



CUDLEY CORNER



Child Care Centre Ltd.



www.cudleycorner.com

Registration Package

What to bring on your first day:

- All of your child's belongings are recommended to be **labeled** with your child's name
- Labeled extra clothing in a Ziploc bag (no back packs recommended as there is limited space)
 - shirt, pants, socks, underwear
- Diapers, pull ups, cream, wipes
- Labeled blanket and soft toy for rest time (the items must be able to fit in shared cubby space)
- Labeled indoor shoes (running shoe, slippers, crocs)
- Labeled outdoor shoes (boots, rain boots, runners) (no sandals, flip-flops please)
- Ensure appropriate clothing is available for your precious one for outdoor time during seasonal months
 - Fall/Winter: hat, neck warmer, boots, gloves
 - Spring/Summer: sun hat, sunscreen, light jacket for cooler days, rain boots
- 1- 4x6 photographs for emergency file

We recommend that for our younger children (Infant class – Preschool Class) do not bring in back packs or luggage bags, as this may take up too much space in the cubby space provided. We also recommend to keep special toys and belongings home to avoid any misplaced or lost toys. (You may bring items on special show and share days listed on the calendar)

Welcome to Cudley Corner Child Care Centre!

Orientation Visits:

Date: _____ Time: _____

Date: _____ Time: _____

To secure your registration at Cudley Corner:

Check:

_____ 1. Completed (all areas) Registration Package

_____ 2. Updated copy of Immunization

_____ 3. Two Week Security Deposit Base FEE \$_____

_____ 4. Registration Base FEE\$ _____

_____ 5. Confirmed email OR copy of Halton Region Parental Contribution





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Payments, Base Fees and After Hours Late Pick Up Non-Base Fees Agreement Contract

Thank you for registering your child at Cudley Corner Child Care Centre Ltd. We are dedicated to promoting a safe, nurturing, and happy atmosphere all year round. We believe your child's journey at Cudley Corner will be a successful learning experience and on behalf of all our staff, we look forward to getting to know you and your family!

We would like to welcome your child in our _____ Room Program.

Days Attending: Monday Tuesday Wednesday Thursday Friday

The daily fees for this program are: \$_____/per day

The two-week security deposit amounts to: \$_____

Registration Fee: \$75.00_____

Payment Made by: _____ Cheque No. _____ Cash Receipt No. _____

A four-week notice must be provided in writing to receive refund of your security deposits. Should you not provide four weeks' notice, the security deposit will not be refunded.

Should your child not start on the scheduled registration date, the security deposit will not be refunded

- There is a onetime non-refundable registration base fee of **\$75.00** per family
- An invoice will be provided to you upon enrolment listing a breakdown of monthly totals

Payments

Provide a void cheque for auto withdrawal payment. Payments will be taken on the 1st and 15th of each month (month total will be calculated and divided in two equal installments for auto withdrawal)

OR

Full payment before the 1st of each month, (cheques: 6-month Postdated cheques paid for full month or cash paid before the 1st of each month for full month)

- All cheques made payable to Nipissing Location: **Cudley Corner Child Care Centre**; Kennedy Circle Location: **2104227 Ontario Ltd**; Scott and Derry Location: **Cudley Corner Child Care Centre**
- Payments and base fees received later than the 3rd of each month will be charged a late non base fee of \$25.00
- Late base fee charge of \$25.00 will be applied to your account and billed for the following month.
- NSF (Non-sufficient funds) cheques are treated as late payments and \$25.00 will be charged to your account along with an NSF charge of \$35.00. Total charge for an NSF payment \$60.00 (\$25.00+\$35.00)
- All re-payments (NSF cheques, NSF auto withdrawals) must be made in cash.
- Receipts
 - Cash payments will receive a receipt upon payment; therefore, you must keep all receipts provided as that is your proof of payment.
 - Annual Tax receipts will be issued on an annual basis by end of February
 - Lost, misplaced or duplicate tax receipts will be charged **\$25.00** to be replaced
- Tax receipts will be available for pick up only (they will not be mailed unless specified)

After Hours, late pick up non base fees

- Late non base fees will be charged to all parents who fail to pick up their child by 6:00 p.m.
- \$2 for every minute past 6:00 p.m. Monday -Thursday, \$5 for every minute past 6:00 p.m. Fridays
- All late non base fees will be billed to your account and due within 30days of late fee date.
- Late non base fees apply to all children, including subsidized children.

I _____ (Parent/Legal Guardian) have read and understand the Payment and base & non base Fees contract above, along with the Parent Handbook Payment and base & non base Fees Policies, and agree to follow all Policies outlined.

Parent/ Legal Guardian Signature

Date

Management Signature

Date



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Parent Handbook Read and Review

Please sign below indicating that you have read, reviewed and understand the Parent Handbook that was provided to you upon your child's registration at Cudley Corner Child Care Centre Ltd. The following is a list of all the policies, procedures, and requirements outlined in our Parent Handbook at Cudley Corner Child Care Centre.

- Philosophy, Goals and Objectives, Program Statement
- Child Registration Package, Admission and Immunization
- Staffing
- Program Development
- Age groups and ratio's
- Hours of Operation and Statutory Holidays/Centre closure days
- Registration
- Admission and withdrawal Notification
- Dismissal Policy, Dismissal Policy for Integrated/subsidized Children
- Arrival and Departure Policy
- Late fees for late Pick Up, Payment of Fees, NSF Charges
- Food Allergies
- Nutrition
- Policy for Management of Allergies of the anaphylactic/potentially anaphylactic child
- Health Policy
- Philosophy of Behaviour Management
- Transportation Policy, School Transportation Consent Policy
- Sunscreen Policy
- Serious Occurrence Policy
- Evacuation/ Emergency Procedures, Policy and Location
- Confidentiality and PIPEDA
- Accidents and Injuries
- Fire Drills
- Clothing and Possessions
- Parent/Teacher Involvement
- Safe Sleep Policy
- Waiting List Policy
- Conflict Resolution Policy
- Outdoor Activities
- COVID-19 Policy

Please note that policies will be updated, and notices will be provided on our parent board for any changes. Cudley Corner Child Care reserves the right to change any policies or procedures.

I _____ parent/guardian of _____ registered in Cudley Corner Child Care Ltd., have read and fully understand the Parent Handbook and agree to follow all Policies, Procedures and Requirements outlined.

Parent/ Legal Guardian Signature

Date



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Health Policy and Managing Communicable Diseases

It is never a happy situation when one of your children is ill – not for you or the child. Our policies will assist to minimize the distress for everyone and to avoid a serious outbreak. On occasion (reflecting illness) we will administer medication to a child with your help on completing a Medication Administration Form (daycare staff will provide form).

To identify illness early we will follow a simple routine. We will:

- **Ask the parent whether the child has been ill since the last attendance**
- **Look the child over as they arrive and before they associate with other children**

Behaviour may be a clue in determining a child's state of health. Children who may be pale or cranky and reluctant to leave their parent need to be watched closely for other signs or symptoms of illness that may develop.

The following factors have been considered in developing our center's health policy (with the help from Halton Region) in regards to when children should be kept at home. Children should be kept home if they have:

- An illness that prevents them from taking part in the activities
- An illness that requires more care than staff can provide without affecting the health and safety of other children and staff

Specific symptoms to have your child remain at home or to be excluded at the centre include:

- **Fever: if a temperature remains above 101 F with the aid of medication**
- **Eye/nose drainage: consistent thick green-like mucus or pus draining from eye (pink eye or infection or nose drainage)**
- **Vomiting more than 2 times**
- **Skin problems: rashes, any bumps that are undiagnosed or may be contagious**
- **Continuous Coughing: Streptococcus, Pneumococcal disease, loud course cough-Whooping cough, Croup, Wheezing, Rattling cough from chest, coughing that irritates the child's ability to interact, play, rest**
- **Diarrhea: more than 3 loose stools per day without obvious dietary, drug or medical cause**
- **Any and all illness that requires antibiotics**
- **Additional illnesses also include: Tuberculosis, Chicken Pox, Hand foot and mouth disease, head lice, Strep throat, Thrush, Ear Infection (Otitis media), Fifth Disease, Giardia, meningococcal disease, Measles, Pinworm, Ringworm, Rubella, Scabies, Mumps, Roseola, Hepatitis A, Impetigo or other**

1. Please be aware that in the event your child experiences any of these symptoms AND is absent from the daycare more than 2-3 days, a note must be provided from a physician.

2. A note must be provided should staff require a written note for the health department and for prevention routines

Please be aware that in the event your child experiences any of the symptoms or is absent for more than 2-3 days a note must be provided by a physician OR 24 hours' clearance OR full treatment has been provided to allow clearance for the child to return to daycare.

OUTBREAK requirements require specific amount of clearance days of absence and is mandatory from the Halton Health Department (notice will be posted with requirements necessary should there be an outbreak)

If a child becomes ill during the day, temporary care will be provided until you can be contacted and your child taken home. Please note that our policies are in place to ensure the safety of all the children, staff and their families. We ask that you arrange pick up for your child within the hour you have been contacted.

Parent/ Legal Guardian Signature

Date

Management Signature

Date



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Sunscreen Policy

Cudley Corner Child Care Centre Ltd. is committed to the health and wellbeing of your child. To ensure your child is able to participate in all aspects of our outdoor program, we require them to apply sunscreen. Parents/Legal Guardians must supply and label their child's sunscreen to avoid any skin irritations.

1. Parents/Guardians apply sunscreen before your child arrives the daycare.
2. Cudley Corner Child Care staff apply sunscreen for afternoon outdoor time.

Photo and Video Release

I agree

I grant and release to Cudley Corner Child Care Centre Ltd., the right to use photographs, and/or video tapes in which I and/or my child appear for the use in publicity brochures, newsletters, the annual report, or any materials and articles promoting Cudley Corner Child Care Centre Ltd. programs

I disagree

In the event that any of these films, photographs, and or video tapes are to be used for any other purpose, it is understood and agreed that my consent shall be obtained prior to any use.

Clothing and possessions

Your child should be dressed casual and comfortable that allows them to explore and play. Please be aware children are involved in our daily program which consists of using paints, glue, and other craft materials that may dirty your child's clothing. All clothing and possessions are recommended to be labeled with your child's name to avoid them being lost or misplaced. It is also recommended that your child only bring toys and other possessions into the daycare on designated days listed on your child's classroom calendar.

Rest time blankets and soft toy must fit in the top area of your child's cubby, as they might be sharing with another child. (If blanket and soft toy are too big, management will ask for you to keep items at home and to only bring a smaller blanket and smaller toy).

Cudley Corner Child Care Centre Ltd. Is not responsible for any lost or misplaced items and will not replace any lost or misplaced items. We encourage all children to keep their areas tidy to avoid missing items. Labeling all clothing and possessions helps with keeping all items in their proper places.

I _____ (Parent/Legal Guardian) have read and understand the Sunscreen Policy, Photo and Video Release, and the Clothing and Possessions Policy above, along with the additional information in the Parent Handbook, and agree to follow all Policies outlined.

Parent/ Legal Guardian Signature

Date

Management Signature

Date



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Policy for Management of Allergies of the Anaphylactic/Potentially Anaphylactic Child

Anaphylaxis Definition

Anaphylaxis is a severe allergic reaction that can be fatal, it can cause circulatory collapse or shock. This allergy can be caused or related to food, insect stings, medicine, latex or ect.

Purpose of the Policy and Procedure

Cudley Corner Child Care Centre Vaughan Ltd. Is committed to taking a pro-active approach regarding the prevention of anaphylaxis. The purpose of the policy is to educate all staff in dealing with anaphylaxis in the Centre.

Strategy to Reduce Risk of Exposure

- Children with extreme allergies that the catering company and Centre can't accommodate will be asked to provide their own food from home, a parent will be asked to fill out a special dietary form prior to start date.
- Food that have a label of May contain nuts will not be served in any Cudley Corner facilities
- All labels will be read by staff prior to serving meals
- Kitchen staff will read all labels prior to purchasing any product to be served
- Any person that will be supplying food to the Centre will be notified of all life-threatening allergies in the Centre. Allergies list will be revised as needed and updated monthly
- All staff and children will wash hands before and after handling food
- Children/staff/volunteers will be instructed not to share food
- All surface will be cleaned with bleach and water solution (approved by public health)
- Garbage bins will be removed from room and emptied after lunch
- Extra supervision will be provided for children of anaphylactic allergies during meal time, a teacher will be asked to sit close to child with allergy
- Playground areas will be monitored for insects such as bees and wasps, if nests are found the maintenance workers will be notified and nests will be removed immediately, children will be kept away from these areas
- Consent by the Child's physician will be required for any child carrying their own Epi-pen.
- Epi-pen will be taken in the emergency bag during any field trips or excursion

Communication plan to inform all staff/volunteers of allergies

- Parents of children with anaphylaxis will provide an individual action plan with pictures for their child prior to enrolment
- A allergy list will be posted in each room and updated frequently

- All staff will sign off on the sign off sheet for anaphylactic children

Individual plan and emergency procedure

Prior to enrolment the parent/guardian will meet with the program supervisor to provide information for the child's individual plan and emergency procedure. This plan will include but is not limited to:

- Description of the child's allergy
- Monitoring and avoidance strategy
- Signs and symptoms of an anaphylactic reaction
- Staff roles and responsibilities
- Parent/guardian consent for administering allergy medication, and reviewing and posting emergency plan
- Emergency contact information and step to be followed for action plan
- Storage location of Epi-pen
- If applicable a physician's note to carry own Epi-pen

Parents are requested to advise the Centre supervisor if their child develops an allergy, requires medication, and if there is a change to the child individual action plan. Plans will be revised yearly and as directed by the physician or parent. Copies of the individual plan are kept in each Child's file, the classroom emergency binder, and posted in each room in the childcare Centre including office. The supervisor will review the child action plan, including the emergency procedures required to be followed if the child has an anaphylactic reaction with all Cudley Corner staff, students, volunteers, prior to employment or placement and annually or until a change in plan.

Emergency Protocol

- One person stays with the child at all times
- One person goes for help or calls for help
- Follow emergency procedure as outlined in child's individual plan (ie. Administer epinephrine at first sign of reaction)
- Call 911. Have the child transported to hospital even if symptoms have subsided.
- Symptoms may occur hours after exposure to allergen.
- Administered Epi-pen must accompany child to the hospital
- Epi-pen that was administered must be given to a hospital employee or Child's parent for disposal
- One staff member must accompany child in the ambulance to the hospital until parent or guardian arrives. The child back up Epi-pen or auto injector should be taken.

Training

- Where a child had an anaphylactic allergy, all Cudley Corner staff, volunteers, students, will be provided with training from the Centre supervisor. The supervisor has done a course on administering the epi-pen and will also be trained by the child's parent.

- Training will include the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication
- Any new staff, student and volunteers who commence employment or placement after the initial training will be trained by the supervisor or parent
- The supervisor will be trained by the parent of the child annually and receive consent from the parent to train new staff, students and volunteers.
- Volunteers and Students are not permitted to administer medication unless under extreme circumstances (ie. Staff member is unconscious and there are no present Cudley Corner staff or supervisor)
- Staff will conduct a check to confirm child(ren) have their required medication with them before each transition (ie. Moving from the class to the gym, leaving the school, ect.)
- The staff will be required to sign and date that they have received training
- Cudley Corner will keep a log on file of all training dates, trainers and staff

I _____ (Parent/Legal Guardian) have read and understand the Policy for Management of Allergies of the Anaphylactic/Potentially Anaphylactic Child above, along with the additional information in the Parent Handbook, and agree to follow all Policies outlined.

Parent/ Legal Guardian Signature

Date

Management Signature

Date

Anaphylaxis Emergency Plan: _____ (Name)

This child has a potentially life threatening allergy (anaphylaxis) to:

_____ Peanuts _____ Latex
 _____ Tree Nuts _____ Medication _____
 _____ Egg _____ Insect Stings _____
 _____ Milk _____ Other _____

Food: People with food allergies should not share food or eat unmarked foods or products with **may contain** warning. The key to preventing anaphylaxis allergy is to completely avoid allergen.

Epinephrine Auto-Injector (EpiPen) Expiry Date: _____

Location of Auto-Injector(s): _____

Dosage: _____ EpiPen Jr 0.15mg _____ EpiPen 0.30mg
 _____ Twinject 0.15mg _____ Twinject 0.30mg

Asthmatic: Child is at a greater risk, if the child is having a reaction and has difficulty breathing administer epinephrine auto-injector **before** asthma medication.

The following signs & symptoms might be present in a person having a Anaphylactic reaction:

- **Skin:** Hives, swelling, itching, warmth, rash or redness
- **Respiratory (Breathing):** Shortness of breath, wheezing, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, Or hay fever like symptoms, Trouble swallowing
- **Gastrointestinal (stomach):** Nausea, pain and cramps, vomiting, Diarrhea
- **Cardiovascular (heart):** pale/blue color, weak pulse, passing out, dizzy/light-headed, shock
- **Other symptoms:** Anxiety, headache, feeling of complete loss of control

Early recognition of symptoms and immediate treatment could save a child's life. Act quickly. The first sign of reaction can be mild and quickly worsen:

1. Give epinephrine auto-injector at the first sign of a reaction with known or suspected contact with allergen. Give a second dose in 10-15 minutes or sooner if the reaction continues to worsen.
2. Call 911: tell them a child is having a anaphylaxis reaction
3. Call contact person
4. Escort child in ambulance and remain with child until parent arrive

Emergency contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent or guardian authorizes any adult to administer epinephrine to the above named child in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the Childs physician. I also consent for Cudley Corner Child Care Centre to post this plan in every room and the sharing of this information with all staff, students and volunteers. I also consent to my child carrying his/her Epi-pen if recommended by Childs physician. I agree to assume responsibly for all costs associated with medical treatment and do not hold the staff and volunteers of Cudley Corner Child Care responsible for any adverse reaction resulting from administration of medication.

Parent Signature: _____



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Parent Name: _____

Childs Name: _____

I _____ Parent/Guardian of _____ (Child) have trained the staff listed below on recognizing the signs and symptoms of my child's anaphylaxis as well as the emergency procedure to be followed in the event of my child having an anaphylaxis reaction.

Staff Name	Signature	Training Date	Parent/Guardian

I _____ Supervisor/designate have been trained by the parent/guardian of the _____ (Child). I have trained the staff listed below in recognizing the signs and symptoms of this child's anaphylaxis as well as the emergency procedures to be followed in the event of this child having an anaphylaxis reaction.

Training of New Staff Students and Volunteers

I _____ Supervisor/designate have been trained by the parent of _____

(Child). I have trained the staff listed below on recognizing the signs and symptoms of this child's anaphylaxis as well as the emergency procedures to be followed in the event of this child is having an anaphylaxis reaction.

Staff Name	Signature	Training Date	Supervisor/Designate



Statement of Immunization for Entry into Child Care

According to the Day Nurseries Act, every operator shall ensure that before a child is admitted to a Licensed Child Care Program the child is immunized as required by the Medical Officer of Health. **The vaccines required are diphtheria, tetanus, polio, pertussis, haemophilus influenzae B, measles, mumps, and rubella.** These requirements may be removed if you object to immunization for medical, conscience or religious reasons. The necessary exemption form can be obtained from the Health Department.

Child Care Centre: _____
name of centre address of centre

Child's Name: _____
(last name) (first name)

Sex: F ___ M ___ **Birth Date:** _____
year month day

Address: _____
Street City/Town Postal Code

Parent/Guardian: _____ **Home #** _____ **Work#** _____

Family Doctor and telephone number & address: _____

* Required for day care/nursery school attendance								Recommended vaccines						
Vaccine	Diphtheria *	Pertussis * (Whooping Cough)	Tetanus *	Polio (IPV or OPV) *	Hib (haemophilus influenzae type B) *	Measles *	Mumps *	Rubella *	Pneumococcal (Synflorix™ or Prevnar13 [®])	Meningococcal (Neisseria-C [®] /Menjugate [®] or Menactra [®])	Hepatitis B	Varicella (chickenpox)	Rotavirus	Other
Dates Given (yy/mm/dd)														

Personal health information on this form is collected pursuant to subsection 33(1) of Regulation 262 under the Day Nurseries Act, R.R.O. 1990 and will be used by Halton Region's Medical Officer of Health to determine adequate immunization status of the named child. Questions about this collection can be directed to nurses within the Immunization Services Program, Halton Region Health Department, 1151 Bronte Road, Oakville, ON, L6M 3L1. Call 311 or 905-825-6000 or toll free at 1-866-442-5866.



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Outdoor Activities

The expectations for licensed childcare How Does Learning Happen is for children to explore in many different areas which includes the outdoor environment. Students will participate in learning opportunities throughout the year in the local community, parks and trails. The management will approve these activities and teacher supervision will be provided at all times. No motorized vehicles will be used for transportation.

When staff take student for outdoor experiential learning opportunities the supervisor always be informed of when the group leaves and returns to the centre. They will also have a cell phone so they can be contacted in case of an emergency.

Any off-property experiences may involve hazards and certain element of risk beyond those of normal child care routine. The risk of sustaining injuries result from the nature of the activity and can occur without any fault of the participant, Cudley Corner Child Care Ltd, its employees or the facility location where the activity is taking place. By choosing to take part in these activities, you are accepting the risk that your child may be injured and understands that you bear the responsibility for any injury that may occur. The chance of any injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

Outdoor activities will also include but are not limited to the Terry Fox Run, skip rope for the heart, earth day activities.

I have read the above and give permission for my child to participate in these events. I agree that if any medical information about my child changes, I will promptly update the medical information form on file in office.

Parent Signature

Date

Registration Form

Child Information Name: _____ Date of Birth: _____

Home Address: _____

Street

City

Postal Code

Home Telephone: _____ Mobile #: _____

Health and Doctor Information

Health Concerns and History of Communicable Diseases: _____

Allergies/ Diet Restrictions: _____

Doctor's Name: _____ Telephone #: _____

Doctor's Address: _____

Street

City

Postal Code

In the event I cannot be reached in an emergency, I hereby give permission to the Emergency Medical Personnel, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery, and/or emergency transportation if necessary, for my child. This form may be copied.

Child's Parent/Legal Guardian Contact Information

Name: _____

Home Address: _____

Street

City

Postal Code

Home Telephone: _____

Mobile #: _____

Place of Work: _____

Work Address: _____

Street

City Postal Code Work Tel #

E-Mail Address: _____

Child's Parent/Legal Guardian Contact Information

Name: _____

Home Address: _____

Street

City

Postal Code

Home Telephone: _____

Mobile #: _____

Place of Work: _____

Work Address: _____

Street

City Postal Code Work Tel #

E-Mail Address: _____

Special Instructions: What staff should know about your child (Speaks a different language at home, has a favourite comfort toy; Receives/ed Support or involvement with resource consultants (ex. Community Living, ROCK, Erin Oaks, Behaviour, speech) _____

Toileting/Diapering Instructions: (Able to utilize wipes, creams, Lotion applications) _____

Exercise Restrictions: _____

Rest Instructions/Restrictions: _____

Emergency Other Contact/Child Authorization Information: (Who may be reached/pick up your child other Than Parent) :***(Emergency contacts will be asked to show Identification in order to release your child to them)***

1.Name: _____ 2. Name: _____

Home Address: _____ Home Address: _____

Telephone/Mobile: _____ Telephone/Mobile: _____

I, _____ (parent) have read and fully understand all the information provided in the Parent Handbook +Registration package and have completed information provided completely and accurately.

Parent/Legal Guardian Signature: _____ **Date:** _____

*** If there are any future adjustments after you have filled out these forms, please notify the office immediately with the changes. ***

ENROLMENT START DATE: _____ **LAST DATE OF ENROLMENT:** _____

Scheduled VISIT DAYS: _____ & _____