

# Petawawa MFRC

## Children's Services

*Registration Package – Casual Childcare*

**Version 3: 26 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	15 August 2018	C. Beswick / S. Leclair	Update the current parent handbook to meet licensing requirements
Version 2	6 October 2021	C. Beswick	Update to new format and create a pdf fillable format package
Version 3	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: [26 October 2021](#)

Signature:

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## Forward

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### 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: [csc.pmfrc@bellnet.ca](mailto:csc.pmfrc@bellnet.ca)
- PMFRC Website: [www.familyforce.ca/sites/petawawa](http://www.familyforce.ca/sites/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

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### 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

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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

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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

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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 to the Child Care Early Years Act

## The Admission Processes

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Enrolment with any of the children’s services programs is based on a first come first serve basis. All registration forms must be returned to the program supervisor a minimum of 48 hours in advance of the child(ren)’s start date. When the maximum capacity is reached a prioritized waitlist is will be established.

The documentation required for enrolment is as follows:

- Review parent handbook hardcopy or online (Signature will be required indicating compliance to regulations and operations.
- Completed registration form/contract.
- Registration fee of \$30.00 per child (this excludes casual childcare). This is a one-time fee and can be transferred when changing childcare services within the PMFRC.
- An updated immunization form for each child (school age children only require a copy of the immunization record).
- Emergency contact and pick up form.
- Child custody order if applicable.
- Photo consent form.
- Medical release form.
- Access to personal information form.

- Sun and insect protection form.

It is the family's responsibility to notify the program supervisor of any changes that occur after the initial registration/contract, has been completed. This includes but is not limited to contact numbers, address, custody information, and medical information).

At the family's request registration packages and contracts can be shared should the family change children service's programs within the PMFRC. Casual Care contacts can be faxed between the two program sites and precautions will be taken to ensure the privacy of all personal information.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have read and agree to Casual Child Care Admission's Procedures
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_____ Parent / Guardian Signature	_____ Date
_____ Parent / Guardian Signature	_____ Date
_____ Child Care Program Supervisor Signature	_____ Date

#### 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.

#### 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.*

## Program Registration

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### Child / Guardian Information (1)

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?	
<b>* If yes, please provide a copy to the childcare program your child is enrolled in.</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The childcare program has received a copy of the custody order.	



Child / Guardian Information (2)

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?	
<b>* If yes, please provide a copy to the childcare program your child is enrolled in.</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The childcare program has received a copy of the custody order.	

## Child / Guardian Information (3)

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?	
<b>* If yes, please provide a copy to the childcare program your child is enrolled in.</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The childcare program has received a copy of the custody order.	

Child / Guardian Information (4)

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 Information

Parent / Guardian's Information				
Parent / Guardian #1 – Relationship to Child(ren)				
Parent <input type="checkbox"/>		Guardian <input type="checkbox"/>		
Service No	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's Information				
Parent / Guardian #2 – Relationship to Child(ren)				
Parent <input type="checkbox"/>		Guardian <input type="checkbox"/>		
Service No	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 Information Contact

Please list two individuals the childcare program can reach and can be available to pick up your child if the child care 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	Postal Code
Relationship to Child			

Emergency Contact Information			
Emergency Contact #2			
First Name	Last Name	Email Address	
Work Phone	Cell Phone	Home Phone	
Emergency Contact Address (Street)	City	Province	Postal Code
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"/>	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

Signature Page

<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 to the PMFRC Privacy Policies. Signing this document is not a condition of enrolment.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Hand Sanitizer</u> - I hereby grant my permission 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

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?





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)		

## 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 Petawawa Military Family Resource Centre (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 ( <a href="http://www.CAFConnection.ca">www.CAFConnection.ca</a> ) 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.
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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
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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.
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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
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\_\_\_\_\_  
Parent / Guardian Name (Printed)                      Date                      Parent / Guardian Signature

\_\_\_\_\_  
Childcare Program Supervisor Name                      Date                      Childcare Program Supervisor Signature

## PMFRC Privacy Practices

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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

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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



## Child(ren) Requirements

Child 1	
Child's Name:	Date:
Snack: <input type="checkbox"/> Provided <input type="checkbox"/> PMFRC Provides <input type="checkbox"/> Not Required	Parent Signature:
Bottles:    Time Expected: _____    Temperature: <input type="checkbox"/> Room Temp <input type="checkbox"/> Warm <input type="checkbox"/> Very Warm	
Actual Times:    _____    _____    _____	
Lunch: <input type="checkbox"/> Spoon Fed <input type="checkbox"/> Self-Feed    Temperature: _____	
Nap: <input type="checkbox"/> a.m <input type="checkbox"/> p.m.(after Lunch)    Approximate Time: _____	
<input type="checkbox"/> Not Needed <input type="checkbox"/> a.m <input type="checkbox"/> Soother <input type="checkbox"/> Cuddly Friend	
Diaper Changes: <input type="checkbox"/> Cream Provided <input type="checkbox"/> Starting to Potty Train	
Diaper Changes:    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty	
Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty	

Child 2	
Child's Name:	Date:
Snack: <input type="checkbox"/> Provided <input type="checkbox"/> PMFRC Provides <input type="checkbox"/> Not Required	Parent Signature:
Bottles:    Time Expected: _____    Temperature: <input type="checkbox"/> Room Temp <input type="checkbox"/> Warm <input type="checkbox"/> Very Warm	
Actual Times:    _____    _____    _____	
Lunch: <input type="checkbox"/> Spoon Fed <input type="checkbox"/> Self-Feed    Temperature: _____	
Nap: <input type="checkbox"/> a.m <input type="checkbox"/> p.m.(after Lunch)    Approximate Time: _____	
<input type="checkbox"/> Not Needed <input type="checkbox"/> a.m <input type="checkbox"/> Soother <input type="checkbox"/> Cuddly Friend	
Diaper Changes: <input type="checkbox"/> Cream Provided <input type="checkbox"/> Starting to Potty Train	
Diaper Changes:    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty	
Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty	

**Child 3**

Child's Name:	Date:
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Snack: <input type="checkbox"/> Provided <input type="checkbox"/> PMFRC Provides <input type="checkbox"/> Not Required	Parent Signature:
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Bottles:	Time Expected: _____	Temperature:	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Warm	<input type="checkbox"/> Very Warm
Actual Times:    _____    _____    _____					

Lunch:	<input type="checkbox"/> Spoon Fed	<input type="checkbox"/> Self-Fed	Temperature: _____
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Nap:	<input type="checkbox"/> a.m	<input type="checkbox"/> p.m.(after Lunch)	Approximate Time: _____
<input type="checkbox"/> Not Needed <input type="checkbox"/> a.m <input type="checkbox"/> Soother <input type="checkbox"/> Cuddly Friend			

Diaper Changes:	<input type="checkbox"/> Cream Provided	<input type="checkbox"/> Starting to Potty Train
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Diaper Changes:	Time: _____	<input type="checkbox"/> Wet	<input type="checkbox"/> Dirty	Time: _____	<input type="checkbox"/> Wet	<input type="checkbox"/> Dirty
Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty						

**Child 4**

Child's Name:	Date:
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Snack: <input type="checkbox"/> Provided <input type="checkbox"/> PMFRC Provides <input type="checkbox"/> Not Required	Parent Signature:
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Bottles:	Time Expected: _____	Temperature:	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Warm	<input type="checkbox"/> Very Warm
Actual Times:    _____    _____    _____					

Lunch:	<input type="checkbox"/> Spoon Fed	<input type="checkbox"/> Self-Fed	Temperature: _____
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Nap:	<input type="checkbox"/> a.m	<input type="checkbox"/> p.m.(after Lunch)	Approximate Time: _____
<input type="checkbox"/> Not Needed <input type="checkbox"/> a.m <input type="checkbox"/> Soother <input type="checkbox"/> Cuddly Friend			

Diaper Changes:	<input type="checkbox"/> Cream Provided	<input type="checkbox"/> Starting to Potty Train
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Diaper Changes:	Time: _____	<input type="checkbox"/> Wet	<input type="checkbox"/> Dirty	Time: _____	<input type="checkbox"/> Wet	<input type="checkbox"/> Dirty
Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty    Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> Dirty						