

weewatch

WEE WATCH - STONEY CREEK

ENROLLMENT START DATE

PROVIDER:

FAIZA SHAHZAD

PARENT:

Ruchi Paneria

CHILDREN:

Agastya Varma

START DATE

WITH WEE WATCH:

Sept 27 2023

PARENT SIGNATURE:

DATE:

Ruchi

Sept 26, 2023



## EMERGENCY FORM

Please give to your Provider on your child's first day

Child's Name: Agastya Varma	Child's Date of Birth: August 28, 2021
Child's Address: 35 Midhurst Heights, stoney creek, L8J 0K9	Home Phone Number: 587-566-7959

Parent 1 Name: Ruchi Paneria	Cell #: 587-566-7959	Work #:
Parent 2 Name: Harsh Varma	Cell #: 306-999-5311	Work #:

**Emergency Contacts:** persons to be contacted and to whom the child may be released to if parents are not available

Name: Kruti Paneria	Daytime #: 647-668-5014	Evening #:
Name: Beena / Gira	Daytime #: 587-566-7959	Evening #:
Name:	Daytime #:	Evening #:

### Medical History and Information

**Are there any known allergies, health, medical, or food restrictions your Provider should know about?**

[ ] Yes    [X] No    If yes, please explain:

**History of communicable diseases** (as listed in Parent Handbook), has your child had:

[X] None    [ ] Chicken Pox    [ ] Rubella    [ ] Mumps    [ ] Measles    [ ] Whooping Cough    [ ] Scarlett Fever

[ ] 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:** Please always call us first thing and do whatever is necessary as in terms of first aid.

**Parent Signature:**

RP

Date: July 18, 2023

**Child Start Date:**

Sep 5, 2023



## INTAKE QUESTIONNAIRE FOR INFANTS, TODDLERS, PRESCHOOL

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

Child's Name: Agastya Varma	Date of birth: August 28, 2021
Does your child have Siblings: [ ] Yes [X] No	Names/ages of sibling:
<b>Has your child had any illnesses or been hospitalized:</b> [ ] Yes [X] No <b>If Yes, what were they and at what age:</b>	
<b>How many adults participate in your child's regular care on a typical day? 3-4</b>	
<b>Name all adults that participate in regular care, at what time and how:</b> Grandmother / Grandfather are always home to take care of child. Father (Harsh Varma works from home) and Mother (Ruchi Paneria) works 9-6, rest all time is with the child.	
<b>SLEEPING</b>	
Has your child shown any sleeping problems: [ ] Yes [X] No    If yes, please explain:	How long does he/she sleep at night? 8-9 hours
What is his/her sleeping pattern, AM: 11 am - 2 pm	PM: 5pm -6pm
<b>Do you have any special ways of helping him to go to sleep?</b> [X] Yes [ ] No <b>If yes please explain:</b> We usually give him pacifier to sleep and play lullaby in quite room	
<b>Does your child usually cry when he/she goes to sleep?</b> [ ] Yes [X] No <b>If yes, please explain:</b>	
Does he/she cry when they wake up? [ ] Yes [X] No	
Does he/she sleep in his own bed/crib? [X] Yes [ ] No Does he/she sleep in their own room? [ ] Yes [X] No Does he/she sleep with any special toys/ blankets, etc.? [X] Yes [ ] No <b>If yes, what are they:</b> His pacifier	
<b>FEEDING/EATING</b>	
Has your child had any feeding/eating problems? [ ] Yes [X] No <b>If yes what are they?</b>	



## INTAKE QUESTIONNAIRE FOR INFANTS, TODDLERS, PRESCHOOL

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

**What are his/her favourite foods?** Cookies, tortilla, chips

**What foods does he/she dislike?** cupcakes, pasta

**Are there any allergies or sensitivities to particular foods?** [ ] Yes [X] 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 your 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?**

Yes, he will follow us if we leave the room. He is usually friendly and social with strangers.



## 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?** We just talk to him or offer him his toys

**How does your child behave when he/she is ill?** He usually hugs and cuddles more if he is ill and may get fussy a bit

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

**Does your child play quietly in the house?** [X] Yes [ ] No

**Do you have any special concerns regarding?**

**Discipline:** He is naughty but once we say "NO" in straight voice he would not do that,

**Toilet Training:** He is not potty trained yet, we are trying

**Do you have any restrictions for types of or time spent viewing/interacting with media (e.g. television, computer, gaming system, etc.)?** We do not let him watch TV often, maybe 15 min while eating

**What kind of experiences do you expect home child care to provide for your child?** We would want our home child care to be experienced with the kids of same age. Agastya is not speaking much of words but can express his concerns and needs very clearly, so we expect our child care provider to pay attention to him and be gentle.

**Do you have any additional comments?**



### NON-PRESCRIPTION CONSENT FORM

(FOR SUNSCREEN, CREAMS, OINTMENTS AND OTHER NON-PRESCRIPTION PRODUCTS APPLIED TO SKIN)

Child's Name: Agastya Varma	DOB: August 28, 2021	
Provider' Name: Shagufta Ikram - FAIZA		
<b>IMPORTANT: All the products below must be:</b> <ul style="list-style-type: none"><li>● Supplied by the parent in the original container/box with the child's name and date on it.</li><li>● Stored inaccessible to the children.</li><li>● Recorded in the logbook each time it is used (date, time, amount)</li></ul>		
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 <b>[X] when outdoors exposed to sun, OR</b> <input type="checkbox"/> <b>Apply when:</b>	
Moisturizing Skin Lotion	<input type="checkbox"/> N/A, OR <b>[X] Apply when skin is dry, OR</b> <input type="checkbox"/> <b>Apply when:</b>	
Lip Balm	<b>[X] N/A, OR</b> <b>[ ] Apply when lips are dry, OR</b> <input type="checkbox"/> <b>Apply when:</b>	
Insect Repellent	<input type="checkbox"/> N/A, or <b>[X] Apply if/when exposed to insects, OR</b> <input type="checkbox"/> <b>Apply when:</b>	
Hand Sanitizer <b>(not permitted for children under 2 years, and not in place of regular hand washing)</b>	<b>[X] N/A, or</b> <b>[ ] Apply when:</b>	
Diaper Cream	<input type="checkbox"/> N/A, OR <b>[X] Apply when diapering area has a rash, OR</b> <input type="checkbox"/> <b>Apply when:</b>	
Other:	<b>Apply when:</b>	
<b>Other specific instructions or restrictions:</b>		
Signature or Parent/Guardian:  RP		Date: July 18, 2023

\*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



## FOOD RESTRICTIONS FORM

Child's Name:	Date:
Agastya Varma	Aug 01, 2023

This form should be used for:

- Special dietary restrictions
- Food sensitivities
- Non-anaphylactic food allergies
- Specific food requirements (i.e., Halal, Lactose intolerance, Kosher etc.)

Note: This form should not be used if a child has Anaphylactic food allergies\*

Food Restriction(s): Describe the dietary restriction or food sensitivity **NO BEEF & PORK**  
We are non-vegetarians but offer  
ONLY chicken and fish (rarely) to kid.

Instructions: outline specific information about food exclusions, handling or preparation of food, or any information for the Provider in terms of the food restriction noted above.

- Less sugar /processed meals
- Yes for finger foods/snacks
- Usually needs assistance with meals but does good with snacks.

\*For any anaphylactic allergies, proper anaphylactic forms (Allergy Notice, Allergy/Anaphylactic plan, etc.) must be completed. See Provider Manual for details



## PHOTO/VIDEO CONSENT FORM

Child's Name:	Agastya Varma
List any siblings in the Providers home that this consent also refers to:	
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.	
<b>This consent is voluntary. Please complete this form so we have a record in your file.</b>	
<input checked="" type="checkbox"/> YES , I consent for Wee Watch to use photos/video of my child/ren in the following ways  <input type="checkbox"/> All formats listed below <input type="checkbox"/> Social media; Facebook, Instagram, Twitter, Pinterest <input type="checkbox"/> Our website - <a href="http://www.weewatch.com">www.weewatch.com</a> <input type="checkbox"/> In Wee Watch Newsletters <input type="checkbox"/> Advertisements and/or displays to promote Wee Watch (print or online) <input checked="" type="checkbox"/> Taken by Provider and shared with me or other families in the Providers home only (not distributed otherwise)	<input type="checkbox"/> NO, I do not consent to photos or videos of my child used in any format
<b>Note any specific restrictions for any of the items you have selected above:</b> (i.e., if photos are okay but you do not want video used, or okay with Instagram but not Facebook)	
Signature of Parent:  RP	Date: July 18, 2023



OUTDOOR PLAY PLAN	
Provider's Name:	Faiza Shahzad
Child's Name:	Agastya Varma
List any siblings in the Provider's home that this consent also refers to:	

I agree to allow my child(ren) to play outdoors, 2 hours daily, weather permitting, supervised by the Provider, in the following areas/locations:

Parent approved Areas	Agency approved areas	Location	Parent's restrictions/instructions <small>*Include specific restrictions to swings, climbers, slides, etc in yard or parks</small>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Provider's Backyard*	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Provider's Front yard*	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Provider's Side yard	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Local Park or Playground*	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Other: WALKS	

#### POOL AND WATER PERMISSIONS

- Children cannot use or have access to a Provider's in-ground or above-ground pool, kiddie wading pools, hot tubs, hydro-massage pools or any access to ponds, lakes, rivers or streams
- I give consent for my child to attend the following with the Provider:

For children of any age	Children over 6 years old ONLY The parent must supply life jacket/PFD	
<input type="checkbox"/> Public splash pad	<input type="checkbox"/> Public swimming pool (lifeguard must be present)	<input type="checkbox"/> Public beach (lifeguard must be present)
List any specific restrictions to the above consent:		
Parent Signature: <i>D. Naqvi</i>	Provider Signature: <i>Faiza.</i>	
Agency Signature: <i>Nicole Spina</i>	Date: 2023-09-26	

This form must be completed and signed by the parent and kept in the Children's Information section of the Provider Manual and in the child's file.

Thank-you for your Online enrolment with Wee Watch. The following items are typically provided in printed format for Parents and Providers. In order to complete your registration, please follow the instructions below.

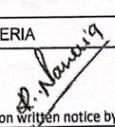
### **1. Parent Wallet Card – for Parents to have easy access to Agency Contact information**

- Agency completes before sending to Parent
- Parents – print and cut out – for carrying with you or posting at home for easy access

<b>Agency Information:</b>		
Contact: Nicole Spina		Provider: Faiza Shahzad
Address: 60 King St, W, Stoney Creek, ON		Address: 55 Bedrock Dr, Hamilton, ON, L8J 0K6
Phone #: 905-561-0008		Phone: 905-730-0146
After hours #: 905-561-0008		
Email: <a href="mailto:wee_watch@hotmail.com">wee_watch@hotmail.com</a>		Head Office: 1-800-663-6072 (not for back-up)

### **2. Parent Medical Consent Card - Providers carry this with them at all times for each child in care**

- Parent completes and signs
- Parents – print and cut out and bring to Provider on Day 1 of care

<b>MEDICAL CONSENT CARD</b>		
Child's Name: AGASTYA VARMA		Dr's Name: Dr. Dennis D Valentio
Date of Birth: August 28, 2021		Dr's Phone #: 905-662-8274
Health Card #: 6255-296-896-TV	Expiry: 2023-08-28	If, at any time, due to such circumstances as accident, sudden illness or emergency, medical treatment s required, this may be given, including anaesthetic, if necessary, by physician or hospital.
Address: 15-35 MIDHURST HTS STONEY CREEK ON L8J 0K9		Note special considerations (ie allergies, regular medications or conditions: <input type="checkbox"/> N/A
Parent 1 Cell: 587-566-7959	Dr Phone #:	
Parent 2 Cell: 306-999-5311	Other #:	
Alternate Contacts if parents can't be reached:		
Name: KRUTI PANERIA	Phone#: 647-668-5014	Parent Name: RUCHI PANERIA
Name: SONAL SINGHAL	Phone #: 437-688-7720	Parent Signature*: 
Agency Phone Number:		
*This authority may be terminated on written notice by undersigned		