



CHILD PROFILE ~ UNICORN CHILDREN'S CENTRE INC.

Registration Date: _____ Start Date: _____

CHILD / FAMILY INFORMATION:

Name of child: _____ Male Female
Date of birth: _____ Medicare #: _____ Expiry date: _____
Name of Family Physician: _____ Telephone: _____
Address: _____

ALLERGY ALERT: Please list your child's allergies

Home Address: _____ Apt. #: _____
City: _____ Postal Code: _____
Phone #: _____ Cell #: _____ E-mail: _____
Mother/Guardian Name: _____ Father/Guardian Name: _____
Place of work: (mother) _____ Work phone #: _____
Place of work: (father) _____ Work phone #: _____
Marital status: Single Married Widowed Separated Divorced
With whom has the child lived for the past year? Mother Father Both
 Guardian Other (specify) _____

Who has permission to pick up your child from the centre?

- If changing pick up arrangements parent(s) must call the centre prior to the child being picked up. (35-5176)

Is there anyone who does not have permission to pick up from the center?

What language(s) are spoken at home? English French Other (specify) _____

Siblings: Name _____ Age: _____

Other people living in the home:

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

EMERGENCY CONTACTS (not including parents/guardians)

1. Name: _____	Address: _____
Telephone: _____	Relationship: _____
2. Name: _____	Address: _____
Telephone: _____	Relationship: _____

PRESCHOOL/CHILD HISTORY

Has your child attended preschool/child care before? Yes No

If yes, for how long? 6 months 1 year 2 years more than 2 years

Name of child's most recent preschool / child care center:

CHILD HEALTH RECORD

1. Immunizations: **Please provide a copy of your child's immunization record.** If for any reason your child has not received any or all of these immunizations appropriate to his/her age, please inform us.

Parent(s) are responsible to update their child's immunization record and provide this to the facility as changes occur.

The heart (♥) on this table illustrate the routine immunization schedule which should be followed for infants and children (born after 2000).

Age	DPT-P/Hib	DPT-P	Hep. B	Conj. Pneumo	MMR	Varicella	Conj. MenC ³	Td-P	Td
Birth			.♥						
2 months	.♥		.♥	♥					
4 months	.♥			♥					
6 months	.♥		♥	♥					
1 year			.		.♥	♥	♥		
18 months	.♥			♥	.♥				
4-6 years		.♥							

DTaP-P/hib – Diphtheria, tetanus, acellular, pertussis, polio, haemophilus influenzae type b vaccine; DTaP-P – Diphtheria, tetanus, acellular, pertussis, , polio vaccine; Heb. B – Hepatitis B vaccine; MMR – Measles, mumps, rubella vaccine; Varicella: Varicella (chickenpox) vaccine; Td-P – Tetanus, diphtheria, polio vaccine; TdaP Tetanus, diphtheria, acellular pertussis vaccine; Td – tetanus, diphtheria vaccine.

2. **Medical History:** Please indicate if your child has had any of the following:

	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>

3. a) **Health Status:** Please indicate if your child has any of the following:

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Eczema/Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3 b) **Medical Treatment** Please indicate medical treatment your child may require.

Name of Medication _____ Dosage _____

Instructions: _____

* Please note: Any medications brought to the centre MUST be in original containers with the child's name and dosage clearly on the bottle and consent must be signed.

3 c) **Emergency Treatment.** Please indicate any situation where emergency treatment and/or medication(s) may be required by your child (i.e. epipen, benadryl)

Instructions: _____

4. **Additional a)** Please list any medication allergies _____

5. **Additional information** Indicate if there are any activities in which your child cannot participate.

CHILD DEVELOPMENT

To help us better understand your child, his interests and development, please assist us by completing the following.

1. Child's Health at Birth

Was your child more than 3 weeks premature? Yes No

If yes, how many weeks? _____

Did he/she stay in the hospital longer than the mother? Yes No

If yes, please explain _____

Were there any difficulties with your child at the time of delivery? Yes No

If yes, please explain _____

2. Child's Health Since Birth

EYES

Have you ever suspected that your child has vision problem? Yes No
(ie. Holding books too close, constant rubbing of his/her eyes, lazy eye)

If yes, please explain: _____

EARS

Has your child had frequent ear infections?? Yes No

Have you ever suspected that your child has hearing problems? Yes No
(ie. TURNING VOLUME UP, LACK OF RESPONSE TO VOICE LEVELS)

If yes, please explain: _____

Coordination

Has your child ever had trouble walking, climbing, reaching, holding on to things?
 Yes No

Has your child ever had significant injuries for which he/she was hospitalized?
 Yes No

3. Child's Interests

- A. Does your child:**
- | | | |
|--|------------------------------|-----------------------------|
| play with blocks, boxes, cups or other construction toys without help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| use crayons and/or markers to scribble or draw? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| listen to stories being read? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| turn pages of a book and look at pictures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recall stories or events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Enjoy playing alone or with imaginary friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Talk with your friends/relatives who come to visit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Follow simple, age-appropriate directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How many hours a day does your child spend watching TV? _____

Are there other things you would like to tell us about your child?

B. Self Help

In what way does your child need our help with the following self help skills?

Dressing / Undressing?

Eating:

Toileting:

Hand washing:

Other: (ie gross and fine motor skills)

How does your child communicate his needs / feelings?

C. Sleeping Habits

What are your child's sleeping habits at home? (Usual bedtime; hours of sleep; napping; early riser; trouble sleeping; or going to bed)

Does your child require a “favorite something” to rest? What is it? Please feel free to send it with your child.

D. Personality Traits

Describe your child's personality (ie trustworthy, shy, angry, happy, sad, curious, active, anxious, fearful, affectionate)

Has your child had opportunity to play with other children? (ie church, neighbors, play groups, relatives?) Yes No

Further comments:

Does your child make friends easily? Yes No
Please explain:

How does your child respond to adults?

How does your child respond to change? (ie. separation from parents/guardians, routine, transitions, scheduling, introduction of new foods)

Are there any hints/suggestions you could share with us to make your child's transition to the centre a positive one?

E. The “Good Things in Life”

What does your child like to do? (ie look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer/TV, imagination play/dress-up)

What doesn't your child like to do?

The time I enjoy best during the day with my child is:

Because:

The thing that frustrates me most in trying to care for my child is:

Because:

I would describe my child as:

What I like best about my child is:

What concerns me most about my child is:

One of our favorite family activities is:



**CHILD DAY CARE FACILITIES
ADMINISTRATION OF MEDICATION RECORD**

**PART B
CONSENT FORM
ADMINISTRATION OF ACETAMINOPHEN**

This authorizes staff of the **Unicorn Children's Centre Inc.** to administer acetaminophen to _____ providing the procedures outlined below have been taken.
(name of child)

1. At the first sign of the following symptoms (i.e. fever) _____
(to be completed by the parent)
2. Take the child's temperature and record it in space provided on the second page of this form.
3. Contact the parents to discuss the symptoms and the child's temperature and to receive the parent's oral consent for administering acetaminophen. Be sure to have the parent confirm with you the dosage to be administered.
4. Administer the medication in accordance with the parent's directions.
5. Ensure that the parent sign the appropriate space upon their arrival at the day care centre to confirm that he/she was consulted and is in agreement with the dosage given.

I agree with this procedure and give my consent.

Parent Signature

Parent Signature

**PART B
CONSENT FORM
ADMINISTRATION OF ACETAMINOPHEN**

Date:
Symptoms observed:
Time temperature taken:
Temperature:
Name of parent contacted:
Dosage consented to by parent:
Temperature 1½ to 2 administration of the medication

Staff Signature

Parent/guardian signature

Date:
Symptoms observed:
Time temperature taken:
Temperature:
Name of parent contacted:
Dosage consented to by parent:
Temperature 1½ to 2 administration of the medication

Staff Signature

Parent/guardian signature

Date:
Symptoms observed:
Time temperature taken:
Temperature:
Name of parent contacted:
Dosage consented to by parent:
Temperature 1½ to 2 administration of the medication

Staff Signature

Parent/guardian Signature



Appendix 11.1.12

Appendix 11.1.13

**CHILD DAY CARE FACILITIES
PARENTAL CONSENT
FOR EMERGENCY CARE AND
TRANSPORTATION**

**CHILD DAY CARE FACILITIES
CONSENT FOR OUTINGS, EXCURSIONS,
ACTIVITIES OFF THE PREMISES OF THE
DAY CARE FACILITY**

Name of child:

Date:

If at any time, due to circumstances such as injury or sudden illness, medical treatment is necessary, I (we) authorize the operator, is necessary, administrator or staff of the Unicorn Children's Centre Inc.

To take whatever emergency measures are necessary for the protection of (our) my child while in their care.

I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

Parent Signature

Operator/Administrator signature

I (we) _____ the

parent/guardian(s) of _____

authorize the operator, administrator, or staff of the **Unicorn Children's Centre Inc.** to take my (our) child on outings, excursions and activities away from the facility, either on foot or in a vehicle providing the driver and said vehicle are properly insured for the carrying of passengers.

I (we) understand that I (we) will receive advance notice of each planned outing, excursion, or activity away from the premises.

Parent Signature

Parent Signature

PARENTAL INVOLVEMENT

Ever hear the expression that it takes a community to raise a child. We at the Unicorn believe that the work of raising a child is enhanced with increased participation from all parties. That is why we need your help.

Many hands are needed for the smooth running of this non-profit charitable facility in order to maintain our reasonable prices without compromising the high level of quality we are known for.

We need to know your expertise and areas where you can assist us. We understand and appreciate how busy all our parents are but we also know how kind, helpful and giving they can be. Please check the area(s) that appeal to you in lending a helping hand.

Your partnership is appreciated!

Thanks!

- General maintenance
- Quarterly evening on fundraising committee
- Donation of books, toys, paper (good on one side), mac tac, cardboard, ect.
- 3-4 hours at our Annual Fix Up Day in spring
- Serve on the Board of Directors
- Bake goods for bake sales or other fundraisers (ie Christmas party)
- Donation from you or affiliated company for our Silent Auction
- Electrical work
- Cash donations
- Share your special talent with one of our classes
(i.e. teach a group to play chess, basketball, story telling, tole painting, etc.)
- Provide your workplace as an outing for children
- Other: Please specify _____

Comments:



Managing Illness in Child Day Care Facilities Parent's Role

Your involvement as a parent is important! You can take the following steps to help make sure that child day care facilities are safe and healthy places for all children:

Step 1:

Make sure you provide up-to-date information about your child's immunization to the child day care operator. If you choose not to immunize your child, you must sign a waiver from the child day care facility.

Step 2:

In general, if your child is too sick to participate comfortably in activities and has symptoms or a condition that may affect the health of other children, it is necessary that your child not attend day care.

You must keep your child at home or make alternative child care arrangements if your child has any one or more of the following symptoms or conditions:

- a. Fever (oral temperature 38.5° C or greater; rectal temperature 39° C or greater, armpit temperature 38° C or greater accompanied by behavior changes or other signs of illness)
- b. Diarrhea as defined by an increase in frequency of stools and/or change to unformed loose, watery stool. Fever, loss of appetite, nausea, vomiting, abdominal, mucus or blood in stool may also occur
- c. Vomiting illness with two or more episodes of vomiting in the previous 24 hours (in excess of typical infant spit-ups)
- d. Mouth sores associated with an inability of the child to control his/her saliva
- e. Rash with fever or behavior changes
- f. Infections (e.g. infected eyes with discharge) until 24 hours after treatment started by physician
- g. Infestations (e.g. scabies, head lice, pinworm) until after first treatment with a medicated product.

Step 3:

If your child does not attend day care due to illness, you must let the day care know your child's illness symptoms.

Step 4:

If your child gets ill at the child day care facility, you will be notified and you will be asked to make arrangements to pick up your child within one hour of being notified by the day care staff. This is important to make sure your child gets the treatment he/she needs as well as to prevent the spread of illnesses to other children.

Step 5:

You are encouraged to take your child to a physician if your child's symptoms do not improve within 24 hours after leaving the child day care facility.

Step 6:

For some illnesses, there is a required time period where your child cannot attend a child day care facility. These rules have been developed by health care professionals across Canada to make sure that your child is fully recovered and to prevent the spread of infectious diseases in day cares. These illnesses are listed in a document called the "Exclusion Reference Guide" which is available from your day care operator. If your child has been diagnosed with any of the illnesses in this Guide, you **must** follow the requirements in order for the day care operator to allow your child to be re-admitted into the child day care facility.

Step 7:

When you take your child back to the day care after having been sick with an infectious illness, you must complete a form to certify that you have followed necessary rules for re-entry to the child day care.

We thank you in advance for taking these steps to make child day cares a safe and healthy place for all children in New Brunswick.



New Brunswick Child Day Care Facility Exclusion Reference Guide

CONDITION	EXCLUSION CRITERIA	RETURN AFTER EXCLUSION FORM REQUIRED?
Campylobacter	Exclude until diarrhea is gone	YES
Cryptosporidium	Exclude until diarrhea is gone; No swimming for 2 weeks	YES
<i>Escherichia coli</i> * (E. coli 0157 H7)	Exclude until diarrhea is gone and two stool cultures taken 24 hours apart are negative. Proof of negative cultures must be provided to Public Health. Public Health will then notify daycare of re-admittance permission	YES Public Health signature required
Giardia	Exclude until diarrhea is gone	YES
Head Lice	Exclude until first treatment is complete and there is no evidence of live lice.	YES
Hepatitis A	Exclude for 1 week after onset of jaundice.	YES
Impetigo	Exclude until antibiotic treatment has been taken for 1 full day.	YES
Measles	Exclude all cases until at least 4 days after onset of rash. Exclude all children who lack proof of immunization until vaccinated or until 2 weeks after last case in the daycare.	YES
Meningitis (Bacterial)	Exclude until well enough to return and at least 24-48 hours after starting appropriate antibiotics	YES
Mumps	Exclude child with mumps for 9 days after onset of swelling Exclude susceptible contacts from days 12-25 following exposure if other susceptible people are present (consult Public Health)	YES
Norwalk virus	Exclude until diarrhea and/or vomiting are gone	YES
Pinkeye (Conjunctivitis)	Exclude until 24 hours after treatment has begun.	YES
Rotavirus	Exclude until diarrhea is gone.	YES
Rubella (German Measles)	Exclude for 7 days after onset of rash. If child has congenital rubella and is less than 1 year old, consult Public Health. Risk of severe damage to fetus if pregnant woman gets rubella in first trimester, therefore all staff should prove immunity (vaccination or blood test, prior to employment, if possible)	YES
Salmonella	Exclude until diarrhea is gone	YES
Scabies	Exclude until 24 hours after treatment. Treatment of household contacts usually recommended.	YES
Scarlet Fever	Exclude until 24 hours after treatment has begun	YES
<i>Shigella</i> *	Exclude until diarrhea is gone and two stool cultures taken 24 hours apart are negative. <i>If antibiotics administered, stool specimens to be taken at least 48 hours after completion of antibiotics. Proof of negative cultures must be provided to Public Health. Public Health will then notify daycare of re-admittance permission.</i>	YES Public Health signature required
Strept Throat	Exclude until 24 hours after treatment has begun	YES
Whooping Cough (Pertussis)	If infants under age 1 year or pregnant women are present, exclude child with whooping cough for 5 days after start of antibiotics or 3 weeks after start of cough and culture negative if no antibiotic treatment given (consult with Public Health)	YES
CONDITION	EXCLUSION CRITERIA	RETURN AFTER EXCLUSION FORM REQUIRED?
Chickenpox (Varicella Zoster)	If mild and the child is able to take part in activities, no exclusion is required.	NO
Common cold	Do not exclude unless too ill to take part in activities	NO
Ear infections (Otitis media)	Do not exclude unless too ill to take part in the activities	NO
Fifth Disease (Parovirus B19 (Erythema Infectiosum)	No exclusion required	NO
Hand, Foot, and Mouth Disease	No exclusion required	NO
Hepatitis B	No exclusion required. Open wounds should be covered.	NO
Herpes Simplex (non-genital)	Exclude children who do not have control of oral secretions (droolers) and have infection for the first time. Exclusion not indicated for recurrent cold sores.	NO
Influenza	Do not exclude unless too ill to take part in activities	NO
Meningitis (Viral)	No exclusion required	NO
Mononucleosis (Infectious)	No exclusion required	NO
Pinworms	No exclusion required	NO
Ringworm	No exclusion required	NO
Roseola	No exclusion required	NO
Shingles	If mild and the child is able to take part in activities, no exclusion is required. Lesions should be covered if possible.	NO

Parents must notify the child day care operator of diagnosis within 24 hours of confirmed physician diagnosis

Reference: Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities, Department of Health & Wellness 04/27/04

PUBLICATION OF STUDENT'S WORK

I understand and grant permission for the **Unicorn Children's Centre Inc.** to take videos and photographs of the children for the purpose of publication in our newsletter or as part of a UCC sanctioned event.

I also understand that the Unicorn may request the use of children's art work, photographs or other material to be displayed on the Unicorn website with your permission.

By signing below, I am agreeing that I have received, read, and understand that my child's art work, photograph or other work may be displayed in the classroom or as part of UCC promotion.

Parent/Guardian's Signature

Date

PARENTAL SIGNED STATEMENT ADHERING TO POLICIES

In accordance with provincial regulations outlined in the Child Day Care Facilities Operator Standards, all clients of the Unicorn Children's Centre Inc. must sign, date and return this page to our facility. It indicates that clients have received, read and understand our Parent Manual. The signed statement will be held in your child's file.

By signing below, I am agreeing that I have received, understand and agree to comply with that the information contained in the Unicorn Children's Centre Parental Manual. I also understand that the Parent Manual is a condensed version of the UCC Policies and Procedures Manual as approved by our Board of Directors (effective September 7th, 2004)

Child or children's name(s)

Child's group

Parent/Guardian's Signature

Date

UCC staff Signature

Date