



Haldimand-Norfolk

**REACH**

*supporting children, families, communities*

## LICENSED HOME CHILD CARE APPLICATION AND CONSENT

This information is collected under the legal authority of the Day Nurseries Act, R.S.O. 1980. C.111, for the purpose of ensuring quality delivery of child care services operated under the Ontario Government's Day Nurseries Program.

<b>CHILDREN'S INFORMATION</b> (Children in Home Child Care)			
<b>CHILD'S NAME</b> (Last, First)		<b>DATE OF BIRTH</b> (YY/MM/DD)	
<b>PARENT OR GUARDIAN INFORMATION</b>			
<b>PARENT(S) OR GUARDIAN</b>	(1)		
	(2)		
<b>HOME ADDRESS:</b>			
<b>E-MAIL ADDRESS:</b> (if applicable)			
<b>TELEPHONE NUMBER:</b>		<b>Cell Number:</b>	
<b>NAME OF WORK/SCHOOL</b>	<b>ADDRESS</b>	<b>HOURS</b>	<b>TELEPHONE #</b>
(1)			
(2)			
Other children under 18 years in the family:			
<b>MEDICAL INFORMATION</b>			
Family Physician:		Telephone:	
Address:			
Allergy or Medical Information:			

Being the parent / guardian of the named child(ren) who is /are enrolled at \_\_\_\_\_,  
 I give my consent to the following: Home Child Caregiver

**A. EXCURSIONS FROM THE CAREGIVER'S HOME**

The above named children may accompany the Home Child Caregiver on excursions and outings within the Haldimand-Norfolk Region, as scheduled as part of the day's program. Transportation for these outings will be by any manner of public or private transportation that the caregiver chooses. Children transported in private automobiles will be restrained in the manner appropriate for their height and weight. Any exceptional activities will be agreed upon separately by the parent and caregiver, in writing.

**B. OUTDOOR PLAY AND POOL SUPERVISION**

Specific conditions regarding my child's (children's) outdoor supervision will be stated in a separate agreement.

**C. EMERGENCY MEDICAL TREATMENT**

In the event of an accident or illness involving my child(ren) while in the care of the above mentioned Home Child Caregiver, I hereby authorize if I am not immediately available, the administration of any medical procedures deemed necessary by the child's physician, or by any other physician selected by the Home Child Caregiver. I also give my permission for my child to be transported to the physician's office or the Emergency Department of the hospital with no liability on the driver's part.

**D. PUBLICITY**

The above named child(ren) may appear in any photographs or audio visual presentations that are arranged by the Child Care Support Network for the purpose of educating the public.

**E. ALTERNATE CONTACT**

In the event that I am unable to escort my child(ren) from the caregiver's home, my child(ren) may be released to any one of the following people. If I wish to have my child released to anyone else, I will give separate permission to the caregiver.

Name:	Relationship to Child:	Address:	Phone: (Hm)  (Wk)
Name:	Relationship to Child:	Address:	Phone: (Hm)  (Wk)

**G. LIABILITY**

I agree that H-N R.E.A.C.H., its employees or agents shall not be liable for any injury to my child(ren), while enrolled in the Home Child Care Program, unless such injury, loss or damage is caused by the gross negligence of H-N REACH or its employees, servants or agents while acting within the scope of their duties.

**H. PERMISSION**

I give my permission for my child to take part in the H-N REACH Licensed Home Child Care Program.

SIGNED AND WITNESSED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
 20\_\_\_\_\_.

\_\_\_\_\_  
 WITNESS

\_\_\_\_\_  
 PARENT