



Mississippi Mills Childcare Services
Registration Form/Contract
Kinder to Grade 6

Child Information

First Name: _____ Last Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Date of Birth (D/M/Y): _____ Resides with: _____

School	Holy Name	Naismith	R.Tait
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Schedule *Check the boxes for the days you require care. If you were offered a spot on certain days, please select those days.

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Parent/Guardian Information

First Name: _____ Last Name: _____

Relation to Child: _____

Main Phone: _____ Email Address: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

First Name: _____ Last Name: _____

Relation to Child: _____

Main Phone: _____ Email Address: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

**We require an original copy of any legal restrictions regarding custody and/or access.*



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Siblings

Name	Age	School/Childcare

Emergency Contacts **Please list 2 emergency contacts other than main guardians*

Name	Relationship	Address	Phone

Alternative Pick-Up List **List people other than the main guardians who are allowed to pick-up your child with notice to educators*

Name	Relationship	Address	Phone

Check this box if you will be applying or have applied for subsidy through Lanark County
This will help coordinate your start date with your approval date for subsidy.



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Medical Information

Does your child have any medical needs and/or conditions (Allergies, asthma, autism, etc.?)

No **Yes** *Please specify:* _____

Does your child require an EpiPen?

No **Yes** *If "Yes" an Anaphylaxis Plan must be completed before your child begins childcare.*

Does your child have a special diet? _____

Does your child require daily medication? _____

Family Doctor: _____ **Phone:** _____

Mailing Address: _____

Family Dentist: _____ **Phone:** _____

Mailing Address: _____

Permissions *Please initial on the corresponding line to indicate you give permission.*

_____ I hereby grant permission for my child to use all play equipment and participate in all activities at the centre.

_____ I hereby grant permission for staff to administer sunscreen when required.

_____ I hereby grant permission for my child to leave the childcare premise under the direct supervision of a childcare staff for in town walks and field trips. (Out of town field trips require separate permission forms)

_____ I hereby grant permission to the Director/Supervisor or their designate to obtain medical care for my child if warranted.

_____ I have received and read the Mississippi Mills Childcare "Parent Handbook" located on our website and agree to adhere to the policies.

_____ I hereby grant permission for the use of my child's name/photo in the classroom and childcare building.

_____ I hereby grant permission for group photos including my child to be sent to other parents using our Lillio App.

_____ I hereby grant permission for the use of my child's name/photo in newsletters, childcare website, local newspaper, or the municipality's social media.

_____ I understand and agree that accounts must be in good standing to ensure services are not disrupted.



The Municipality of Mississippi Mills Childcare Services

LUNCH BAG POLICY AGREEMENT

The Municipality of Mississippi Mills Childcare programs provide nutritious snacks before and after school each day **and lunch /snacks for infant/toddler and preschool children.**

For school age children, on school holidays /summer when it is necessary to send your child with a lunch, **and for younger age groups that are required to bring in their own lunch,** we ask that the following policy be followed.

- Parents must ensure that their child’s lunch is nutritious and meets the guidelines from the **Canada Food Guide.** Lunches should include items from each of the food groups plus I extra fruit or vegetable.
- A few examples of some recommended food items are fruit, whole wheat bread, cheese, milk, yogurt, eggs, pasta. Please do not include foods that are low in nutritional value and/or high in sugar content such as candy, chocolate bars, soda pop or high sugar drinks. Please check food labels before sending lunches. It is important that lunches are nut free.
- Lunch containers and water bottles must be labeled with the child’s name on it.
- Food items should be stored according to the instructions. Please include an ice pack should items need to be kept cold.
- Microwaves are not available at any of the school locations.
- Please inform the teacher in writing of any food allergies or food restrictions your child may have.
- Food allergies are posted in the room where snack and lunch is served. Please be aware of food items that are restricted.
- If for any reason a lunch is forgotten, staff will contact the parents to make alternate arrangements.

I am providing a bag lunch for my child(ren) _____ to be served at this program as a lunch.

Name

I have been provided with information about the types of food items which need to be included in the lunch as well as those which are not to be included due to their low nutritional value and/or high sugar content. I will ensure that food items will be stored according to the instructions. I understand that it is my responsibility to ensure that the lunches provided meet the requirements for high quality.

I _____ have read and understand the “ Bag Lunch Policy” and agree to adhere to this policy as directed by the Ministry of Education, Early Years Division.

Signature: _____ Date: _____



School Age Program: Behaviour Agreement

We hope to make the time you spend with us fun and exciting. We have some very basic rules that are in place to keep everyone safe and to help us respect each other and our personal space.

Please read the rules below and ask any questions that you may have to help you understand the rules in the School Age Program. When you are sure that you understand the rules, please sign below indicating your agreement with these statements.

Behaviour Agreement:

1. I will not take part in physical aggression (pushing, kicking, spitting, attacking etc)
If I have a problem with someone, I will talk to them and ask the teacher for help if my words are not working.
2. I will not take part in verbal aggression (swearing, yelling, name calling, etc) I will use my words to say positive things or when needed express my anger with my words in an acceptable way.
3. I will not touch items that belong to others unless I have received permission. I will take care of my own items and respect the items that belong to others.
4. I will always ask a teacher before leaving their supervision for any reason.
5. I will always stay with my group, especially when taking part in field trips.
6. I will respect the children and adults in the School Age Program and help make our time together enjoyable.

Warning Policy.

Unacceptable behaviour towards other children or staff such as an act of violent behaviour /vulgarity towards another child and or staff will be identified to parents/ or guardians and documented as follows:

1st occurrence – verbal warning

2nd occurrence – written warning

3rd occurrence – suspension until after we meet with parents (in person/Zoom)

Ongoing occurrences – dismissal from the program

PLEASE NOTE: Where behaviours cannot be re-directed, parents will be asked to pick up immediately. Suspension or termination can occur at any time pending severity of incident.

Child's name, or signature

Parent's name signature(s)

Date: _____

Emergency Record

Name:
Date of Birth:
Admission Date:
Medical Concern:

Doctor:
Address:
Phone:

Contact:
Relation: Guardian
Cell Number:
Email:
Address:
Work Address:
Work Number:

Contact:
Relation: Guardian
Cell Number:
Email:
Address:
Work Address:
Work Number:

Emergency Contacts

Name	Relationship	Address	Phone

Alternative Pick-Up List *Staff must ask for ID and have prior approval from parents for an alternate P/U

Name	Relationship	Address	Phone

Permission for Photos *Parent initial means permission has been granted.*

_____ I hereby grant permission for the use of my child's name/photo in the classroom and childcare building.

_____ I hereby grant permission for group photos including my child to be sent to other parents using our Lillio App.

_____ I hereby grant permission for the use of my child's name/photo in newsletters, childcare website, local newspaper, or the municipality's social media.