

M'Chigeeng Binoojiinh Gamgoonhs

Parent Agreement Form

M'Chigeeng Binoojiinh Gamgoonhs & _____ for the care of:
Parent's Name(s)

Child's Name: _____ Birthdate: _____

Mother's Information

Mother's Name: _____ Place of Work/School: _____

Civic Address: _____ Mailing Address (PO Box): _____

Email: _____ Home Phone #: _____

Work Phone #: _____ ext. _____ Cell Phone #: _____

Father's Information

Father's Name: _____ Place of Work/School: _____

Civic Address: _____ Mailing Address (PO Box): _____

Email: _____ Home Phone #: _____

Work Phone #: _____ ext. _____ Cell Phone #: _____

Available Hours of Care

Working/In-school 7:30am – 5:00pm: Must coincide with parents/guardians work or school hours

Non-working parents 9:00am – 3:00pm

I have read and understand the policies and procedures outlined in the Parent Handbook and agree to adhere to them as stated,

1. It is agreed that the Binoojiinh Gamgoonhs will provide care as follows: **Must coincide with parents/guardians work or school schedule.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Both parties agree to respect the internal regulations of the Binoojiinh Gamgoonhs and the rates in effect, if applicable.

2. In the event your child(ren) is not picked up within the specified times above, the following steps will be taken:

a) 1st Occurrence – A written notice will be given to parents

b) 2nd Occurrence – \$1.00 will be charged every minute you are late.

If the fee is not paid within the specified time frame, childcare may be discontinued until the fee is paid in full

If there are **ANY** changes, please notify the Binoojiih Gamgoonhs as soon as possible so we can update your child's file.

Chi-miigwech for your cooperation 😊

Parent/Guardian Signature

Date

Supervisor's Signature

Date

M'Chigeeng Binoojinh Gamgoonhs

Intake Agreement

Date of Admission: _____ Discharge Date: _____

CHILD INFORMATION

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Gender: _____

Civic Address: _____ Status #: _____

Document of Verification: Birth Certificate Status Card Health Card

PARENT / GUARDIAN INFORMATION

Mother's Name: _____

Home/Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Employer's Name/School: _____

Employer's Address: _____

Employers Phone #: _____ Hours of Work: _____

Father's Name: _____

Home/Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Employer's Name/School: _____

Employer's Address: _____

Employers Phone #: _____ Hours of Work: _____

CHECK BOTH COLUMNS

Child Lives With	Legal Custody Y / N
Both Parents	
Father	
Mother	
Grandparent(s)	
Foster Parent KINA / CAS	
Other*	
* Specify	

Admission Procedures

The Supervisor or designate will complete all admission for new children. A tour and a brief interview of the facility will be arranged for the family. This will be the family's opportunity to ask any questions that they may have.

Hours of Operation

The Centre opens at 7:30 am and closes at 5:00 pm.

Authorization for Child's Release

Children will be released only to a parent or a person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child's arrival and departure. Parents shall sign the child in and out by name and time of arrival or departure.

Court Orders

If a court order exists preventing a particular individual from having contact with a child, the Centre shall comply with that order. There shall be a copy of this court order in the child's file.

Meal Plan

Breakfast is offered to children who attend the Centre. A morning snack, hot lunch, and afternoon snack will be served daily.

Parent Conferences/Communication Policy

Parent - teacher conferences will be scheduled as needed or a parent may request such a meeting at any time. In addition, teachers are always available for on-going communication and parents are always welcome to observe our program.

Health Examination

A health examination including a copy of the child's immunization required is required for each child every two years. Childcare services will be suspended if noncompliant.

Significant Occurrences or Problems

You will be notified of any significant occurrences or problems which affect your child, including exposure to communicable diseases.

Discipline Policy

The Centre uses a positive disciplinary approach with children. Caregivers communicate to children using positive statements by encouraging children with adult support to use their own words; and come up with solutions to resolve conflicts. Caregivers communicate with children at eye level and talk to them in a calm manner about what behaviour is expected. Recurring disciplinary problems will be addressed with parents and documented in the child's student file.

Policy on Children Left after Closing

Children are expected to be picked up by closing time. A late fee of \$1.00 per minute will be applied per child to any family picking up their child after 5:00 pm. If you know that you will be late, please notify the Centre as soon as possible; and try to make alternate pick up arrangements. The late fee will still apply in this case. In the event your child is not picked up within 30 minutes of closing and the Centre has not heard from you; Child Protective Services will be contacted.

Policy on Reporting Suspected Child Abuse

The Centre is required by law to report any suspected child abuse or neglect to Child Protective Services.

Confidentiality Policy

All information pertaining to admission, health, family, or discharge of a child is confidential.

Sick Child Policy

Children who are ill will not be allowed to attend the program. If your child becomes ill while at the Centre, you will be contacted to pick up your child. If you cannot be reached, someone from your emergency contacts will be contacted. **Your child will not be able to return to the Centre until he/she is symptom free for 24 hours.**

Emergency Medical Authorization

I agree, and by my signature, give consent, that in any case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

In case of an emergency, I authorize for my son/daughter to be transported by ambulance to the nearest hospital for emergency treatment if I am unavailable.

List any serious medical condition: _____

My child has the following allergies: _____

My child has the following "intolerances": _____

In the event of a life-threatening allergic reaction, I authorize trained Daycare personnel to give emergency treatment (EPI PEN) to my child.

When my child is taking prescription medication and will require it to be administered at Daycare, I understand that there is a medication form that MUST be completed.



_____ (Authorized signature of parent)

_____ (Date consented)

Other Information to be included in Child's Record

Please complete the following information, we may require it the event of an emergency.

Physician's Name: _____ Physician's Phone #: _____

Physician's Address: _____

EMERGENCY CONTACTS (OTHER THAN Parent or Guardian)

Responsible person(s) authorized to come to your child's aid in the event you cannot be reached. These person(s) will also be listed as your alternate pick up/drop off people. Please provide us with a minimum of two and maximum of four.

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

** Please keep in mind that the person you list should be 16 years of age or older.

General Consents

I give permission to the staff at M'Chigeeng Binoojiih Gamgoonhs to apply **sunscreen**, **insect repellent** to my child as required.

I give permission to the staff at M'Chigeeng Binoojiih Gamgoonhs to take my child out of the Daycare for **neighbourhood walks and field trips within the community**. For special trips outside the community, separate authorization forms will be consented separately prior to trip. Consent forms not returned signed to the Daycare will mean your child will not be going on the trip.

I give permission to the staff of M'Chigeeng Binoojiih Gamgoonhs to take and use **pictures**, **videos** of my child for the purpose of displaying in the Daycare or newsletter.



_____ (Authorized signature of parent)

_____ (Date consented)

Policy on Releasing a Child to an Intoxicated/Impaired Person

If an authorized individual who is intoxicated or impaired insists on removing a child from the Centre, the Centre will immediately report the incident to the UCCM Anishinaabe Police Service.

- Please be aware that we are a PEANUT FREE Centre.
- It will now be necessary to that all emergency contact information be updated every three months.

I, _____ have read and understand all the above policies and procedures.



_____ (Authorized signature of parent)

_____ (Date consented)

CLOTHING CHECKLIST

The following clothing/items are required at the daycare for your child. Please mark your child's name on his/her clothing/items. These items will remain here at the daycare for the duration of your child's stay.

Also, please be sure that the clothing is appropriate for the season.

- Extra pants
- Extra shirts
- Extra underwear (Toddlers/Preschoolers)
- Extra socks
- 1 blanket
- 1 comb
- 1 pair of indoor shoes
- 1 bag of diapers (Infants/Toddlers)
- 1 box of baby wipes (Infants/Toddlers)
- Sunscreen (During the summer months)

Note to Infant and Toddler parents:

Please ensure that your child always has sufficient supply of diapers and baby wipes on hand while at the daycare.

Miigwech for your co-operation! 😊

Student Medical Form

**** TO BE COMPLETED BY COMMUNITY HEALTH NURSE EVERY TWO (2) YEARS ****

Child's Name: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **Health Card #:** _____

Native Status #: _____

HEALTH HISTORY:

Communicable diseases, illnesses, injuries and/or operations: _____

Any known health problems: _____

Allergies: _____ Special Diet or Medication: _____

EXAMINATION:

Mouth : _____ Posture: _____

Teeth: _____ Hearing: _____

Vision: _____ Skin: _____

Head check for nits/lice: _____

IMMUNIZATION RECORD: _____

(Please make sure to include a copy of the child's immunization record)

I have on this date _____ examined this child and find him/her free of any communicable diseases.

(Signature of Community Health Nurse)



M'CHIGEENG BINOOJIIH GAMGOONHS
M'Chigeeng Early Years Learning Centre

4 Assance Drive, P.O. Box 298
M'Chigeeng, Ontario
POP 1G0

705-377-5383 / Telephone
705-377-4377 / Fax

Ages and Stages Questionnaires Information

Dear Parents/Guardians/Caregivers,

Here is some information regarding Ages and Stages Questionnaires 3rd edition and Ages and Stages Social Emotional (ASQ-3, and ASQ-SE). Your child's first years of life are so important, and we want to help you provide the best start for your child. As part of our service, we provide the Ages and Stages Questionnaire to help you keep track of your child's development. Each Questionnaire has a series of questions pertaining to the five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social skills.

Each questionnaire is designed to highlight areas of interest and providing us with a base foundation of development and how we would proceed in designing a program best suited to your child's needs. Each questionnaire is completed periodically throughout the year as children develop and grow at their own pace.

Information will only be shared with your consent. For further information regarding ASQ please visit www.agesandstages.com

We hope you take advantage of this program and participate with us during your child's development.

Miigwetch!

Kaelyn Moor, DSW
Resource Teacher

M'Chigeeng Early Years Learning Centre
4 Assance Dr., PO Box 298
M'Chigeeng, ON POP 1G0
Tel: 705-377-5383
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kaelynm@mchigeeng.ca



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Developmental Screening Consent Form

The first five years of your child's life are extremely important to their development. During this time your child learns the basics of life such as social skills, empathy, appropriate behaviour, boundaries and how to make and create experiences which lead to skills that last a lifetime.

- I have read the information provided about Ages and Stages Questionnaires

Ages and Stages Questionnaires is used to gauge where a child is developmentally. It detects developmental delays and celebrates milestones. It is important during the child's first years of life because this is when building on their strengths and challenging their weaknesses can have its greatest impact.

- I consent to the use of developmental screens. (Developmental screens may also be sent home as a requirement to be filled out by parents/guardians if necessary)
- I do not wish for my child to participate in the screening and monitoring program of developmental screens.

Any questions or concerns can be forwarded to the Resource Office of Kaelyn Moor. You may also email me at kaelynm@mchigeeng.ca or call the Centre during the hours of 8:00am – 4:30pm Monday to Friday.

Child's name

D.O.B

Child's Primary Physician

Parent/Guardian Signature

Date



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Consent for Program Resourcing

M'Chigeeng Early Years Learning Centre believes in providing a stimulating, inclusive environment that suits the needs of our children.

The Inclusive Resource Program is a part of our Centre. This program provides developmental screening, strategies for program staff and parents/caregivers. The resource Teacher provides assistance in the programs as needed from Infant to Preschool as well as our Family Support Program.

The Resource Teacher is responsible for being transparent with the families of our centre when it comes to learning and developmental needs of their enrolled child/children. Routine screenings and observations are done to ensure your child is meeting their appropriate developmental milestones and is meant to outline areas that need more attention. If the need for referrals were identified, we would contact **Aasgaabwitwindwaa Binoojiinhik Wiin ni Gshkiwewziwaat** (formally School Health Support Services), this program is designed to provide direct services to a number of Psychoeducational assessments, Occupational Therapy, Physiotherapy, Behavior Intervention, Psychiatry, and Complex Case Management.

This form is meant solely to inform and have parental consent for our resource and program staff to follow-up routinely with your child. However, if further referrals are necessary, a consent form will be provided for the services of ABWnG.

I have read and understand the form,

- I consent for my child to participate in the Inclusive Resource Program
- I wish to NOT have my child participate in the Inclusive Resource Program

Child's Name

D.O.B

Parent/Guardian Signature

Date

K.J. Addy
Speech & Language Services
13-4 Alliance Blvd., Suite 216 Barrie, ON L4M 7G3
705-737-7973 kjaspeech@gmail.com

Consent for Screening of Speech & Language
Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

Note To Parent or Guardian of Client

We want your informed consent. This means that we want you to understand the services we hope to provide to your child and what we do with personal information we obtain about your child. If you have a question about any of this, please ask.

Consent For Screening

I, _____, as the parent/guardian wishing Speech

Language Pathology services for my child, _____,

(Date of Birth: _____)

Do grant permission for the Speech-Language Pathologist (K.J. Addy) to complete a brief screening of language, fluency and speech sounds for my child. I am aware that the screening is a subjective measure of my child's developmental level of ability. I understand that I have the right to withdraw my consent for treatment at any time.

Consent For Personal Information

I understand that to provide my child with speech-language pathology services, K.J. Addy Speech & Language Services will collect some personal information about my child such as:

- name and address
- languages spoken
- home / work telephone number
- date of birth / age
- pertinent medical/health/developmental information or diagnosis
- anecdotal information from staff (classroom behaviour, interaction with other children)

This information will be used for:

- contacting me to schedule appointments and/or to discuss progress
- consultation with other professionals to whom I have give consent (ex: Staff)
- preparation for the assessment and/or therapy if necessary

Your informed consent will be obtained prior to releasing or disclosing any of your child's personal information.

I understand the purpose for disclosing this personal health information to the person/ agent noted above.

I understand that I can refuse to sign this consent form.

My name: _____

Address: _____

Home Tel: _____

Signature: _____ **Date:** _____