able to drink from a lidded cup? Yes / No / Learning
- 7) Is your child able to feed themselves? Yes / No / Learning
- 8) Is your baby used to a morning snack? If so, what and what time? _____
- 9) Are there specific foods you want **restricted** at this point in time? _____
- 10) Has your child had fish yet? Yes /No
- 11) Are there any food allergies in the immediate family that you **haven't** tested them with and if so what?

- 12) Will you be providing any food for your baby or have them eat ours? _____
- 13) Does your child sleep in the? Morning / Afternoon / Both
- 14) Roughly how long does your child sleep for at a time? ½ hour / 1 hour / 1½ hours / More

- 15) When your child sleeps what do they prefer to be? Rocked/Back Rubbed/Left Alone/Other
- 16) Do you want any limitations on when or how much sleep your baby gets? _____
- 17) In what position does your baby sleep? Back/ tummy /side
- 18) Do you regularly use any special cream on your baby when diapering? _____
- 19) Does your baby take a special blankie or cuddly to nap time? _____
- 20) Are there any special instructions in the care of your baby? _____
- _____
- _____

Please be aware that it is Health Department Regulation that all bottles coming in from home must be labelled with the child's name, current days date and contents. Also if your child is consuming formula, the bottles must come in already prepared, ready to drink. We ask that there be NO GLASS bottles brought in for the safety of your baby and others.

Thank you for taking the time to complete this questionnaire.

Many Thanks
The Infant Staff



Infant Feeding Schedule

Must be completed for all children less than 12 months old

Name of child: _____ Date of Birth: _____
DD - MMM - YY

General Instructions

1. Food/Bottles brought daily (quantity).

2. Instructions for Feeding:
 - A. Bottles(formula, milk, juice)

 - B. Food(cereal, baby food, table food)

Parent signature _____

Changed Schedule

(Must record eating habit change)

Introduce	Date	New Instruction	Signature
	DD-MM-YY		
Cereal			
Baby Food			
Table Food			