

# Agreement for Child Care Services

(see guidelines on reverse)

## Agreement between:

and

Parent or guardian

Child care centre or child care home provider, hereinafter called the Child Care Service

Street Address/Box Number

Street Address/Box Number

Town/City

Postal Code

Town/City

Postal Code

This agreement is a legal and binding contract between the child care service and the parent. **Please ensure that all terms and conditions are thoroughly discussed, and clearly and accurately recorded in the agreement. A copy of this Agreement for Services is to be retained by both the parent and the child care service. The parent may be required to sign additional documentation regarding policies of the child care service.**

1. The parent agrees to place the following children in the above named child care service:

Name:

Date of birth:

Name:

Date of birth:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

2. The parent and the child care service agree that child care services will be available for the above named children as indicated below.

**The child care service will provide alternate care when the provider or centre staff is not available (including reasons of illness and vacation) during the hours indicated below unless other arrangements are agreed upon between the parent and the child care service.**

Monday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Thursday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Sunday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Tuesday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Friday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Wednesday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Saturday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Additional care schedule arrangements: \_\_\_\_\_

Alternate arrangements: \_\_\_\_\_

3. The parent and the child care service agree that the total child care fee shall be \$ \_\_\_\_\_ per month/week/day/hour, payable by the \_\_\_\_\_ day of the month.

The fee may be adjusted by providing \_\_\_\_\_ month(s) written notice. Non payment of fees may be cause for immediate termination without notice.

Additional fee payment arrangements: \_\_\_\_\_

4. (Optional) The parent and the child care service agree that the following fee shall be charged for late pick-up of a child: \_\_\_\_\_

5. (Optional) Either party shall give \_\_\_\_\_ days/weeks written notice during the first \_\_\_\_\_ days/weeks/month of care.

6. The parent and the child care service agree that this agreement may be terminated upon \_\_\_\_\_ week(s)/month(s) written notice by either the parent or the child care service. Notice shall be received by the \_\_\_\_\_ day of the month. The fee may be paid in lieu of notice.

The parent and the child care service agree to comply with the child care facility policies and The Saskatchewan Child Care Regulations as amended from time to time, a copy of which is available from Learning.

I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by these requirements.

In witness whereof the parties hereto have set their hands this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

at \_\_\_\_\_ in the province of Saskatchewan.

Signature of witness

Signature of parent or guardian

Signature of witness

Signature of the supervisor or operator of the child care centre or the child care home provider

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# Agreement for Child Care Services Guidelines for Completion

This form is completed by the child care service and the parent prior to admitting a child. It is a contract between parent and child care service and serves as a legal document. The child care service keeps the original on file and gives the parent a copy. A new agreement must be completed whenever there is a change in number of children covered by the agreement, hours of care, fees or other relevant policies. Be sure you discuss all aspects of this agreement with the parent prior to signing.

**Section 1.** All children from one family may be included on one agreement or separate agreements may be used if fees and/or care schedules differ.

**Section 2.** Fill out normal hours of care required each day. The parent and the child care service must discuss and make arrangements for any variations that could occur in the schedule. Any permanent changes require that a new agreement must be completed.

Under additional care schedule arrangements, parents and child care service should include when care may or may not be provided, variable or casual work/care schedules, statutory holidays, part-time care and extended care hours. Under alternate care arrangements child care services should reflect their policies regarding use of alternates not provided by the child care service (reimbursement, provision of receipts, etc.)

**Section 3.** Total child care fee include parent portion and subsidized portion. Child care services should inform the parent of his/her responsibility for any portion of the fee not received through Child Care Subsidy. Indicate the day of the month payments are due. Any change in fees requires a new agreement (i.e. facility fee increase, child moving from infant to toddler fee).

Under additional fee payment arrangements, the parent and the child care service should include payments other than monthly payments, specifics regarding fluctuating fees, additional fees for outings or activities, agreements for payments during parent vacations and child illnesses, interest charges for late payments, summer school-age increases, deposits and holding fees.

**Section 4.** Completion of this section is optional. Any fees that are charged for overtime or late pick-up should be specified. Be sure to specify the dollar amount for the period of time and the time when late charges become effective. (i.e. \$1.00 per minute after centre closing hours, \$5.00 per half hour after 5:30 p.m.).

**Section 5.** Completion of this section is optional. Facilities may establish a shorter period of notice during a specified trial period. (i.e. one week during the first month of care).

**Section 6.** If the facility has a policy stating the notice must be received by a certain date, such as the first of the month, this line should be completed.

**Section 7.** Signature of witnesses is optional, however signature of a witness further authenticates the document. Any adult can be a witness to a legal document and it is preferable for the witness to be present when the form is signed, however it is not legally required. A witness can state to the person after the person has signed the document: "Is that your signature?" and if the person responds "yes", the witness can then witness the document in writing.



Are your child's immunizations up to date?  Yes  No

**Allergies**

Does your child have any known **drug** allergies?  Yes  No If Yes, what are they and what are your child's reactions?

Does your child have any known **food** allergies?  Yes  No If Yes, what are they and what are your child's reactions?

Does your child have any **other** allergies?  Yes  No If Yes, what are they and what are your child's reactions?

**Other Medical Information**

Does your child take any medication on a regular basis?  Yes  No If Yes, please give the name of the medication and the medical condition for which it is taken.

Was your child born prematurely?  Yes  No If Yes, how many weeks? \_\_\_\_\_

Do you have any concerns about your child's development?  Yes  No If Yes, please comment \_\_\_\_\_

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate?  Yes  No  
If Yes, please identify. \_\_\_\_\_

Has your child ever undergone surgery?  Yes  No If Yes, please list. \_\_\_\_\_

Are there any special diets necessary for your child's health?  Yes  No If Yes, please describe.

Please comment on any other medical information the child care service should be aware of: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

\_\_\_\_\_  
Parent/Guardian signature





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

Does your child have a nickname?  Yes  No If Yes, what is it? \_\_\_\_\_

## Family

Names of brothers and sisters (include nicknames)	Birth dates	Does this sibling live in the same home as this child?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of others living in the home	Relationship to child
_____	_____
_____	_____
_____	_____

What languages are spoken in your home? \_\_\_\_\_

Does your child have any pets?  Yes  No If Yes, what are they? \_\_\_\_\_

## Food

Is your child **breast-fed**?  Yes  No

If **Yes**:  
Do you plan to continue breast-feeding?  Yes  No  
If Yes, how do you plan to carry this out? \_\_\_\_\_

What is your child's feeding schedule? \_\_\_\_\_

Do you supplement?  Yes  No If Yes, with what and how often? \_\_\_\_\_

Is your child **bottle-fed**?  Yes  No

If **Yes**: What is your child's bottle feeding schedule? Please complete chart:

Liquids	Type	Amount	Times
Formula			
Milk			
Water			
Other:			

What position does your child like to be in while bottle-feeding? \_\_\_\_\_

What position does your child like to be in while being burped? \_\_\_\_\_

Does your child spit-up? Please comment: \_\_\_\_\_

Food continued on next page

Has your child been introduced to solids?  Yes  No If Yes, what type?  Baby food  Table food

What is your child's feeding schedule? Please complete chart. (Only list foods to which your child has successfully been introduced)

Solids	Type	Consistency	Amount	Times
Cereals				
Cereals				
Cereals				
Vegetables				
Vegetables				
Vegetables				
Vegetables				
Fruits				
Fruits				
Fruits				
Fruits				
Meats				
Meats				
Snacks				
Snacks				

Does your child have any food sensitivities?  Yes  No If Yes, please Identify: \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

What foods does your child like and dislike? \_\_\_\_\_

## Sleep

Describe your child's sleep routine (include times and lengths of naps) \_\_\_\_\_

Describe ways you help your child go to sleep (include position, special blanket, lighting, sound, etc.) \_\_\_\_\_

Does your child usually cry when going to sleep?  Yes  No If Yes, for how long? \_\_\_\_\_

Does your child usually cry when waking?  Yes  No

Where does your child usually sleep? Please describe: \_\_\_\_\_

## Diapering

What type of diapers does your child use? \_\_\_\_\_

Describe your child's normal diapering routine (include double-diapering, liners, creams, powders etc.)

\_\_\_\_\_

Is your child prone to diaper rash?  Yes  No Treatment used: \_\_\_\_\_

\_\_\_\_\_

How many diapers would your child normally use between 8:00 a.m. and 5:00 p.m.? \_\_\_\_\_

Please comment on your child's bowel movements (including frequency, color, consistency, constipation, etc.)

\_\_\_\_\_

## Social/Emotional Development

Describe your child's temperament: (i.e. colic, likes to cuddle) \_\_\_\_\_

\_\_\_\_\_

What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes) \_\_\_\_\_

\_\_\_\_\_

Does your child separate easily from you?  Yes  No Please comment: \_\_\_\_\_

\_\_\_\_\_

Is your child afraid of anything?  Yes  No Please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have a favorite toy, blanket, bottle or soother?  Yes  No Please identify: \_\_\_\_\_

\_\_\_\_\_

Does your child spend time with other children?  Yes  No Please comment: (who, when, how much)

\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

\_\_\_\_\_

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

\_\_\_\_\_

\_\_\_\_\_

**Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.**

Date: \_\_\_\_\_  
Year / Month / Day

\_\_\_\_\_  
Parent/Guardian signature





# Child's Emergency Information (Required Form)

Child Care Regulation 31 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

**Two other persons to contact in case of emergency:**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

Group Medical Services or

Medical Services Incorporated Number \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Check (✓) any of the following illnesses which the child has had:

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Earaches         | <input type="checkbox"/> Measles (red)   | <input type="checkbox"/> Tonsillitis    |
| <input type="checkbox"/> Bronchitis  | <input type="checkbox"/> Eczema           | <input type="checkbox"/> Mumps           | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Frequent colds   | <input type="checkbox"/> Pneumonia       | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza        | <input type="checkbox"/> Polio           | _____                                   |
| <input type="checkbox"/> Croup       | <input type="checkbox"/> Injuries         | <input type="checkbox"/> Rheumatic fever |   |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Scarlet fever   |   |

List all known allergies:

Drug	Food	Other
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all medications taken on a regular basis:

\_\_\_\_\_

\_\_\_\_\_

List all known medical conditions:

\_\_\_\_\_

\_\_\_\_\_

List any concerns/limitations in regards to this child's medical treatment:

\_\_\_\_\_

\_\_\_\_\_



Ministry of Social Services

Return to: Child Care Subsidy  
P.O. Box 2405 Stn. Main  
Regina, SK S4P 4L7

# Child Care Subsidy Application

For Office Use:

Type of Application

Case Load

Case No.



- First Application     Change of Child Care Service  
 Reapplication     Change of Income

Reporting of Constitutional Status is Voluntary: Status Indian = S Non Status Indian = N Inuit = I Metis = M Non-Native = O

Saskatchewan Personal Health Number	Family Name	Given Name	Sex M-Male F-Female	Birth Date			Social Insurance Number(s)
				Year	Month	Day	
	Applicant:						
	Spouse/Common-Law						
	Dependent Children under 18 years-of-age						<p><b>Please check ( ) if you are receiving a Child Tax Benefit for each child.</b></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are you receiving social assistance payments from the Ministry of Social Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>

Correction area – if the above information or your address has been preprinted incorrectly, please list any changes.

**ANSWER ALL OF THE FOLLOWING QUESTIONS:**

**1. Please provide the following:**

Maiden Name: \_\_\_\_\_ Alias Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

**2. Your marital status:** Married  Single  Separated  Divorced  Widowed

**3. Are you living common-law?** Yes  No  (You must answer this question if you are not married.)

**4. If your marital status has changed since your last application, give date:** \_\_\_\_\_  
Year Month Day

**5. If you or your spouse/common-law's income has changed since your last application, please give effective date:** \_\_\_\_\_  
Year Month Day

**6. The Applicant is:** 1.  Employed (Complete section A)    **The Spouse/Common-law spouse is:** 1.  Employed (Complete section A)  
2.  Self-employed (Complete section B)    2.  Self-employed (Complete section B)  
3.  Seeking employment (Complete section C)    3.  Seeking employment (Complete section C)  
4.  Attending an education facility (Complete section D)    4.  Attending an education facility (Complete section D)  
5.  Special Need (Complete section K)    5.  Special Need (Complete section K)

**7. Are you or your spouse currently a student on a Study Permit issued by Citizenship and Immigration Canada?** Yes  No

**8. Are both you and your spouse legally able to work in Canada?** Yes  No

**Mailing Address – Please Print**

Name  
Street or  
Box Number  
City or Town  
Postal Code

**For office use only**

Elig. Start: \_\_\_\_\_ Term: \_\_\_\_\_  
Year Month Day Year Month Day

Reason for Child Care: \_\_\_\_\_

Case Status: \_\_\_\_\_ No. of Hol. \_\_\_\_\_

Letter Type: \_\_\_\_\_

Assessor's Signature: \_\_\_\_\_ Approved: \_\_\_\_\_



**I. Income Declaration Section**

Please provide a copy of your most recent paystub(s) for you and your spouse covering the last full month, from ALL sources of income.

Complete Applicable:	<b>Applicant</b>	<b>Spouse/Common-Law</b>	
<b>1. Present Month's Gross Employment Income (before deductions)</b>			
<b>Applicant Paid – (attach paystub/s)</b> <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Paid twice per month (eg. 1 <sup>st</sup> & 15 <sup>th</sup> ) _____ + _____ / mth - Previous month's employment income _____ - Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ total per month	<b>Spouse/Common-law Paid (attach paystub/s)</b> <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Paid twice per month (eg. 1 <sup>st</sup> & 15 <sup>th</sup> ) _____ + _____ / mth - Previous month's employment income _____ - Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ total per month
<b>2. Commission Income: - Submit previous month's Gross (attach allowable expenses and paystubs if applicable)</b>			
Applicant – commission	_____ total per month	Spouse/Common-law - commission	_____ total per month
<b>3. Net Income Self-Employment (farm or business)</b>			
Applicant – Net Income Check ( ) one: <input type="checkbox"/> Previous Year Monthly Average <input type="checkbox"/> Current Year Monthly Estimate	_____ total per month	Spouse/Common-law – Net Income Check ( ) one: <input type="checkbox"/> Previous Year Monthly Average <input type="checkbox"/> Current Year Monthly Estimate	_____ total per month
<b>4. Student Loan, Training Allowance, Grants, Bursaries or Scholarships</b>			
<b>Applicant Receives</b> <input type="checkbox"/> Student Loan _____ <input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____ <b>Training Allowance:</b> <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Child Care allowance _____ / wk	_____ total per month	<b>Spouse/Common-law Receives</b> <input type="checkbox"/> Student Loan _____ <input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____ <b>Training Allowance:</b> <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Child Care allowance _____ / wk	_____ total per month
<b>5. Employment Insurance (attach paystub/s)</b>			
<b>Applicant Receives</b> Weekly Benefit _____ Eligible Date _____ / ____ / ____ Year Month Day	_____ total per month	<b>Spouse/Common-law Receives</b> Weekly Benefit _____ Eligible Date _____ / ____ / ____ Year Month Day	_____ total per month
<b>6. Rental Income</b>			
<b>Applicant Receives Income from</b> <input type="checkbox"/> Room & board _____ <input type="checkbox"/> Rental property _____ <input type="checkbox"/> _____ (other) _____	_____ total per month	<b>Spouse/Common-law Receives Income from</b> <input type="checkbox"/> Room & board _____ <input type="checkbox"/> Rental property _____ <input type="checkbox"/> _____ (other) _____	_____ total per month
Applicant receives income from (attach copies) <b>7. Pensions &amp; Superannuation</b> total per month	_____	Spouse/Common-law receives income from (attach copies) <b>Pensions &amp; Superannuation</b> total per month	_____
<b>8. Workers Compensation</b> total per month	_____	<b>Workers Compensation</b> total per month	_____
<b>9 Maintenance or Child Support</b> Received: total per month	_____	<b>Maintenance or Child Support</b> Received: total per month	_____
<b>10. Other Income</b> _____ (specify)	_____	<b>Other Income</b> _____ (specify)	_____

**PLEASE TURN TO PAGE 4. READ SECTION L AND SIGN IN THE APPROPRIATE SPACE(S).**

For office use only			
<div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div> (a)	<div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div> (b)	<div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div> (a-b)	Assessor's signature _____ Approved by _____
Total Gross family income	Number of children x \$100	Adjusted family income	

**J. Variable Work Schedule/Child Care Requirements:** Explain your work schedule providing as much detail as possible (eg. Number of days, hours per day worked, etc.). State the actual week days and hours per day that you require child care in one month.

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**K. Special Needs – Child Care Subsidy Referral (MUST BE COMPLETED BY REFERRING PROFESSIONAL)**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Child will require child care \_\_\_\_\_ days per week.

Child will require child care \_\_\_\_\_ hours per day.

**Reason for referral: (if more space is required please provide an attachment).**

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**Length of time required:** \_\_\_\_\_

Referring person's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Profession: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**L.** I state that the information given in this Child Care Subsidy Application is true, correct and complete and that I have not withheld any information which may have an effect on my benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

**Reporting Requirements**

I agree to report to the Ministry of Social Services any changes in my circumstances, or the circumstances of my family members, that may affect my eligibility for benefits, or the eligibility of my family members. I understand some examples of such changes are changes in address, income from any source, number of dependents, marital status (including common-law relationships), living arrangements and change in reason for child care services. If I am in doubt as to whether any changes in circumstances will effect my eligibility, I agree to report this to the Ministry of Social Services, Child Care Subsidy office.

**Client Consent**

I give my consent to the Ministry of Social Services to obtain and verify information or documents required to confirm my eligibility, or the eligibility of my family members for benefits under the Child Care Subsidy program. I understand information includes income received from any source, employment records, marital status (including common-law relationships), and living arrangements of myself or my family members. I give consent to use my Social Insurance Number and the Health Services Number for myself and all family members for the purposes of administration of the Child Care Subsidy program.

I give my consent to nay ministry, person, or agency having such information or documents to release them upon written or verbal request to employees of the Ministry of Social Services. I understand examples include, but are not restricted to, information or documents from: the Ministry of Education, Advanced Education, Employment and Labour, Human Resources and Skills Development Canada (Employment Insurance), Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord and past employers.

I give consent to the Ministry of Social Services to disclose my information to third parties where the information is necessary to verify and confirm my eligibility for benefits or to assist in providing additional benefits. I understand third party examples include, but are not restricted to the Ministry of Education, Advanced Education, Employment and Labour and other social assistance programs.

**I give my consent to the Ministry of Social Services to advise my child care facility that my subsidy benefits have been placed on hold. I understand this information may be shared with the facility as my benefits are paid directly to the child care facility on my behalf.**

Signature of Applicant
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Signature of Spouse/Common-law
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Date |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
Year Month Day

Home telephone number
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Please be sure address section has been completed correctly on Page 1
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# Excursion and Transportation Consent

(Required Form)

**Child Care Regulation 35(2)(f) requires every licensee keep a record with respect to each child attending the facility that includes any authorization provided by the child's parent for (i) an excursion not involving transportation and (ii) an excursion involving transportation.**

I hereby give permission to \_\_\_\_\_  
(Name of child care home provider or child care centre)

for my child \_\_\_\_\_  
(Name of child) for the following:

to participate in excursions not involving transportation such as walks in the neighbourhood,

walks to playgrounds, parks and libraries.

to participate in excursions involving public or private transportation to locations such as

libraries, parks, playgrounds, museums and pet stores.

Comments or Exceptions:

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





## Sun Safety and West Nile

### Consent for the application of sunscreen:

Outdoor play gives children the opportunity to explore, discover, exercise and expand on what they have learned indoors. In striving to keep children safe and healthy the YMCA Child Care Centres require parents and/or guardians to supply sunscreen with an SPF or more to your child. YMCA staff will apply the sunscreen to exposed skin 15-30 minutes prior to going outside.

I understand that it is my responsibility to supply sunscreen 0 SPF or higher everyday for my child. As well, a YMCA child care staff member will apply sunscreen as required to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Consent for the application of Insect Repellent:

To prevent the risk of contracting West Nile Virus from mosquito bites, Health Canada recommends applying insect repellent with the concentration of 10% DEET or less (for children 6 months to 12 years of age). Please refer to the following website to gain information about West Nile ([www.hc-sc.gc.ca/dc-mal/wnv-vno/index\\_e.html](http://www.hc-sc.gc.ca/dc-mal/wnv-vno/index_e.html)). If you decide that you would like insect repellent applied to your child, you must provide an insect repellent with 10% DEET or less. YMCA staff will not apply repellent with more than 10% DEET. The insect repellent will be applied according to the directions on the label, after sunscreen and to exposed skin only (excluding children's hands or faces).

Check only one:

- I will provide an insect repellent with 10% DEET or less to be applied to my child every day before going outside.
- I will provide an insect repellent with 10% DEET or less to be applied to my child only on days I request it in writing.
- I do not want insect repellent applied to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Regina YMCA Child Care Centre**

Media Release Form

The YMCA of Regina Child Care Centre's recognizes the value of media coverage in order to better educate the public about child care. The YMCA and/or Director, may approve such media is coming; we will post a sign informing parents of this. If names of the children are to appear in the newspaper, we will notify parents. Pictures or television coverage of the children when on an excursion in the community may occur.

I \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to be involved in any media coverage approved by the YMCA or Director as outlined above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**YMCA OF REGINA CHILD CARE CENTRE**

PHOTO RELEASE FORM & PERMISSION TO PHOTOGRAPH

To the YMCA of Regina I, \_\_\_\_\_  
Residing at \_\_\_\_\_ grant and release  
to the YMCA the right to use photographs, and or videotapes in which I and/or my  
child(ren) appear for use in the following:

Category		Parent/Guardian Initials
The centre's decor		
Staff training purposes		
Publicity Brochures		
Newsletters		
YMCA Annual Report		
Any materials and articles promoting the YMCA, its programs and memberships		

In the event that any of these films, photographs and videotapes are to be used for any  
other purposes, it is understood and agreed that my consent shall be obtained prior to any  
use.

Child's First and Last Name:

Name of Parent:

Signature of Parent:

Date:

YMCA witness:

**YMCA Privacy Statement**

YMCA of Regina is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA programs or service in which you are registered. You may also receive periodic mailings from us with information about other YMCA programs and services that may interest and benefit you.

