

Immunization record

To be completed by parent **prior** to entry into child care centre.

Name of child care centre _____

Child's name _____

Ontario Health Card number: _____ Birth date: _____ sex: _____
yy/mm/dd

Parent or guardian _____

Address _____

Telephone: home: _____ business: _____

Under the *Day Nurseries Act*, Section 33, “every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where private-home day care is provided by the operator, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health.”

Please complete the record below (enclose a copy of the child's immunization record if possible) and **return to the operator of the child care centre, prior to admission.**

[illegible]

PARENT'S ASSESSMENT FORM

Welcome! In order to provide you and your child the best experience possible and to ensure that we meet his/her developmental needs and goals, please complete the following questionnaire.

This information is confidential, and will be used by the classroom teacher to enhance the curriculum planning and sensitivity to each individual child. Assessing your child's development during the year is an on-going process, and we encourage your feedback and involvement. Please answer as many questions as you feel comfortable answering.

Child's Name: _____ Child's Age: _____

1) What sparks your child's interest? _____

2) What kinds of activities engage your child's focused attention? _____

3) Does your child have any special need of which we should be aware in the classroom setting?

4) What are your child's special abilities and talents? _____

5) Please share the cultural background/history of your family _____

6) Please identify the primary and secondary languages spoken in your home; how and when are they used with your child. _____

7) Is there anything in your child's or family's life that might affect his/her adjustment to school?

8) What behaviors are you finding challenging to deal with right now? _____

9) How do you deal with the above challenging behaviors? _____

10) How would you describe your most important family values? _____

11) Please define your child rearing philosophy: _____

12) Please assess your child's developmental progress based on your own perceptions in the following areas:

Social Skills	_____emerging	_____average	_____advanced
Emotional Skills	_____emerging	_____average	_____advanced
Language Development	_____emerging	_____average	_____advanced
Listening Skills	_____emerging	_____average	_____advanced
Visual Discrimination Skills	_____emerging	_____average	_____advanced
Gross Motor Skills	_____emerging	_____average	_____advanced
Fine Motor Skills	_____emerging	_____average	_____advanced
Physical Development	_____emerging	_____average	_____advanced

13) As a parent, what are your expectations of your child's growth and development while in our program? _____

14) What goals would you like us to work toward together this year? _____

15) For returning parents: What specifically do you enjoy and appreciate about our program, that you would like us to continue and expand? _____

17) Are you interested in serving as a parent resource to our curriculum? Do you have special talents, skills, interests or knowledge that you would like to share with our program that could be integrated into our curriculum? _____

Thank you for sharing your insights with us. It will help us to know your child better. Throughout the year, please be sure to update us on the results of observations from home.
