

**CHILDREN'S VILLAGE OF OTTAWA-CARLETON  
CHILD PROFILE FORM**

*Please be sure to fill in all fields including addresses & postal codes*

Admission Date		Discharge Date	
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Child's Name			Birthdate	
	First Name	Last Name	dd/mm/yy	
Address				Postal Code
Home Phone Number	Home Email			

Parent #1 Name			Home	
	First Name	Last Name	Cell	
Home Address				Postal Code
Parent 1's Employer/ School Occupation				
Daytime Address				Postal Code
Work Email				Work

Parent #2 Name			Home	
	First Name	Last Name	Cell	
Home Address				Postal Code
Parent 2's Employer/ School Occupation				
Daytime Address				Postal Code
Work Email				Work

1. Emergency Contact Name			Relationship	
Home Address				Postal Code
	Home Cell		Work	

2. Emergency Contact Name			Relationship	
Home Address				Postal Code
	Home Cell		Work	

**Family Dynamics**

According to the law both parents of a child have equal access to the child and to the information about the child's development, health and welfare. A supervisor or staff person can deny access to a parent of a child **ONLY** when there is a written legal agreement or court order. A copy of this document is required for the Centre. Supervisors and staff will not release a child to a person if there is reason to believe the child is in any danger. In addition, the program is not permitted to release your child to any person without written authorization. All changes in permission of release must be made in writing to the program before access to the child is permitted.

**Authorized Release (other than parents listed above)**

Name	Relationship	home no.	cell no.	work no.

**Other Members of the Household. Please list name and birthdates for siblings.**


**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Health Card Number \_\_\_\_\_

**Health Information Summary (please write none or n/a if this doesn't apply to your child)**

**Allergies** \_\_\_\_\_ **Medication** \_\_\_\_\_  
 \_\_\_\_\_ **Medication** \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_ **Medication** \_\_\_\_\_  
 \_\_\_\_\_ **Medication** \_\_\_\_\_

**Food Restrictions** \_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

**Medical Health Profile**

If your child suffers from allergies or other medical conditions, please provide details.

Condition	
Signs or Symptoms	
Medical Intervention	
Additional information	


Condition	
Signs or Symptoms	
Medical Intervention	
Additional information	



CHILDREN'S VILLAGE OF OTTAWA-CARLETON  
Child Profile Questionnaire

**Health**

**\*\*Please provide our program with a copy of your child's immunization record.**

Does your child have regular medical and dental check ups?

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Describe your child's general well-being. Are they prone to colds, ear aches, flu or other low grade illnesses?

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Describe your child's behaviour when they are becoming ill.

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Has your child ever been hospitalized? The reason.

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**General Development**

Please comment on the following areas regarding your child's development at this stage.

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Please write a brief physical description of your child. Eye colour, hair, etc.

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What are your child's interests?

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How does your child learn best?

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Describe your child's eating habits.

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Is your child toilet trained and able to use the bathroom independently?

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Describe your child's motor skills. Are they coordinated, clumsy, awkward, age appropriate.

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Does your child still nap regularly?

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CHILDREN'S VILLAGE OF OTTAWA-CARLETON  
Child Profile Questionnaire

**Social / Emotional**

Describe your child's personality and temperament.

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Describe their relationships with siblings, peers and extended family members.

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Do you have any concerns regarding their behaviour?

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How do they express their anger?

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Does your child have any fears? How do they express their fears.

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**Communication Skills**

What language do you speak at home?

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Does your child communicate effectively?

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Does your child listen and follow instructions?

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**Additional Information**

In order to better assist your child while they are in our program please list any other Community Agencies in regular contact with your child and or family. Please include CAS, Social Workers, Speech Pathologists, Public Health Nurses etc.

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Notes from Orientation Interview:

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CHILDREN'S VILLAGE OF OTTAWA-CARLETON  
Hours of Care Survey

Dear Parents

Please complete and return the following with your registration package.  
This information is needed to finalize our fall staff schedule.

My child will attend morning care on the following days:

Monday  Tuesday  Wednes.  Thursday  Friday

My child will arrive at daycare between :

7:00-7:30  7:30-8:00  8:00-8:30  8:30-9:00  9:00-10:00

My child will be picked up from daycare between :

3:00-3:15  3:15-3:30  3:30-3:45  3:45-4:00  4:00-4:15

4:15-4:30  4:30-4:45  4:45-5:00  5:00-5:15  5:15-45

Child's Name

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Parent's Signature

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Date

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# CHILDREN'S VILLAGE OF OTTAWA-CARLETON

<b>Child's Name</b>	
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## Authorization for Emergency Medical Care

Should an accident or illness occur when your child is in our care, medical attention may be necessary. We need your prior permission to transport your child to and from the program and to seek medical attention. We will attempt to contact you before moving your child or as soon as possible thereafter.

I hereby authorize the Children's Village of Ottawa Carleton, to transport my child to and from the program to seek medical attention in case of an emergency.

Parent/Guardian Signature	Date

## Permission for Field Trips

We are planning to take the children on frequent walking trips to the local parks, playgrounds and stores within a 2 km distance from the program. We require your permission to take your child out of the child care centre.

Parent/Guardian Signature	Date

**\*\*PLEASE NOTE:**

*For any field trips outside of a 2 km range, you will be notified in advance and will be required to give us specific permission for each field trip that is not within walking distance.*

## Permission to Take Photographs

The program may wish to take pictures of the children at various times throughout the year. Occasionally, some of our slides or pictures are requested for public display such as our Family Newsletters and Agency Board Reports. Before we can use your child's picture for public display, we require your written permission. Please note: An additional permission form will be requested for specific photos if chosen to appear on our website or social media outlets.

Initial your choice.

<input style="width: 100%;" type="checkbox"/> <b>YES</b> , you can use pictures of my child for public display.		<input style="width: 100%;" type="checkbox"/> <b>NO</b> , you may not use pictures of my child for public display.
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<input style="width: 100%;" type="checkbox"/> <b>YES</b> , you may use my child's photo in Parent Newsletters and Learning Stories which are circulated in print format and/or sent electronically to families and staff of Children's Village.
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<input style="width: 100%;" type="checkbox"/> <b>NO</b> , you may not use my child's photo in Parent Newsletters or Learning Stories which are circulated in print format and or sent electronically to families and staff of Children's Village.
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Parent/Guardian Signature	Date

## Permission to Apply

I give my permission to the staff to apply the following to my child(ren) while attending the program. I will inform the staff in writing if there are any changes or allergic reactions. Please note: all products (minus hand sanitizer) applied must be provided by parents.

Initial your choice: Sunscreen	yes	<input style="width: 100%;" type="checkbox"/>		no	<input style="width: 100%;" type="checkbox"/>
Body lotion	yes	<input style="width: 100%;" type="checkbox"/>		no	<input style="width: 100%;" type="checkbox"/>
Diaper Cream	yes	<input style="width: 100%;" type="checkbox"/>		no	<input style="width: 100%;" type="checkbox"/>
Lip Balm	yes	<input style="width: 100%;" type="checkbox"/>		no	<input style="width: 100%;" type="checkbox"/>
Hand Sanitizer	yes	<input style="width: 100%;" type="checkbox"/>		no	<input style="width: 100%;" type="checkbox"/>

Parent/Guardian Signature	Date