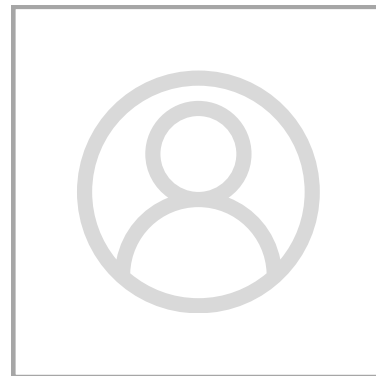




# EMERGENCY / HEALTH INFORMATION



PHOTO



Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name \_\_\_\_\_

Contact number/s \_\_\_\_\_

Parent Name \_\_\_\_\_

Contact number/s \_\_\_\_\_

Email : \_\_\_\_\_

## EMERGENCY CONTACTS: (NAME & PHONE NUMBER)

Contact no. 1 \_\_\_\_\_  
\_\_\_\_\_

Contact no. 2 \_\_\_\_\_  
\_\_\_\_\_

## CHILD'S DOCTOR

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact number/s \_\_\_\_\_  
\_\_\_\_\_



Parent Signature / date



Parent Signature / date



# EMERGENCY / HEALTH INFORMATION



Child's Full Name \_\_\_\_\_ Blood Type \_\_\_\_\_

## ALLERGIES

(food, medication, environmental)

---

---

---

---

---

---

---

## MEDICAL CONDITIONS

(asthma, seizures, etc.)

---

---

---

---

---

---

---

## MEDICATIONS

(if any list name, dosage, administration times)

---

---

---

---

---

---

---

## TREATMENTS OR THERAPIES

(any ongoing treatments or therapies)

---

---

---

---

---

---

---

## OTHER ILLNESS

(list any illness, especially if it might be contagious)

---

---

---

---

---



\_\_\_\_\_  
Parent Signature / date



\_\_\_\_\_  
Director's Signature / date



# ALL ABOUT YOUR CHILD



Child's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Nickname \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's name \_\_\_\_\_

Has your child been in childcare before? ☐ Yes ☐ No

If Yes, name of the provider \_\_\_\_\_

Date care was provided \_\_\_\_\_

Reason care was terminated \_\_\_\_\_

## EATING HABITS

Does your child have a special diet? ☐ Yes ☐ No

Are there any foods that should NOT be served to your child? Please list the food and the reason.

---

---

---

---

Your child's favorite foods \_\_\_\_\_

---

---

Least favorite \_\_\_\_\_

---

## FAVOURITE ACTIVITIES OR TOYS

---

---

---

---

## IMPORTANT NOTES

---

---

---

---

---

---

---

---



# ALLERGY FORM



Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Contact # \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

**Does your child have any allergies?**

☐ Yes ☐ No

**Does your child suffer from asthma?**

☐ Yes ☐ No

**Does your child have an EpiPen?**

☐ Yes ☐ No

**EpiPen Expiration date**

\_\_\_\_\_

**Does your family have a history of any allergies that may affect your child?**

\_\_\_\_\_  
\_\_\_\_\_

List any known allergies the child has, including food allergies, environmental allergies, medical, and any other allergies that may require special attention or accommodations.

Allergy	Severity	Known Reactions

I authorize Planet Child staff to administer emergency medication (e.g., epinephrine) and seek medical treatment for my child in the event of an allergic reaction.



\_\_\_\_\_  
**Parent Signature / date**

\_\_\_\_\_  
**Director's Signature / Date**

# TRANSPORTATION FORM



I/We give permission for my/our child \_\_\_\_\_

to leave the childcare residence in the company of JiJi Talmas \_\_\_\_\_



This signed statement includes at the discretion of the child care provider:

- ☐ **Regular Transportation:** Permission for the daycare provider to transport the child to and from specified locations, such as school, field trips, or other planned activities.
- ☐ **Emergency Transportation:** Authorization for emergency transportation, including medical facilities or hospital visits if necessary.

## SAFETY MEASURES

- Should travel take place by vehicle, the driver shall hold a current driver's license, and the vehicle will be registered and insured according to state law.
- All children will be securely fastened in age-appropriate car seats or seat belts.
- The daycare provider's vehicle, if used for transportation, adheres to safety standards and is equipped with necessary safety features.
- Trained caregivers will provide continuous supervision and monitoring of children during transportation, maintaining a safe environment.
- Children will wait for instructions and assistance before getting on or off transportation to prevent accidents.
- Emergency contact numbers are readily available and first aid kits are onboard, along with basic emergency response training for caregivers.
- Transportation routes are planned to avoid high-traffic areas or hazardous locations wherever possible, ensuring a safe journey.
- Parents/guardians will be promptly informed of any delays or changes in transportation plans. The caregiver will be reachable during transit for urgent matters.
- A headcount will be conducted before departure and upon arrival to ensure all children are present and accounted for at all times.



\_\_\_\_\_  
Parent Signature / date



\_\_\_\_\_  
Director Signature / date





# CHILDCARE PRICING



	FULL WEEK (CAMP)	BEFORE AND AFTER SCHOOL	FULL DAY (PA DAY)
Infants	N/A	N/A	N/A
Toddlers	N/A	N/A	N/A
Pre-schoolers	\$150/w	N/A	N/A
School-age	\$150/w	\$100/w	\$30
Two-child Family	\$295/w	\$195/w	\$55/d
Three-child Family	\$440/w	\$290/w	\$80/d

- Payment is due to the childcare provider by the **Friday prior to starting of the week.**
- method of payment is cash or money transfer to Jiji75@hotmail.ca
- **A fee of \$5 will be charged** for each day past the payment's initial due date.
- Late pickup fee. Parent must contact the childcare provider if they will be late picking up a child. The parent will be **charged a late pickup fee of \$ 20r every 5 minutes they are late** past 6 pm.
- Overtime payment.
- The provider may charge additional fees for the following:  
(supplies, such as to bring a white shirt for special parent gift, field trips, special events)



\_\_\_\_\_  
Signature / date



## CHILDCARE RATES

	Full Time	Part Time
Preschool	\$150/week	N/A

## SCHOOL AGE CHILDCARE RATES

	Full Time	Part Time
School Age - Kinder to grade 5 (P.A days and/or Camp)	\$150/w - Camp \$30/d - PA Day	N/A
<b>School Age</b> ( Before and after school only)	\$100/w	N/A
<b>School Age</b> (Before OR After School )	\$100/w	N/A



# OVER-THE-COUNTER MEDICATION FORM



child's name \_\_\_\_\_ Date \_\_\_\_\_

D.O.B \_\_\_\_\_

I give my permission for, \_\_\_\_\_ JiJi Talmas \_\_\_\_\_  
to use the following over-the-counter or external preparations as  
needed according to the directions for use on the container.



**Please sign  
& Return**

\* ☐ Acetaminophen

\* ☐ Ibuprofen

\* ☐ Benadryl

\* ☐ Baby Wipes

\* ☐ Baby Lotion

\* ☐ Other \_\_\_\_\_

---

---

---

---

\* ☐ Sunscreen

\* ☐ Insect Repellent

☐ Band-Aids

☐ Neosporin or similar Ointment

☐ Bactine or similar First Aid Spray



\_\_\_\_\_  
Parent Signature/ date





# NON PRESCRIPTION MEDICATION FORM



Child's name \_\_\_\_\_

Date \_\_\_\_\_

I authorize my child care provider \_\_\_\_\_ JiJi Talmas \_\_\_\_\_

to use the following products on my child according to the manufacturer or a physician's written instructions. I will not hold the above named provider liable when the products are used according to these terms.

**Parents are responsible for providing the following items. All items must be in the original container and clearly labeled with the child's name.**



Please tick the box yes or no and add a brand name where necessary



**Baby Wipes:**

☐ Yes ☐ No Brand \_\_\_\_\_

Notes \_\_\_\_\_



**Baby Lotion**

☐ Yes ☐ No Brand \_\_\_\_\_

Notes \_\_\_\_\_

**Sunscreen**

☐ Yes ☐ No Brand \_\_\_\_\_

Notes \_\_\_\_\_

**Insect Repellent**

☐ Yes ☐ No Brand \_\_\_\_\_

Notes \_\_\_\_\_

**First Aid Ointments**

☐ Yes ☐ No Brand \_\_\_\_\_

Notes \_\_\_\_\_



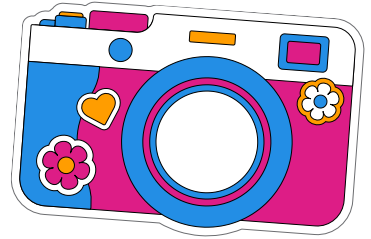
Parent Signature / date



Provider Signature / date



# PHOTO RELEASE FORM



**We take photographs and videos of children participating in activities at Planet Child for educational and promotional purposes. Your consent is required before we can use these images.**

Child(ren) Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number/Email: \_\_\_\_\_

I give permission for JiJi Talmas to photograph and/or videotape my child for educational and promotional purposes.

- ☐ Yes, I consent to the use of photographs/videos.
- ☐ No, I do not consent to the use of photographs/videos.

I give permission for Ms JiJi to use these photographs/videos for the following purposes:

- ☐ None
- ☐ **Classroom Display**
- ☐ Registration / Medical forms
- ☐ **Social media ( @MsJiJiOnline )**

I confirm that I have read and understand the following:

- ☐ This form will remain in effect during the term of my child's enrollment.
- ☐ It is my responsibility to update this form in the event that I wish to change my authorized uses.
- ☐ There will be no payment for me or my child's participation in this release.
- ☐ No personal information or names of the child will be revealed for safety and security reasons.

With my signature below, I grant permission for my child(ren) to be photographed, or their images recorded as outlined in this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_