

**ALL 7 PAGES OF THIS FORM MUST BE FULLY READ AND COMPLETED
 BY THE LEGAL GUARDIAN**

Registration Details

How many children are you registering to this event? _____

Have you used OPSEU/SEFPO child care services before? YES NO

Parent/Guardian's Info

Name of Parent/Guardian: _____ Local # _____ Union # _____

Home Address: _____ Contact #: _____

Will anyone other than yourself will be allowed to pick-up/drop-off your child(ren)? YES NO

Name: _____

Contact #: _____ Relationship to child(ren): _____

Have your Child Bring a Favourite Toy (please label with name of child)

CHILDREN'S INFORMATION

Name of Child	Age	Date of birth

Please complete the following section for each child

CHILD'S DETAILED INFORMATION

Please complete one form for every child

Name of Child: _____ Age: _____ Date of Birth: _____

Are you currently breastfeeding/chest-feeding? (If applicable) YES NO If so, how frequently? _____

Does the child nap during the day? YES NO

If so, at what time and for how long? _____

Do you have any questions or concerns regarding the on-site childcare?

Does your child have a medical condition or any allergies? YES NO

If yes, please complete the following:

Medical/Allergy Information

Condition	Reaction (Signs/Symptoms)	Epipen Required (YES or NO)	Medication Required (YES or NO)	Comments (Medication dosage, Schedule Special Precautions, Etc.)

Medication Consent Form

Please give my child the medication listed above as directed.

Signature of Parent/Guardian: _____ Date: _____

Emergency Action Plan

Please indicate what steps should be taken in case of emergency:

Who should we contact in case of emergency?

Name: _____ Relationship to child: _____

Address: _____

Cell Phone #: _____ Alt Phone #: _____

Medical Consent Form

Upon admission of (name of child) _____ to the OPSEU/SEFPO Child Care Program, I agree that in the event of an emergency when I cannot be reached, I authorize the administration of any medical procedures deemed necessary by a doctor or hospital selected.

Name of Doctor: _____ Contact #: _____

*Child's OHIP # (required): _____

Signature of Parent/Guardian: _____

Infant/Toddler Schedule

To support an easy transition for your child, please provide the following information, if appropriate, for your infant and your toddler.

Bottle	When					
	Amount					
Food	What					
	When					
Nap	Duration					
	Quality					
Notes						

Field Trip Consent Form

I give consent for (name of child) _____ to go on all outings planned by the OPSEU/SEFPO on-site child care staff. I understand some trips may change or be rescheduled due to weather or other circumstances:

Parent/Guardian's name: _____

Signature: _____ Date: _____

Additional Information

1) Child's behaviour patterns or habits:

a) What is your child's favourite toy? _____ Pet? _____
 Book? _____ Person? _____

b) Does your child have any particular habits, such as thumb-sucking, nail-biting? Please describe:

- c) Does your child have any particular fears, such as dogs or sirens? Do they have nightmares?
 - d) Does your child have any words or expressions that may not be understood by a staff member?
 - e) In general, how do they react to a stressful situation?
- 2) Has your child had any previous child care or play group experiences? Please describe:
 - 3) Has your child had the experience of being cared for by adults other than members of your family?
 - 4) What is your accustomed method of reassuring and rewarding your child? Please describe:
 - 5) What is your accustomed method of disciplining your child? What is your “philosophy” of discipline?
 - 6) Does your child speak? English French Other
 - 7) Is your child talkative? quiet? average?
 - 8) Does your child have any cognitive or physical conditions that we should be aware of?
 - 9) Do you have any concerns about your child’s eating habits?
 - 10) Do you have any concerns about your child’s toilet habits? Please describe:
 - 11) Is your child physically able to take part in all program activities? YES NO
If no, please list restrictions:

Please return the completed forms to: larobinson@opseu.org

Parents must be on-site at all times when utilizing child care provided by OPSEU/SEFPO.

**CHILDREN WHO ARE NOT REGISTERED FOR CHILD CARE MAY NOT BE
ACCOMMODATED IF BROUGHT TO THE EVENT**

Health Regulations

1. Any child developing a fever during the day must go home immediately. A temperature of 101 °F (38°F) is considered a fever.

2. A child must be free of fever (unmedicated) for **24 hours** before re-admittance to the childcare center.

Exception: A child who has a fever as a result of teething (this must be agreed upon by staff and parent) may be re-admitted after the child has been free of fever (unmedicated) for only 12 hours. However, should this child be unusually irritable or require the constant attention of one staff member, the parents will be notified and must pick up the child.

3. Any child who has had two liquid bowel movements (diarrhea) must go home. The child may be re-admitted **24 hours** after the last liquid bowel movement.

4. A child with continuous vomiting with or without symptoms must go home. The child may be re-admitted **24 hours** after last vomiting session.

5. Any potentially infectious condition (e.g. eye infection, suspicious body rash, etc.) should be seen by a doctor.

The child will be re-admitted when a note has been obtained from the doctor stating that the condition is not contagious OR when the child has been free from this condition for **24 hours**.

6. If a child is unusually irritable or tired, the parents will be notified and may use their discretion as to whether they wish to take the child home for the remainder of the day.

Items we would like you to bring (please label with name of child)

Infants/Toddlers:

- Formula, bottles, cereal, diapers, change of clothing, soother, blanket, special toys or books
- Appropriate outdoor clothing
- Stroller

Preschool/Kindergarten

- Any special toys or books
- Swimwear, flip-flops or water shoes, life-jacket/flotation devices
- Appropriate outdoor clothing

School Age

- Any special toys or books, hand-held game system
- Appropriate outdoor clothing
- Swimwear, flip-flops or water shoes, life-jacket/flotation devices

Allergy Alert

Scent, Peanuts and Nut-Free Policy

Workers are becoming sensitized to chemicals, scented products and certain foods such as peanuts, peanut butter, pecans, walnuts, many chocolate bars and energy/nutrition bars.

For many individuals, attending conferences, meetings etc. and being exposed to perfumes, other strong scents and certain foods can pose serious health risks such as asthma attacks, respiratory problems and/or migraine headaches.

In the interest of the health and safety of the sisters and brothers whose health may suffer from any of these exposures, we ask that you refrain from wearing or using scented products, peanut and nut products at all OPSEU/SEFPO events and OPSEU/SEFPO locations.



Alerte aux allergies

Politique pour un environnement sans parfums, sans arachides et sans noix

Les travailleurs sont de plus en plus sensibles aux produits chimiques, aux produits parfumés et à certains aliments, tels que les arachides, le beurre d'arachide, les pacanes et les noix (famille des noix), ainsi qu'à de nombreuses barres de chocolat et barres énergétiques et nutritives.

Pour de nombreuses personnes qui assistent aux conférences, réunions, etc., une exposition aux parfums et autres produits fortement odorants, ainsi qu'à certains aliments, peut poser un risque grave pour la santé, tels que crises d'asthme, problèmes respiratoires et/ou migraines.

Dans l'intérêt de la santé et de la sécurité de nos consœurs et confrères sujets aux effets néfastes d'une exposition à ces produits, nous vous demandons de ne pas porter ou utiliser des produits parfumés et de ne pas avoir avec vous arachides, noix et produits contenant des noix lorsque vous vous trouvez à une activité ou dans un local du SEFPO, quels qu'ils soient.

Authorized by the OPSEU/SEFPO Executive Board

Avis autorisé par le Conseil exécutif du SEFPO Form/Formulaire 501 February 21, 2017/Le 21 février 2017