**Phone # 905-792-0880 Fax # 905-729-4189**

**Email:** **swhyte.kidskareagency@gmail.com** **/** **kkparent@hotmail.com**

**PARENT’S CONTRACT & INFORMATION PACKAGE**

This agreement made between:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The parent or legal guardian hereinafter called the parent / guardian)

And,

Kids Kare Home Daycare Agency Ltd., WHEREAS, Kids Kare Home Daycare Agency provides services, and, WHEREAS, the parent is desirous of using such services for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name (s) of Child / ren)

Now referred to as the child / ren)

NOW THEREFORE, in consideration of the mutual covenants as set out below:

Kids Kare Home Daycare Agency Ltd. is licensed by the Ministry. Our Agency and Providers conform to the Rules and Regulations stipulated by the Child Care and Early Years Act.

HOME OFFICE: 47 CAPE DORSET CREST, BRAMPTON, ONTARIO L6R 3K9 905-792-0880

**APPLICATION FOR ENROLLMENT**

|  |  |
| --- | --- |
| Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Birth Date:\_\_\_\_\_/\_\_\_\_/\_\_\_ Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Birth Date:\_\_\_\_\_/\_\_\_\_/\_\_\_ Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Birth Date:\_\_\_\_\_/\_\_\_\_/\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street) Yr / Mon /Day (City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Postal Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number Home : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attended (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Parent’s Information** | **Mother** | **Father** |
| Name |  |  |
| Home Phone # |  |  |
| Home Address |  |  |
| City |  |  |
| Postal Code |  |  |
| Occupation |  |  |
| Employer |  |  |
| Hours worked |  |  |
| Bus. Phone # |  |  |
| Bus. Address |  |  |
| Marital Status: Married: \_\_\_­­\_\_\_\_\_\_\_ Divorced: \_\_\_\_\_\_\_\_\_ Single: \_\_\_\_\_\_\_\_ Separated:\_\_\_\_\_\_\_\_\_\_Child living with: Both parents:\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_Mother: \_\_\_\_\_\_Other Adults in the home: (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship to Child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Children in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In case of emergency if parents are unavailable: Contact:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Names of persons to whom child may be released:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Any allergies, health or medical history we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What Symptoms indicate your child is not feeling well? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Written Instructions regarding diet, rest and physical activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Services Required: Days: M. T. W. T. F. Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Care Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| What kind of provider are you looking for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| For Office Use:  Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Withdrawal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

##  FORM FOR PROVIDER

|  |  |  |
| --- | --- | --- |
| Child’s Name: | Date of Birth: | Sex: |
| Child’s Name: | Date of Birth: | Sex: |
| Parent’s Names:(Mother) | Parent’s Names:(Father) |
| Address: | Address: |
| Phone: | Phone: |
| Mother's Work: | Father's Work: |
| Work Address: | Work Address: |
| Work Phone #: | Work Phone #: |
| Emergency Contact: Name: | Relationship to Child: |
| Address: | Home Phone #:Work Phone#: |
| Names of persons to whom the child maybe released: |   |  |  |
|  |  |
| Child’s Doctor: | Phone #: |  |  |
| Address: |  |  |  |
| **INFORMATION TO HELP US IN CARING FOR YOUR CHILD** |  |
| Naps | Length of naps: |  |  |  |
| Morning: | Afternoon: |
| Does he/she take a bottle, pacifier or special toy/blanket to bed? |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Feeding |  |  |  |
| If your child is under 1 year please write feeding instructions. (Attach separate sheet if necessary.) |
|  |
|  |
|  |
| Please list special dietary instructions if any: |
|  |
|  |

##  FORM FOR PROVIDER

|  |
| --- |
| Does your child have any food allergies?  |
| Has your child eaten eggs or peanut butter without any reaction? |
| What instructions regarding your child's meals or snacks should we beware of? |
|  |
| Favorite Foods: |
| What does he/she dislike? |
| Toileting |
| Is your child toilet trained? | Does he/she wear cloth or disposable diapers? |
| If trained, how does child indicate needs? |  |
| Miscellaneous |  |
| Please state any conditions which may affect your child's performance or participation in activitiesexercise or play: |
|  |
| Does your child have any conditions, which require medical attention? |
|  |
| Does your child take any medication on a regular basis and/or require any medical treatment? |
|  |
| Is your child allergic to anything? |
|  |
| What symptoms indicate your child is not feeling well? |
| What language does your child speak at home? |
| Does your child watch T. V.? How much? |
| Which shows may he/she watch? |

# **47 CAPE DORSET CREST, BRAMPTON, ONTARIO L6R 3K9**

**EMERGENCY INFORMATION**

|  |  |
| --- | --- |
| Child's Name: |  |
| Parent's Names: |  |
| Postal Code: |  |
| Home Phone #: |  |  |
| Mother's Work # & Address: |  |  |
| Father's Work # & Address: |  |  |
| Family Doctor: |  |
| Address: |  |
| Telephone #: |  |
| Emergency Contact Name: |  |
| Phone # & Address: |  |  |
| Special Medical or Additional Information Including Allergies |  |

# **CONSENT FORM: FOR EMERGENCY MEDICAL TREATMENT**

|  |
| --- |
| Name of child: |
| Birth Date: |  |
| Mother's Name: | Work #: |
| Father's Name: | Work #: |

In the event of an emergency, every possible effort will be made to contact the parents or guardian of the child involved. However if at any time emergency medical treatment is required this may be given by a private Physician or Hospital.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION AGREEMENT**

Consent for car travel is an arrangement that is made between parents and the Provider. Parents will be required to supply the appropriate government approved car seat. The car seat must be certified by the Canadian Motor Vehicle Safety Standards.  The car seat is based on the child’s birth date, age, height, or weight of the child. It is the parent responsibility to ensure that the Provider is aware of its proper installation and use. If parent agree to allow provider to transport their child parent must sign in advance to give consent for car travel. You may choose to do a Driver Record Search and check the amount of liability coverage on the Provider’s auto insurance.

Having discussed with the provider the extent to which the vehicle will be used to transport day care children, the parent understands and agrees to the following:

* 1. The provider **may** or **may not** use the vehicle to transport my child/children. (Circle One)
* The provider is responsible for making sure that my child/children is restrained in Department of Transport approved seatbelts or car seats appropriate to age and weight.
* Infants up to 20 pounds must travel in a rear-facing child restraint seat.
* Toddlers from 20-40 pounds must travel in a child restraint seat conforming to the requirements of Children's Car Seats and Harnesses Regulations.
* Preschooler from 40 – 80 pounds must be in a booster seat.
* Children over 80 pounds must use a lap belt.

2 The parent **will** or **will not** provide the provider with a Department of Transport approved car seat for my child/Children. (Circle One)

3 The provider **will** or **will not** provide a Department of Transport approved car seat for my child/children. (Circle One)

|  |  |
| --- | --- |
| Parent’s Signature: | Date: |
| Parent & Child’s Name: |
| I have read and accept the above stated agreement |
| Provider's Signature | Date: |
| Providers Name: |
| Home Visitor Signature: | Date |

**OUTDOOR PLAY AGREEMENT**

Your child will be spending two hours outdoors daily, weather permitting. Please complete and sign the enclosed Outdoor Play Plan form and leave it with your Provider on your child’s first day.  This gives your Provider the proper consent for the outdoor locations and activities your child will take part in, as well as any restrictions you want to place on your child’s outdoor play.

Children will not have access to, nor be permitted to play in the Provider’s in-ground, above-ground, hot tub, pond, kiddie wading pool, hot tub, hydro-massage pool, or ponds and lakes. Having discussed with the provider the outdoor area which the provider will use for my child/children, the parent understands and agrees to the following:

**STATE YES OR NO IF FOLLOWING AREAS WILL BE USED:**

|  |  |
| --- | --- |
|  | Driveway for children over 10 years |
|  | Back yard Play |
|  | Local Parks and Walks Around The Neighbourhood |
|  | Field trips in the Community of Brampton – Specify: |
|  |

**SLEEPING PLAN**

**CHILD SLEEPS IN:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Playpen for children under 18 months | Supplied by |  |
|  | Cot | Supplied by |  |
|  | Bed | Supplied by |  |
|  | Mat | Supplied by |  |
|  | Other (specify) | Supplied by |  |

**ELECTRONIC DEVISE: YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Parent’s Signature: | Date: |
| Parent & Child’s Name: |
| I have read and accept the above Outdoor and Sleep agreement |
| Provider's Signature | Date: |
| Providers Name: |
| Home Visitor Signature: | Date |

# **47 CAPE DORSET CREST, BRAMPTON, ONTARIO L6R 3K9**

**FOOD ALLERGY OR DIETARY RESTRICTIONS NOTICE**

This notice must be posted in the children’s eating area at all times. One list must be posted for each child in the home with allergies or special dietary requirements. Please select the following:

* This notice is to inform the caregiver that my child has the following food allergies.
* This notice is to inform the caregiver that my child is on a special diet and I will be supplying food supplements for my child that meet Health Canada’s Food Guide requirements.
* This notice is to inform the caregiver that the food listed below is to be restricted from my child’s diet due to personal preference and as required I will supply supplements that meet Health Canada’s Food Guide requirements.

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Parent’s Name |  |
| Provider’s Name |  |

Please refrain from serving my child the following foods:

|  |
| --- |
|  |
|  |
|  |

Medical attention or action to be taken after exposure to food allergy:

|  |
| --- |
|  |
|  |
|  |

* I will notify the caregiver when there is a change in my child’s dietary requirements and initial changes on this form as required.

|  |  |
| --- | --- |
| Parents/Guardian Signature |  |
| Date |  |
| Date of Update |  |

**FEE AGREEMENT**

|  |
| --- |
| Child’s Name: |
| Parent’s Name: |
| Parent's Phone Number: |
| Parent’s email Address: |

**SERVICE REQUIRED**

|  |
| --- |
| Date Care to Start: |
| Days Care Require: |
| Hours of Care Required: |  |
| Hours of Care Required: |  |
| Payment Required For: | 6 month period: |
| Extra hours: $8.00 per hour | Holiday Fee:$10.00/Day |
| Statutory Holidays, Illness or Occasional Day off (2days or less): Full Fee |
| 4 Month Pay Period: |

|  |
| --- |
| Cheques Received For: |
|  |

|  |
| --- |
| Parents Signature: |
| Date: |
| Agency Representative Signature: |

 **TERMS OF AGREEMENT**

It is hereby agreed that parents will:

|  |
| --- |
| * + Pay all fees, at all times, as applicable, in accordance to the current schedule of fees and regulations.
 |
| * Provide the Agency with notice in writing of their intention to withdraw the child not less than two weeks prior to such withdrawal. Failure to give such notice can result in a charge of the two weeks fee in lieu of notice.
 |
| * Provide the Agency with a medical certificate prior to the admission of the child and prior to the readmission of the child following such child's absence due to an infectious disease.
 |
| * Notify the Agency immediately should the child contract any infectious disease.
 |
| * Parents agree not to send their child to the provider’s home when their child is ill.
 |
| * Notify the Agency immediately should there be any change of address, employment or other enrolment information.
 |
| * The parent will be responsible for all bank and collection charges plus all legal fees and disbursements on a solicitor and client basis incurred by the Agency in the collection of fees or the enforcement of any of the terms of this agreement.
 |

|  |
| --- |
| Parents agree that they will not privately use for the purpose of care any provider which was introduced to them by the agency. |
| In the event of a Private daycare arrangement between the parents/guardians and the provider is EVER made, the parents will be subject to a charge equivalent to four week of 'full time' care per child. "Penalty Fee” Calculation is based on the weekly Full time Daycare Rate at the time of discharge Multiplied four time. |

This form contains Terms of Agreement and forms a binding contract once signed.

 I/We acknowledge that we have read the terms of agreement and consent to the same.

|  |
| --- |
| Date: |
| Agency Representative Signature: |
| Mother's Signature: | Father's Signature: |
| Print Name: | Print Name: |