

Petawawa MFRC

Children's Services

Registration Package – Full-time Childcare

Version 2: 27 October 2021



Version Control

PMFRC will review this policy and related procedures regularly, or as required, and will make adjustments as necessary to ensure that it continues to meet the needs of all employees.

VERSION HISTORY

| Version # | Date | Author | Key Differences |
|-----------|-----------------|-------------------------|---|
| Version 1 | 11 July 2018 | C. Beswick / S. Leclair | Update the current parent handbook to meet licensing requirements |
| Version 2 | 26 October 2021 | C. Beswick | Update to include Ministerial required changes |
| | | | |
| | | | |

Signatories Confirmation

Signatories confirm the accuracy of the information and content data related to their respective areas of expertise. Where applicable legal or HR resources were consulted for amendments or updates to be in align with all employment legislation.

Executive Director: [Claudia Beswick](#) Date: [27 October 2021](#)

Signature:

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Forward

Disclaimer

This Children's Services Registration Package is intended to provide parents who participate in our children's services programs, information about PMFRC regulations and operations as they pertain to all our daycare and children's programs that are currently in effect. This Package is subject to change by the PMFRC at any time. Parents will be notified of any changes as they are established

Statement of Purpose

On behalf of Petawawa Military Family Resource Centre (PMFRC), we would like to welcome you and your family to our Children's Services Programs. We are pleased to offer you an extensive array of quality childcare programs. The PMFRC is a non-profit organization, and the childcare programs are licensed under the Ministry of Education Early Learning Division; the Child Care and Early Years Act ensures a high level of childcare service is provided.

Please take the time to read this Registration Package, as it includes information on registration and if you have any questions, please do not hesitate to speak to the program supervisor or any of our early childhood educators.

We would like to take this opportunity to thank you for the privilege of allowing us to be an important part of your young child's life.

The following links below are additional resources that guide, or regulations and operations and you can review them at your convenience:

- Ontario Early Years Policy Framework, 2013; [Ontario Early Years Website](#)
- Child Care and Early Years Act, 2014; [Child Care and Early Years Act Website](#)
- How Does Learning Happen? Ontario's Pedagogy for the Early Year; [How Does Learning Happen Website](#)
- Ontario's College of Early Childhood Educators. [College of Early Childhood Educators Website](#)

If you wish to learn more about the Children's Services Team, please refer to, or contact us through the links below:

- Children Services Manager email: Childrens.Services.Manager@PetawawaMFRC.com
- PMFRC Website: www.CAFConnection.ca/Petawawa

This Registration Package is reviewed and amended on an annual basis, or as needed.

Philosophy

All Children's Services Programs within PMFRC view children as competent, capable, complex thinkers, who are rich in potential (How Does Learning Happen 2014). The extensive array of children's services programs guides children through an enriched and inclusive early learning environment focusing on strengths and abilities. The early learning environment along with the childcare staff guides and nurtures the development of each individual child through an emergent play-based program and activities with the children's physical, cognitive, social, and emotional development. The focus is on curiosity, inquiry, and a positive sense of oneself. Each of our programs strives for every child to have a sense of belonging, engagement, well-being, and expression (How Does Learning Happen 2014). The PMFRC sees families as experts who know their children better than anyone and have important information to share. We value their insight and the importance of engaging with them in meaningful ways to be able to fully understand their child. Our vision is to empower strong, capable resilient military families within our community; all our programs offer active participation either by bringing the community into our programs or bringing the children into the community.

Definitions / Glossary

PMFRC

Petawawa Military Family Resource Centre.

Licensed Agency

Children's Services programs that operate within the licensed requirements of the Child Care and Ontario Early Years Act (2014).

Services Provided

The PMFRC Children's Services programs operate and include the following programs:

- Two centered-based day care facilities Lil' Troopers Day Care South and Lil' Troopers Day Care North.
- A cooperative nursery school Kiddie Kollege.
- One Casual Childcare Services Program.
- Three Before and After School Programs.
- A Private Home Day Care Program.
- A Specialized Care Program.

Employee Qualifications

PMFRC Early Childhood Educators and Children’s Services employees are trained in early childhood education and hold their designation with the College of Early Childhood Education. The Ontario Ministry requires director’s approval for non- Early Childhood Educators to work in licensed childcare programs. PMFRC requires the Children’s Services Manager and all program supervisors to be ECE qualified.

All PMFRC employees are certified in First Aid & CPR “Standard C Level” and must maintain a successful Criminal Record and Vulnerable Sector screening check every two years.

Employee Hiring Afterhours

Due to conflict of interest, code of ethics, confidentiality and professional boundaries, parents are asked to not request PMFRC childcare employees to provide personal childcare services for their families, after-hours. Our employees are highly valued, trained employees who have a professional relationship with your family, and we ask your assistance in maintaining professional boundaries.

Should you require childcare services after-hours we will provide resources available within the PMFRC that may assist you in your search.

Service Capacity

All PMFRC Children’s Services programs will be determined by the ratios set out by the posted license issued by the Ministry of Education Early Learning Division and in accordance with the Child Care Early Years Act.

Waitlist Procedure

The Petawawa Military Family Resource Centre is aware of the shortage of childcare spaces in the community it serves and of the frequent long wait periods to gain access to service. The PMFRC has developed a no fee waitlist policy that is transparent, fair, and consistent. Each age group at each childcare location has an individual waitlist. At any time, a family registered on a waitlist can contact the childcare program and request the number their child is on the list. All families inquiring about the PMFRC waitlist are encouraged to contact Renfrew County Child Care Services Subsidy program and waitlist.

Exceptions

- Lil’ Troopers North Daycare located on Garrison Petawawa gives priority to children from military families, and children of DND and PSP families.
- North Side and South Side casual childcare programs maintain daily waitlists when services reach capacity. Should a space become available the first family listed on the waitlist will be contacted.

At any time, a family registered on a waitlist can contact the childcare program and request the number their child is on the list. All families inquiring about the PMFRC waitlist are encouraged to contact Renfrew County Child Care Services Subsidy program and waitlist.

Children’s Services Registration

The Privacy Code for MFSP establishes the standard under which MFRCs can collect and use personal information about the CAF personnel and their families. The personal information collected on this form will be used solely for the purpose for registration of child(ren) into the PMFRC Child Care Programs. Records are confidential and kept on file for the duration the child(ren) remain in any of the PMFRC Children’s Services Child Care programs; any concerns or discrepancies with this form can be addressed to the Executive Director at the MFRC.

Registration Information

| | |
|----------------------------------|---------------|
| Registration Information | Child’s Name: |
| Date of Registration (mm/dd/yy): | |

| | |
|--|--|
| Child Care Program (Please indicate which program your child(ren) will be attending: | |
| Child Care Centre | Program |
| Lil’ Troopers North | <input type="checkbox"/> Toddler Program <input type="checkbox"/> Preschool Program |

| | | |
|---------------------|--|--|
| Lil’ Troopers South | <input type="checkbox"/> Toddler Program <input type="checkbox"/> Preschool Program | <input type="checkbox"/> JK/SK <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/> 6 to 12 (BAS) program <input type="checkbox"/> Before School only <input type="checkbox"/> After School only |
|---------------------|--|--|

| | |
|--------------------------------------|---|
| Valour Before & After School Program | <input type="checkbox"/> JK/SK Extended Day BAS <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/> 6 to 12 (BAS) program <input type="checkbox"/> Before School only <input type="checkbox"/> After School only |
|--------------------------------------|---|

| | |
|---|---|
| Our Lady of Sorrows Before & After School Program | <input type="checkbox"/> JK/SK Extended Day BAS <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/> 6 to 12 (BAS) program <input type="checkbox"/> Before School only <input type="checkbox"/> After School only |
|---|---|

| | | | |
|-------------------------------|--|---|--|
| Kiddie Kollege Nursery School | Co-op Parent/Guardian (Duties twice / month) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Monday – Friday Morning <input type="checkbox"/> Monday – Friday Afternoon <input type="checkbox"/> |
| | Mornings | <input type="checkbox"/> Monday – Wednesday - Friday <input type="checkbox"/> Tuesday - Thursday | |
| | Afternoons | <input type="checkbox"/> Monday – Wednesday - Friday <input type="checkbox"/> Tuesday - Thursday | |
| | | | |

Child / Guardian Information

| Child(ren) Information | | | |
|---|-----------------------------|---|----------------|
| Relationship to Child(ren) | | | |
| Parent <input type="checkbox"/> | | Guardian <input type="checkbox"/> | |
| Child First Name | Child Middle Name | Child Last Name | Child Nickname |
| | | | |
| Child`s Date of Birth (mm/dd/yy) | Child`s Age | Child`s Gender | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Child`s Primary Residential Address (Street) | | City | Province |
| | | | |
| Schedule: | | | |
| Child`s Secondary Residential Address (Street) | | City | Province |
| | | | |
| Schedule: | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does a custody order apply to your family? | |
| If yes, please provide a copy to the childcare program your child is enrolled in. | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The childcare program has received a copy of the custody order. | |

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Child Care Program Supervisor Signature

Date

| Parent / Guardian's Information | | | |
|--|------------|------------|---------------|
| Parent / Guardian #1 | | | |
| Service Number | First Name | Last Name | Email Address |
| | | | |
| Place of Work | Work Phone | Cell Phone | Home Phone |
| | | | |
| Parent / Guardian Residential Address (Street) | City | Province | Postal Code |
| | | | |
| Schedule (when child resides with you): | | | |

| Parent / Guardian #2 | | | |
|--|------------|------------|---------------|
| Service Number | First Name | Last Name | Email Address |
| | | | |
| Place of Work | Work Phone | Cell Phone | Home Phone |
| | | | |
| Parent / Guardian Residential Address (Street) | City | Province | Postal Code |
| | | | |
| Schedule (when child resides with you): | | | |

Emergency Contact Information

Please list two individuals the childcare program can reach and can be available to pick up your child if the childcare program is unable to reach you, the Parent / Guardian. Please Note The emergency contact person must provide photo identification and a child release form will require signing before the child is released.

| Emergency Contact Information | | | |
|------------------------------------|------------|---------------|----------|
| Emergency Contact #1 | | | |
| First Name | Last Name | Email Address | |
| | | | |
| Work Phone | Cell Phone | Home Phone | |
| | | | |
| Emergency Contact Address (Street) | | City | Province |
| | | | |
| Relationship to Child | | | |
| | | | |

| Emergency Contact #2 | | | |
|------------------------------------|------------|---------------|----------|
| First Name | Last Name | Email Address | |
| | | | |
| Work Phone | Cell Phone | Home Phone | |
| | | | |
| Emergency Contact Address (Street) | | City | Province |
| | | | |
| Relationship to Child | | | |
| | | | |

The following paperwork will be required prior to the enrolment process begins:

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Up to date immunization record | <input type="checkbox"/> | Custody papers (if applicable) |
| <input type="checkbox"/> | Non-Refundable deposit of \$30.00 registration fee per child | <input type="checkbox"/> | Preference to paperless billing option (form to be completed) |
| <input type="checkbox"/> | Medical Release Form | <input type="checkbox"/> | Photograph Permissions / Release Form |
| <input type="checkbox"/> | Access to Personal Information | <input type="checkbox"/> | Sun and Insect Protection Form |

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have been given a copy of the Children’s Services Parent Handbook and have been made aware of the Children’s Services Standard Operating Procedures and relevant PMFRC Policies. I was provided with the Parent Licensing Inspection Summary Letter and the Requirements to Post Serious Occurrence in the Licensed Child Care Programs Letter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I hereby give consent for my child’s personal information to be shared with Early Childhood Education placement students, as deemed necessary by the Child Care Supervisor. The Information will be handled with strict confidence and in accordance with the PMFRC Privacy Policies. Signing this document is not a condition of enrolment. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I hereby give consent for the staff of the Petawawa Military Family Resource Centre to apply alcohol-based hand sanitizer for protection when handwashing sinks and soap are not available, on my child’s hand when needed. Should a child require specific hand sanitizer it will be provided by the parent/guardian and labeled with the child’s name |

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Child Care Program Supervisor Signature

Date

Financial Administration

Please Note:

All previous forms relevant to the registration package will be forwarded to the Finance Department for administrative action. The Finance Department will require 48 hours to complete the formal administration related to the registration, once received from the childcare program supervisor. The child’s start date will commence after signatures are secured from the Finance Department.

| | | | | | |
|--|---|-------------------------------------|--|-------------|--|
| Finance Department – Administration Follow-up | | Date Received at Finance Department | | | |
| Child Care Program | | | | | |
| Age Group | | | | | |
| Anticipated Start Date | | | | | |
| Registration Fee | \$30.00 | Date of Payment: | | Receipt No. | |
| Non-Co-op Parent/Guardian Fee | \$30.00 | Date of Payment: | | Receipt No. | |
| Method of Payment | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex | | | | |
| Schedule of Attendance | | | | | |
| Client Account ID | | | | | |

Accounts Receivable Clerk Signature

Date

Business Manager Signature

Date

Start Date of Care (mm/dd/yy)

Date

Late Fee

A late fee charge of \$1.00 per minute will be charged per child after the closing time of your child’s program. Times of all programs are in the Parent Handbook. There will be a onetime grace period in place, should a parent/guardian contact the childcare program and inform them they are running late, do to extenuating circumstances that have prevented them from picking up their child on time. A late fee form will be completed and signed by the employee and parent/guardian.

A notice of withdrawal form will be required two weeks prior to the last day of attendance for your child. A withdrawal form has been placed in the Parent Handbook should you require to fill one out. Should a withdrawal notice not be completed you will be charged a two-week period.

The Admission Processes

Lil Troopers North

Lil' Troopers North is a recognized military work-based Daycare; therefore, this admission policy is strictly for this Child Care Program.

Enrolment with Lil' Troopers North Daycare is based on a first come first serve basis. When the program reaches its maximum capacity of 31 available spots, our priorities are in this order:

- Children enrolled in the toddler program moving into the preschool program requiring full time care. Spaces in the toddler program are reserved for children of military members only.
- Children of military members requiring full time care.
- Children of military members requiring part-time care (part-time care will only be available when the day care is able to complement two part-time spaces to use a full-time space).
- Children of DND and NPF employees who qualify for the pre-school program (2.5 to 5 years if age) requiring full time care. Up to 5 spaces will be available in the preschool program.
- Children of DND and NPF employees requiring part-time preschool age care (part-time care will only be available when the day care is able to compliment two part-time spaces to use a full-time space).

When the maximum capacity is reached a priority wait list will be established complying with the above conditions.

Prioritized Spaces

Given these priorities a bumping arrangement has been put in place.

- A preschool age child (2.5 to 5 years of age) of a military member may bump a DND or NPF family from their full-time space or two part-times spaces.
- A preschool age child of a military member may bump one or more children of a military member from two part-time spaces to allow for full-time care.

If a military request is made for full or part-time care in the pre-school program, the DND or NPF families will be given three months' notice before the termination of our day care agreement.

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have read and agree to Lil' Troopers North Daycare Admission's Procedures |
|------------------------------|-----------------------------|---|

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Child Care Program Supervisor Signature

Date

Medical Information

Please Note: Children’s Services childcare programs are inclusive to all children. The needs of the children are our primary focus; the information collected will not affect your child’s admittance to the program.

| Medical Information | | | | | |
|--|--|---|------|--|----------|
| Physician Name | | Phone Number | | Address | |
| | | | | | |
| Physician Address (Street) | | | City | | Province |
| | | | | | |
| If no family physician, please indicate preferred local hospital | | <input type="checkbox"/> Pembroke General Hospital (705 Mackay St. Pembroke, 613-732-2811) | | <input type="checkbox"/> Deep River General Hospital (117 Banting Dr. Deep River, 613-584-3333) | |

| Dental Information | | | | | |
|----------------------------|--|--------------|------|---------|----------|
| Dentist Name | | Phone Number | | Address | |
| | | | | | |
| Physician Address (Street) | | | City | | Province |
| | | | | | |

| Allergy Information | | | | | | |
|-------------------------------------|--------------|------------------------------|------------------------------|-----------|-----------------------------|--|
| Does your child have any allergies? | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| If yes, please list below | | | | | | |
| 1 | Anaphylactic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reaction: | Medication | |
| 2 | Anaphylactic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reaction: | Medication | |
| 3 | Anaphylactic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reaction: | Medication | |
| 4 | Anaphylactic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reaction: | Medication | |
| 5 | Anaphylactic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reaction: | Medication | |

| | | | | | | |
|--|--|--|--|--|--|--|
| Has your child had previous or present medical conditions that we should be aware of? Do they require medication for this condition? | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Medical Release

Medical Release-Parental/Guardian Consent

If at any time medical treatment is required due to such circumstance as accident, sudden illness, or emergency, a private physician or hospital has parental permission to give treatment.

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>Ambulance Transportation</u> - In the event of an emergency where the parent or guardian cannot be immediately contact, I hereby authorize the PMFRC to have my child transported by ambulance to the local hospital. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>Sun and Insect Protection</u> - I hereby grant my permission for the staff of the Petawawa Military Family Resource Centre to apply provided (by parent/guardian) sunscreen and or insect repellent for protection, on my child’s skin, when needed. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>Hand Sanitizer</u> - I hereby give consent for the staff of the Petawawa Military Family Resource Centre to apply alcohol-based hand sanitizer for protection when handwashing sinks and soap are not available, on my child’s hand when needed. Should a child require specific hand sanitizer it will be provided by the parent/guardian and labeled with the child’s name |

Child’s Full Name

Date

Parent / Guardian Signature

Date

Child Care Program Supervisor Signature

Date

Important Information

Does your child have any dietary requirements that we should be aware of? Yes No
Please provide details

Please note: parents / guardians are responsible for providing any special dietary food.

Does your child require a bottle throughout the day? Yes No
Please provide details / timings

Do you have any concerns about your child’s eating habits or special instructions?

Yes

No

Please provide details

Does your child have any specific favourite foods?

Yes

No

Please provide details

Does your child have any behavioural/developmental requirements that we should be aware of? Please provide details

Yes

No

Is your child involved with outside organizations that assist your family with supporting your child? If so, please provide the applicable organization below.

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Community Care Access Centre |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Preschool Sprouting Speech |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Infant Development |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Developmental Support Service |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Children’s Hospital of Eastern Ontario |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ottawa Children’s Treatment Centre |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Renfrew County Child Care Services |

Other professionals involved that you would like to share (please identify)

What are the languages spoken at home?

What language is your child most familiar with?

Does your child use any words? Does your child speak clearly in sentences?

Yes

No

If yes, please provide a list of them.

What can you tell us about any other type of communication skills your child may have (gestures, sounds, signs).

Please describe your child's personality.

What activities does your child enjoy the most?

Please list others living in the home of your child, indicating names and relationships (this will allow for comforting topics of conversations- pictures of family members and pets are welcomed).

Does your child have specific fears that you are aware of?

Yes

No

If so, please provide their reactions.

Does your child nap? If yes, please indicate how long and their usual nap time.

Yes

No

(Not applicable for Nursery School and Before & After School Programs)..

Does your child nap with a comfort toy or pacifier? Are there specific sleeping instructions? (Not applicable for Nursery School and Before & After School Programs).

Yes

No

Is your child toilet trained?

Yes

No

Does your child have regular bowel movements?

Yes

No

Are there any changes or stresses happening in your child’s life that you would like the childcare team to know about?

Has your child been in any type of group care?

Yes

No

Please provide us with any other information that you think will be helpful in the daily care of your child.

School Age Children Information

St. Francis of Assisi - Our Lady of Sorrows - Valour

(Not applicable for Lil' Troopers North Day Care and Kiddie Kollege Nursery School)

What grade will your child be attending?

Will this be his first time attending this school?

Do you know who your child's teacher will be and the location of the classroom?

Does your child require any special requirement getting ready for or coming back from school: For example finds transition times difficult or requires special reminders?

Can you provide us with any other information that can assist us with ensuring this exciting time in your child's life goes as smoothly as possible?

Use of Photograph Authorization

PHOTOGRAPHY / MEDIA RELEASE AND WAIVER – ALL CHILD CARE LOCATIONS

The Privacy Code for Military Family Services Programs establishes the standard under which MFRCs can collect and use personal information about the CF personnel and their families. We ask for permission to use your photographs for the effective administration of all Child Care programs, in promotional material or to promote our projects and programs

I grant permission to the PMFRC, its agents, employees, or assigns, the right to use, reproduce or publish photographs of us and/or our minor child(ren) listed below, for use in PMFRC publications and other form of media as identified below. I also grant permission to the PMFRC, its agents, employees, or assigns, to offer the identified photographs for use or distribution in other publications, electronic or otherwise, without notifying us.

I waive any right to inspect or pre-approve the finished photographs or printed / electronic matter that may be used in conjunction with them, now or in the future. Whether that use is known to me or unknown, I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I have read this release form and fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing. I agree that failure to do so will be interpreted as a free and knowledgeable acceptance of terms of this release. This form will be kept on file at the PMFRC for a period of 2 years. I acknowledge that I have the right to cancel this release at any time, by contacting the PMFRC

Please indicate which option or options you would prefer:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I authorize the publication of photographs indicated above for use in programming, around the program area on display to assist with a sense of belonging (including photo albums), in cubby areas to assist with labelling, ELECT photos for learning stories and developmental tracking. |
| <input type="checkbox"/> | I authorize the publication of photographs indicated above for use in Email Newsletter, Display Board, Annual General Report, Local Newspapers and Pamphlets. |
| <input type="checkbox"/> | I authorize the publication of photographs indicated above for use on the Web site (www.CAFConnection.ca) and the PMFRC Social Media sites (Facebook, Twitter, You Tube, Story Park). |
| <input type="checkbox"/> | I do not give permission to the PMFRC to photograph or publish any photographs of myself or my family members identified above. |

Please be ensured that your child’s picture will not appear without parental permission and names of the children will not be published with pictures.

Child(ren) Full Name(s):

Mother / Guardian Full Name: Father / Guardian Full Name:

| | |
|--|--|
| This authorization will expire two years from the date of signature. | Expiration Date _____ / _____ / _____ MM / DD / YY |
|--|--|

Signature of Client or Legal Guardian

Date:

Phone Number:

My signature indicates I agree to the terms above.

Signature of PMFRC Employee

Date:

The personal information collected on this form will be used solely for the purpose of publishing photographs, videos, or stories for the purpose of promoting MFRC marketing materials. Your records are confidential; any concerns or discrepancies with this form can be addressed to the Executive Director at the PMFRC. Dissemination of this form must be treated with the care warranted a confidential document, once completed.

PMFRC Storypark Parent/Guardian Consent Form

The Privacy Code for Military Family Services Programs establishes the standard under which MFRCs can collect and use personal information about the CAF personnel and their families. The personal information collected on this form will be used solely for the purpose to provide permission to add your child to the Storypark tool as an online communication source between families and Educators. These records are kept on the student's file; any concerns or discrepancies with this form can be addressed to the Executive Director at the MFRC.

Family's Information

We are excited to share that we have chosen Storypark as an online communication tool to support your involvement in your child's learning. The tool allows Educators to post pictures, videos, and content to positively describe your child's experiences while attending our early learning programs. You can also post content including comments and pictures and you can choose to allow family members and friends to have access to your child's section of the site. This permission form outlines the security, safety, **privacy**, and behaviour expectations for those who use the site. Your responses will ensure that we are respectful of your preferences regarding which information is shared by the PMFRC Educators and staff on Storypark.

| Childcare Program | Parent Surname | Parent First Name | Email |
|----------------------|----------------|-------------------|-------|
| | | | |
| Child(ren's) Name(s) | | | |
| | | | |
| | | | |
| | | | |

All content, pictures, videos, responses posted on Storypark will be positive and complimentary. Storypark does not replace face-to-face conversations and connections. Storypark will be used to positively highlight a child's experiences and learning. It will not be used by parents, educators, or others to identify concerns or complaints. Storypark will not be used to communicate daily information such as illness, who is picking up a child etc. as Educators may not access the site daily.

Consent to Post Pictures / Stories / Videos

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I give permission for the childcare program as indicated above, and childcare staff of the PMFRC, to post on my child's section of Storypark pictures, videos and stories of my child. |
|------------------------------|-----------------------------|--|

Knowing that a big part of your child's experience involves their interactions with other children, sometimes other children from the program will appear in the photos, videos, and stories of your children; they will be identified by first name only.

The same is true for your child; if positive pictures of them are posted on another child's section of Storypark your child will be identified by first name only.

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I give permission for the childcare program as indicated above, and childcare staff of the PMFRC to post on Storypark, on other children's sections, pictures, videos and stories that include my child identified by first name only |
|------------------------------|-----------------------------|---|

All content posted on Storypark, that includes another child, is to remain on Storypark so that it is only visible to those that have signed the agreement and permission form. I agree to not to share any content, videos or photos that include any child, other than my own, outside of Storypark.

Inappropriate language, images, content, or behaviour will result in the content being deleted and in extreme situations users restricted or removed from Storypark. By giving your consent you agree to act responsibly and to not post any inappropriate content. This includes concerns and complaints which should be dealt with outside of Storypark.

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I agree that all content posted by myself and those that I have provided access to is to be positive. Inappropriate images, language, including content and language that is offensive, critical, or degrading will be removed and may result in the user having future restricted access or removed from Storypark. |
|------------------------------|-----------------------------|--|

One of the exciting features of Storypark is the option that you will have to provide access to your child’s section of Storypark to family members and friends. As administrators for your child’s account, you control and decide who has access to it. It is important that you, as the parent/legal guardian of the child attending our childcare programs, understand that you need to explain the expectations clearly before access is granted for others to view your child’s section of Storypark.

PMFRC maintains all information on each child’s account for a minimum of three years after your leave the centre.

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I agree, that before granting access to others to view my child’s section of Storypark, I have explained that all content, pictures, videos that include another child is to remain on Storypark; it is not to be copied off Storypark for any reason. Any responses, content, pictures, videos posted are to be complimentary; inappropriate, harsh, or critical content and/or responses will be removed and may result in denying access |
|------------------------------|-----------------------------|---|

Parent / Guardian Name (Printed)

Date

Parent / Guardian Signature

Childcare Program Supervisor Name

Date

Childcare Program Supervisor Signature

PMFRC Privacy Practices

The Petawawa Military Family Resource Centre adheres to the Privacy Code for the Military Family Services Program in the collection, retention, use and disclosure of personal information. Personal information includes any recorded information.

Why we collect personal information

The PMFRC is committed to providing quality, dependable and inclusive programming to meet the diverse needs of the families of our community. To meet these goals, we need to collect, use and, disclose personal and health information for the following purposes.

Provision of Service

- To determine eligibility for our service.
- To ensure the health and safety of all children using our service (allergies, medical and developmental needs)
- To identify the children and the families who use our service.
- To promote new and existing PMFRC programs and services to our clients.

Administration

To collect payment for services

Reporting

- To generate statistics on services provided.
- To report current enrolment to Renfrew County District Health Unit for immunization purposes.
- To meet the requirement of the annual licensing process with the Ministry of Education.
- To inform Family and Children's Services, Fire Department, and Canadian Forces Housing Association of our list of caregiver's daycares each month.

Consent

By completing the registration form, you do so with the understanding that your personal information may be used or disclosed for any of the purposes identified above. You may withdraw consent at any time. Please note that due to our licensing obligations, withdrawing consent may affect our ability to continue to provide programming.

Storage and Destruction of Personal Information

The PMFRC retains personal information for as long as it is required to fulfill the purposes listed above. The Child Care Early Years Act stipulates that a child's file must be kept for three years after discharging from the program and the Canada Revenue Agency requires financial records be kept for seven years. All personal information is kept in a locked filing cabinet onsite. Any information (emergency contact numbers) that must be readily available during outdoor play, walks and field trips will be kept in a binder with Child Care staff. Once time limits have passed, all paperwork will be shredded.

Accessing your information

You have a right to access your own information at any time. You also have a right to know if your information has been disclosed to third parties. If you wish to access your personal information, please make an appointment with the Child Care Supervisor.

Statement of understanding

By signing below, you are stating that you have read and understand the Privacy Practices that will be adhered to within all Children’s Services Programs; that the information on the registration form is accurate to the best of your knowledge and you have read and understood the consents above. If you have any questions regarding this registration package, please inquire with the Child Care Supervisor or the Children’s Services Coordinator. Every effort will be made to ensure your questions are addressed to your satisfaction.

Child’s Full Name

Date

Parent / Guardian Signature

Date

Child Care Program Supervisor
Signature

Date

Thank you for completing the registration package. We would like to welcome you and your child to Children’s Services.

Posting of Serious Occurrences

Ministry of Children
and Youth Services

Ministère des Services à l'enfance
et à la jeunesse

Eastern Region
347 Preston Street
Ottawa ON K1S 3H8
Switchboard: (613) 234-1188
Fax: (613) 787-3990
Toll Free: 1-800-267-5111

Région de l'Est
347, rue Preston
Ottawa (Ontario) K1S 3H8
Réception centrale : (613) 234-1188
Télécopieur : (613) 787-3990
Sans Frais : 1-800-267-5111



August 23, 2011

NEW REQUIREMENT TO POST SERIOUS OCCURRENCES IN LICENSED CHILD CARE PROGRAMS

Dear Parent/Guardian:

The safety and well-being of our children in licensed child care programs is the highest priority. Operators of licensed child care centres and private-home day care agencies work diligently to provide a safe, creative and nurturing environment for each child. In spite of all the best precautions, serious occurrences can sometimes take place.

The Ontario government has introduced a new policy that requires licensed child care centres and private-home day care agencies to post information about serious occurrences that happen at a centre or a home location effective November 1, 2011. To support increased transparency and access to information, a "Serious Occurrence Notification Form" must be posted at the centre or home location in a visible area for 10 days.

A serious occurrence could include:

- Serious injury to a child,
- Fire or other disaster on site,
- Complaint about service standard.

Licensed child care centres and private-home day care agencies are already required to report serious occurrences to the Ministry of Children and Youth Services, which is responsible for child care licensing. This new policy requires child care operators to post information in their facilities so that parents also have access to it.

This posting will give parents information about the incident and outline follow-up actions taken and the outcomes, while respecting the privacy of the individuals involved. Longer-term actions taken by the operator will also be included to help prevent similar incidents in the future, where applicable.

Many factors may lead to a serious occurrence report. A serious occurrence does not necessarily mean that an operator is out of compliance with licensing requirements or that children are at risk in the child care program.

This new policy supports the government's efforts to increase access to information about licensed child care programs in Ontario. This includes the recent launch of child care licensing inspection findings on the Licensed Child Care Website which is available at:
<http://www.ontario.ca/ONT/portal61/licensedchildcare>.

We encourage you to speak to the operator of your child care program for more information about serious occurrences and the new Serious Occurrence Notification form posting policy.


Suzanne Gagnon
Regional Director

Ministry of Children and
Youth Services
Eastern Region
347 Preston Street
Ottawa, ON K1S 3H8
Switchboard: 613-234-1188
Toll Free: 1-800-267-5111

Ministère des Services à l'enfance
et à la jeunesse
Région de l'Est
347, rue Preston
Ottawa (Ontario) K1S 3H8
Réception centrale : 613-234-1188
Sans frais : 1-800-267-5111



June 1, 2009

Le 1^{er} juin 2009

Dear parents:

Chers parents,

LICENSING INSPECTION SUMMARY

RÉSUMÉ DE L'INSPECTION POUR LA DÉLIVRANCE
D'UN PERMIS

The Ontario government is committed to increasing transparency and parent access to information about licensed child care programs across the province.

Le gouvernement de l'Ontario s'est engagé à accroître la transparence de l'information portant sur les programmes agréés de garde d'enfants et à améliorer l'accès des parents à cette information.

Licensed child care programs in Ontario are now required to publicly post the results of annual licensing inspections. A licensing inspection has been conducted at this child care centre. The centre has received an inspection summary in graph form, showing how well the centre did on the date of inspection.

Les exploitants des programmes agréés de garde d'enfants sont maintenant tenus d'afficher les résultats de l'inspection annuelle pour la délivrance de leur permis, afin que les membres du public puissent en prendre connaissance. L'inspection pour la délivrance du permis à cette garderie a été effectuée, et la garderie a reçu un résumé de l'inspection sous forme d'un graphique indiquant dans quelle mesure elle observait les exigences prescrites à la date de l'inspection.

If the level shown on the graph is less than 100 per cent, it means the licensing requirements were not fully met on the date of inspection. The centre has been given instructions on how to correct this situation and meet the requirements.

Lorsque le niveau d'observation indiqué sur le graphique est inférieur à cent pour cent, cela signifie que la garderie ne respectait pas entièrement cette exigence particulière à la date de l'inspection. La garderie a reçu des instructions lui indiquant comment procéder pour rectifier la situation et se conformer à toutes les exigences.

We encourage you to speak to the operator of this child care centre for an explanation of the inspection findings. The operator can show you a detailed inspection report.

Nous vous encourageons à demander à l'exploitant de la garderie de vous expliquer les résultats de l'inspection et de vous en montrer le rapport détaillé.

More information about child care and licensing is available on the ministry website at www.ontario.ca/licensedchildcare.

Vous trouverez plus de renseignements sur les services de garde d'enfants et la délivrance des permis sur le site Web du ministère à l'adresse www.ontario.ca/servicedegardeagree.

Your regional office of the Ministry of Children and Youth Services is located in Ottawa, telephone 613-787-5279 or 1-800-667-6190.

Votre bureau régional du ministère des Services à l'enfance et à la jeunesse est situé à Ottawa, téléphone le 613-787-5279 ou 1-800-667-6190.

Renée Piché
Manager, Program Compliance and Review/ Chef, conformité et examen des programmes
Eastern Region/ Région de l'Est