



County of Huron
Social & Property Services
Jacob Memorial Building
77722D London, Rd. RR #5
Clinton, ON N0M 1L0
Phone: 519.482.8505 Fax: 519.482.5710



Dear Parent / Guardian,

Thank you for choosing Huron County Community Home Child Care.

When using an approved home for child care please note the following:

Before you can start attending the provider's home you must return the following to the Home Child Care office location Clinton:

- Your child(ren)'s complete registration package
- Post dated cheques for 3 months of care
- Letter of Subsidy Confirmation if applicable
- Immunization Records

After all required information and documents are on file in Clinton then I confirm a start date with you and the provider.

Thank you for using our service and we look forward to working with you! Please contact me with any questions.

*Danielle Holland, Coordinator
Huron County Community Home Child Care
519.482.8505 ext. 4204
dholland@huroncounty.ca*



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Parent / Guardian Checklist

The following forms must be completed in full and reviewed by Home Child Care Staff prior to your child(ren) attending home child care.

- Parent / Guardian Agreement
- Application for Child Care
- Child Health Form
- Immunization Record
- Consent and Excursion Form
- Outdoor Play Supervision
- Child Guidance Agreement
- Infant Feeding Policies / Instructions (if 12 months or younger)
- Emergency Medical Action Plan (only if required)
- I have reviewed the Parent handbook and understand the Policies and Procedures within it
- Fee paying parent must have post dated cheques on file
- Parents applying for subsidy must have written confirmation prior to starting at the provider's home child care
- All registration forms returned to office, signed by Home Child Care Staff

Parent / Guardian Signature

Staff Signature



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Parent / Guardian Agreement

Between

The County of Huron (the "Agency")

and

(the "Parent / Guardian")

WHEREAS we, the Agency, provide private home day care services ("Services") as a licensee of County of Huron; AND WHEREAS you, the Parent / Guardian, wish to use the Services of the Agency; NOW THEREFORE we agree as follows:

1. You acknowledge that one of our representatives has fully explained the rules, regulations, policies and procedures of HURON COUNTY HOME CHILD CARE and you hereby agree to fully comply with such rules, regulations, policies, and procedures and any changes of which we may from time to time notify you.
2. You agree that Services will be supplied by a Provider (under contract with us) and that you will not enter into direct arrangements, outside of HURON COUNTY HOME CHILD CARE system, with the provider or any other HURON COUNTY CHILD CARE Provider for such Services, while this agreement is in force and for a period of 24 months after this Agreement has been terminated.
3. You agree that Services will be available on a monthly basis, but that either you or we may terminate this Agreement upon the passing of two (2) weeks' prior written notice.
4. We agree to provide the necessary instructions and information to enable the Provider to provide Services.
5. This agreement shall ensure to the benefit of and be binding upon successors, legal representatives and assigns.
6. You acknowledge having entered into this Agreement after making an independent investigation of the operations of HURON COUNTY HOME CHILD CARE, the Provider and us and not upon any representatives or warranties made by any of us which are not expressly set forth herein.
7. You acknowledge that Children's Services staff will on occasion be interacting with your child in the provider's home.

Date at: in the day of 20

(time) (city) (day) (month) (year)

By: and

(parent / guardian) (agency)



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Application for Child Care

Child's Information:

Child's First Name Last Name Birth Date

Street Address Town Postal Code

Child's Health Card Number (optional)

Allergies

Special Diagnosis / Behavior Issues / Conditions Requiring Medical Attention / Special Dietary Requirements / Other

Regular Days / Hours Required:

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

If your required days vary from week to week, please submit a written schedule to your provider as soon as possible.

Emergency Care Person / Alternate Pickups:

Name Address Phone

Name Address Phone

Name Address Phone

Doctor's Contact Information:

Doctor's Name Doctor's Phone

Street Address Town Postal Code



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Application for Child Care (Cont'd)

Parent / Guardian's Contact Information:

Parent / Guardian's Name Home Phone

E-mail Address Cell Phone

Home address only if different from Child's:

Street Address Town Postal Code

Workplace Work Phone

Street Address Town Postal Code

Parent / Guardian's Contact Information:

Parent / Guardian's Name Home Phone

E-mail Address Cell Phone

Home address only if different from Child's:

Street Address Town Postal Code

Workplace Work Phone

Street Address Town Postal Code

Parent / Guardian Signature Date



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Child Health Form

Licensed Child Care Programs are required by law (Child Care and Early Years Act, 2014) to ensure children who attend child care programs are immunized according to the Medical Officer of Health. Recommendations for immunization are according to the current provincial publicly funded immunization schedule. Huron County Health Unit reviews immunization records of all children attending Licensed Child Care Programs in Huron County.

Please attach a photocopy of your child's immunization card and return to the child care agency. The child care agency will forward your child's immunization information to Huron County Health Unit. Should you have any questions or concerns about your child's immunizations, please contact the Immunization Team at 519-482-3416 or 1-877-837-6143.

Child's Information:

Name of Child Birth Date Male Female

Child's Ontario Health Card Number *

* Providing your child's Ontario Health Card Number is optional. This information helps us to determine between children who might have the same name or date of birth.

Parent / Guardian:

Parent / Guardian's Name

Work Phone Home Phone

Street Address Town Postal Code

Child's Physician

Name of Child's Physician

Phone

Children not meeting the immunization requirements may be prevented from attending child care.

The information provided or attached to this form is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, the Personal Health Information Protection Act, 2004, and the Child Care and Early Years Act, 2014 and will be used by the Huron County Public Health for the purpose of the Medical Officer of Health maintaining an immunization record of this child and to take appropriate action to prevent certain vaccine preventable diseases in the community. This information may be disclosed to the Ministry of Health and Long Term Care or other Health Units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, contact 519-482-3416. For more information see <http://www.huronhealthunit.ca/privacy-statement/>.



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Consent and Excursion Form

Excursions:

I hereby give consent for my child to leave the Provider's home from time to time on excursions to places of interest. I agree that no action may be brought against Huron County Community Home Child Care or its employees or Providers, for any injury which may befall my child while on such excursions barring negligence of a Provider or a representative of the program.

Signature of Parent / Guardian

Date

Vehicle Transportation:

I hereby give consent for my child to leave the Provider's home from time to time on excursions to places of interest that may require that my child be driven by the Provider. I agree that no action may be brought against Huron County Community Home Child Care or its employees or Providers, for any injury which may befall my child while on such excursions barring negligence of a Provider or a representative of the program. Children traveling by car will be required to use child restraint systems in accordance with the *Highway Traffic Act*.

Signature of Parent / Guardian

Date

Medical:

If at any time, due to circumstances such as accident or sudden illness, medical treatment is necessary, this may be given by a licensed physician. I understand that any expenses incurred for such treatment, including ambulance fees, are my responsibility.

Signature of Parent / Guardian

Date



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Consent and Excursion Form (Cont'd)

Sunscreen Application:

I understand that my Provider will follow safe sun practices. I will apply sunscreen before my child attends child care each day when needed. I give permission for the Provider to apply sunscreen on an as needed basis for the remainder of the day.

Signature of Parent / Guardian

Date

Photography and Videos:

I give my permission for:

- the Provider to take photographs or videos of my child as part of their program. The Provider is prohibited from placing any images on any Internet or social media site
- my child to be photographed or videotaped by a media outlet
- my child to be photographed or videotaped at an early learning program (e.g., library, Ontario Early Years Centre)

Signature of Parent / Guardian

Date



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Outdoor Play Supervision Plan and Consent Form

Each child enrolled in Huron County Community Home Child Care must be supervised in accordance with plans agreed upon by the parent, the Provider, and the Home Child Care Visitor. The use and access to all standing bodies of water is prohibited on the premises where home child care takes place. Providers are encouraged to support play-based learning and sensory exploration through splash pads, sprinklers, hoses and water tables.

Name of Child Date of Birth

School (if applicable) School Phone (if applicable)

Please check and initial all that apply.

- I do not want my child to play outside without direct supervision (all children under 6 years).
- I agree my child who is 6 years old or older can play outside without direct supervision (regular visual checks required).
- My child must be escorted to and from school by the Provider.
- My child will walk independently to and from school.
- I give my consent for my child to participate in splash pad, sprinkler, hose and water tables activities.
- I give my consent for my child to participate in swimming activities in a public swimming pool supervised by the Provider and a qualified life guard.

My child may play outside under the supervision of the following adults other than the provider (e.g. spouse of the Provider, older children living in the home, etc.):

Name Name

Please note any other consents or restrictions.

Parent / Guardian

Date

Provider

Date

Community Home Child Care Staff

Date



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Parent / Guardian Child Guidance Agreement

I have read and discussed the Child Guidance policy with both the Provider and Community Home Child Care staff and I fully understand it.

Child guidance is to the sole responsibility of the Provider. Whenever I am in contact with the children in care, I agree to fully abide by the Huron County Community Home Child Care's Child Guidance policy and understand that my children will be cared for accordingly.

The following forms of guidance WILL NOT be used:

- Corporal punishment of the child (e.g., spanking, hitting, shoving, or shaking);
- Deliberate use of harsh or degrading measures (verbal, emotional, physical) that would humiliate the child or undermine his or her self-respect;
- Depriving the child of basic needs including food, shelter, clothing or bedding;
- Locking the exits of the premises for the purpose of confining the child; or
- Using a locked or lockable room or structure to confine the child if he or she has been separated from other children.

I understand that if the Provider engages in any of the above forms of punishment, it will lead to the Provider's termination.

Parent / Guardian Signature

Date

Community Home Child Care Staff

Date