



PARENT AGREEMENT

BETWEEN

_____ (the "Agency")

- and -

_____ (the "Parent")

WHEREAS we, the Agency, provide WEEWATCH home child care services (the "Services") as a licensee of Wee Watch Day Care Systems Inc. ("WEE WATCH"); AND WHEREAS you, the Parent, wish to use the Services of the Agency; NOW THEREFORE we agree as follows:

1. You acknowledge that one of our representatives has fully explained the rules, regulations, policies and procedures of WEE WATCH and the Services you hereby agree to fully comply with such rules, regulations, policies and procedures and any changes of which we may from time to time notify you.
2. You agree that the Services will be supplied by a Provider (under contract with us) and that you will not enter into direct arrangements, outside of the WEE WATCH system, with the Provider or any other WEE WATCH Provider for the Services, while this Agreement is in force and for a period of six (6) months after this Agreement has been terminated.
3. You agree that the Services will be provided on a monthly basis, but that either you or we may terminate this Agreement upon two (2) weeks' prior written notice. If you default under this Agreement, we may terminate this Agreement immediately but you will not in such event be relieved of any obligations incurred or in connection with this Agreement.
4. We agree to furnish the necessary instructions and training to the Provider to enable the Provider to provide Services.
5. This Agreement shall enure to the benefit of and be binding upon our successors, legal representatives and assigns.
6. You acknowledge having entered into this Agreement after making an independent investigation of the operations of WEE WATCH, the Provider, the Services and the Agency and not upon any representations or warranties (express, implied or collateral) made by any of us which are not expressly set forth herein.

Dated at _____, _____ the _____ day of _____, 20_____

By: _____
(Agency)

(Parent)

CUSTOMER CONSENT FORM

Incorporated Company Name, O/A Wee Watch City	Address: Phone number:
--------------------------------------------------	-------------------------------

SECTION 1: ACKNOWLEDGE AND CONSENT OF WEE WATCH POLICIES

In consideration of the admission of my child(ren) to Wee Watch, I have read the policies outlined in the Parent Handbook and I agree as follows:

1. In the event of accident, or illness requiring medical attention, while my child is enrolled in home day care, I hereby authorize the administration of any medical procedures deemed necessary by my child's physician or by the attending physician.
2. I release the agency and the day care home from liability for accidents or illness occurring while my child is enrolled in home day care, except in the case of negligence.
3. I release the agency and the childcare Provider from liability for any accident or mishap that may occur to my child while they are traveling to or from school (unescorted by the Provider).
4. I authorize the persons listed on the Application Form and Emergency Form to escort my child to and from the childcare home, only when the parents are unavailable.
5. I authorize the Provider to administer medication to my child under the following conditions only: The medication is in the original pharmacy container with the name of the child, the medication, the doctor, the date, and instructions for administration clearly labeled on it, and a written note (Medication Consent form) from the parent is received.
6. I understand that the Provider is required to take my child outdoors for 2 hours daily, weather permitting, therefore, I give permission for my child to accompany the Provider on walks to the park or to other locations in the Provider's neighborhood.
7. I understand that I will be advised by the Provider of any outings involving transportation (car or public transportation) at least 24 hours in advance. If I agree, I will give written permission at that time for my child to go on such outings. I will also supply the appropriate car seat that day according to the age of my child.
8. I acknowledge that the Provider may have a pet(s) in their home that my child may have limited contact with.
9. I agree to give to the agency two weeks written notice for: (a) withdrawal of my child from the agency, (b) any change in employment whereby the hours or number of days of care I require for my child is altered, and (c) any planned vacation time.
10. I agree to pay the fees set out by the agency, and I understand that a fine will be charged for N.S.F./returned cheques reaching the office.

SECTION 2: CUSTOMER CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The privacy of your personal information is an important part of our agency providing you with quality childcare. In this agency, the **Agency Supervisor** acts as the **Privacy Information Officer**. All staff members who have access to your personal information are aware of the sensitive nature of the information. Staff are trained in the appropriate use and protection of your information. Our office, as per this policy ensures that:

- We only collect necessary and required information from your family
- We only share your information with your consent
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols
- Our privacy protocols comply with Privacy legislation, standards of our regulatory body, and all provincial childcare legislation

How Our Office Collects, Uses and Discloses Customer Personal Information

Our agency understands the importance of protecting your personal information. This office will collect, use and disclose information about you for the following purposes:

- To deliver safe, high quality childcare
- To assess your child’s care needs
- To enable us to contact you to distribute childcare or agency information and updates, information about your child and information related to billing
- To complete and maintain licensing requirements as set out by the provincial government
- To meet reporting requirements and/or administer any government grants or municipal purchase of service agreements
- To collect unpaid accounts
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

By signing the consent section of this Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your family’s personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your family’s personal information, we will seek your approval in advance. You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

I have reviewed the terms of Section 1 and 2 of this consent form and agree to the terms.	
Name:	Date:
Signature:	

INTAKE QUESTIONNAIRE FOR INFANTS, TODDLERS, PRESCHOOL

Please complete the appropriate sections and take to your PROVIDER on your first day.

Child's Name:	Date of birth:
Does your child have Siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Names/ages of sibling:
Has your child had any illnesses or been hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what were they and at what age:	
How many adults participate in your child's regular care on a typical day?	
Name all adults that participate in regular care, at what time and how:	
SLEEPING	
Has your child shown any sleeping problems: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	How long does he/she sleep at night?
What is his/her sleeping pattern, AM:	PM:
Do you have any special ways of helping him to go to sleep? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain:	
Does your child usually cry when he/she goes to sleep? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does he/she cry when they wake up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does he/she sleep in his own bed/crib? <input type="checkbox"/> Yes <input type="checkbox"/> No Does he/she sleep in their own room? <input type="checkbox"/> Yes <input type="checkbox"/> No Does he/she sleep with any special toys/ blankets, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they:	
FEEDING/EATING	
Has your child had any feeding/eating problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what are they?	
What are his/her favourite foods?	

INTAKE QUESTIONNAIRE FOR INFANTS, TODDLERS, PRESCHOOL

Please complete the appropriate sections and take to your PROVIDER on your first day.

What foods does he/she dislike?

Are there any allergies or sensitivities to particular foods? Yes No
If yes, please explain:

Are these allergies Anaphylactic? Yes No
Please inform your agency if your child has Anaphylactic Allergy

INFANTS ONLY

Is your infant Breastfed? Yes No

Bottle fed? Yes No

Do you give you infant a vitamin/mineral supplement regularly? Yes No

When: _____ Type: _____

Which foods is your infant eating?

Vegetables _____ Fruits _____

Cereals _____ Meats _____

Milk/Formula _____ Juices _____

How does your infant eat or drink at home? in your Arms high chair other:

Infants 12 months and younger only: Indicate **specific** feeding instructions including times and amounts:

OTHER (indicate N/A to any questions below that don't apply)

How does your child react to new situations such as having you leave them momentarily or to go out?
How does they react to strangers? Does he/she usually fuss or protest? Is it a strong protest? How quickly does he recover?

INTAKE QUESTIONNAIRE FOR INFANTS, TODDLERS, PRESCHOOL

Please complete the appropriate sections and take to your PROVIDER on your first day.

What strategies do you use to comfort your child if he/she is upset and/or frightened?

How does your child behave when he/she is ill?

If your child has a sibling at home, how do they interact or play together?

Does your child play quietly in the house? Yes No

Do you have any special concerns regarding?

Discipline:

Toilet Training:

Do you have any restrictions for types of or time spent viewing/interacting with media (e.g. television, computer, gaming system, etc.)?

What kind of experiences do you expect home child care to provide for your child?

Do you have any additional comments?

Signature or Parent/Guardian

Date:

EMERGENCY FORM Please give to your Provider on your child's first day		
Provider's Name:		
Child's Name:	Child's Date of Birth:	
Child's Address:	Home Phone Number:	
Parent 1 Name:	Cell #:	Work #:
Parent 2 Name:	Cell #:	Work #:
Emergency Contacts: persons to be contacted and to whom the child may be released to if parents are not available		
Name:	Daytime #:	Evening #:
Name:	Daytime #:	Evening #:
Name:	Daytime #:	Evening #:
Medical History and Information		
Are there any known allergies, health, medical, or food restrictions your Provider should know about?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
History of communicable diseases (as listed in Parent Handbook), has your child had:		
<input type="checkbox"/> None <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Measles <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Scarlett Fever		
<input type="checkbox"/> Other (specify):		
Parental Consent: If at any time due to such circumstance as an accident, sudden illness, or emergency, medical treatment is required, this may be given, including anesthetic (if necessary) by a private physician or hospital.		
Additional specific instructions by Parent and/or Guardian:		
Parent Signature:	Date:	
Child Start Date:		

NON-PRESCRIPTION CONSENT FORM (FOR SUNSCREEN, CREAMS, OINTMENTS AND OTHER NON-PRESCRIPTION PRODUCTS APPLIED TO SKIN)		
Child's Name:		DOB:
Provider' Name:		
IMPORTANT: All the products below must be: <ul style="list-style-type: none"> • Supplied by the parent in the original container/box with the child's name and date on it. • Stored inaccessible to the children. • Recorded in the logbook each time it is used (date, time, amount) 		
Items	Instructions to parents: Provide specific instructions for when Provider should apply each product listed. (I.e., Sunscreen-when exposed to sun). Note: It is not permitted to say "when or as needed"	Provider should discontinue use if the child shows the following signs:
Sunscreen (Cannot use sunscreen on infants under 6 months of age)	<input type="checkbox"/> N/A, OR <input type="checkbox"/> when outdoors exposed to sun, OR <input type="checkbox"/> Apply when: _____ _____	
Moisturizing Skin Lotion	<input type="checkbox"/> N/A, OR <input type="checkbox"/> Apply when skin is dry, OR <input type="checkbox"/> Apply when: _____ _____	
Lip Balm	<input type="checkbox"/> N/A, OR <input type="checkbox"/> Apply when lips are dry, OR <input type="checkbox"/> Apply when: _____ _____	
Insect Repellent	<input type="checkbox"/> N/A, or <input type="checkbox"/> Apply if/when exposed to insects, OR <input type="checkbox"/> Apply when: _____ _____	
Hand Sanitizer (not permitted for children under 2 years, and not in place of regular hand washing)	<input type="checkbox"/> N/A, or <input type="checkbox"/> Apply when: _____ _____	
Diaper Cream	<input type="checkbox"/> N/A, OR <input type="checkbox"/> Apply when diapering area has a rash, OR <input type="checkbox"/> Apply when: _____ _____	
Other:	Apply when: _____ _____ _____	
Other specific instructions or restrictions:		
Signature or Parent/Guardian:		Date:

*This form must be signed by the parent and kept on file at the Provider home. When updated or the child withdraws, it must be uploaded onto Wee Track under the child's profile.

PHOTO/VIDEO CONSENT FORM

Child's Name:	
List any siblings in the Providers home that this consent also refers to:	
<p>Pictures and/or video of children in care are sometimes taken by Providers and staff of Wee Watch and used in a variety of ways; to keep parents informed and involved, used to show our programming and experience in our Newsletter, website and on social media pages. We would not use your child's picture or video footage without your consent.</p> <p>This consent is voluntary. Please complete this form so we have a record in your file.</p>	
<input type="checkbox"/> YES , I consent for Wee Watch to use photos/video of my child/ren in the following ways (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Social media; Facebook, Instagram, Twitter, Pinterest <input type="checkbox"/> Our website - www.weewatch.com <input type="checkbox"/> In Wee Watch Newsletters <input type="checkbox"/> Advertisements and/or displays to promote Wee Watch (print or online) <input type="checkbox"/> Taken by Provider and shared with me or other families in the Providers home only (not distributed otherwise) <input type="checkbox"/> Yes to all above 	<input type="checkbox"/> NO , I do not consent to photos or videos of my child used in any format
<p>Note any specific restrictions for any of the items you have selected above: (i.e., if photos are okay but you do not want video used, or okay with Instagram but not Facebook)</p>	
Signature of Parent:	Date:

EMERGENCY INFORMATION & SCHEDULE FOR BACK-UP PROVIDERS

Child's Name:		Child's Address:	
Child's DOB		Home Phone Number:	
Parent 1 Name:	Cell #:	Work#:	
Parent 2 Name:	Cell#:	Work#:	
Drop Off Time:		Pick Up Time:	
Emergency Contacts: persons to be contacted and to whom the child may be released to if parents are not available			
Name:	Daytime #:	Evening #:	
Name:	Daytime #:	Evening #:	
Name:	Daytime #:	Evening #:	
Child's Daily Routine: for Infants 12 months and under			
A.M. Bottles Timing:		P.M. Bottles Timing:	
A.M. Nap Time:		P.M. Nap Time	
A.M. Snack Time:	Food:	P.M. Snack Time:	Food:
Lunch time:		Food:	
Child's Needs: (diapering, soother, special toys, etc.)			
Medical History and Information			
Are there any known allergies, health, medical, or food restrictions your Provider should know about?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
History of communicable diseases (as listed in Parent Handbook), has your child had:			
<input type="checkbox"/> None <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Measles <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Scarlett Fever			
<input type="checkbox"/> Other (specify):			
Photo Permission: <input type="checkbox"/> Yes <input type="checkbox"/> No Specific Instructions:			
Parent Signature:			Date: