



Parents Registration Package

Dear Families,

Thank you for choosing ECC Family Day Home Agency!

Please find below our Online Registration Process.

1. Please send the registration fee \$80 and deposit \$200, total \$280 to eccinfo22@gmail.com In your E-transfer message, include

-Program Educator's Name

-Your Child's name

-Parent's name (for receipt)

2. Next, fill out the registration form on our website

<https://eccdayhomeagency.com/dayhome-registration/>

Please read the important instructions below before you fill out the form. If any information is filled out incorrectly, or we require more information, you will be contacted by the agency prior to accepting your registration document, which may cause delays in the start of care.

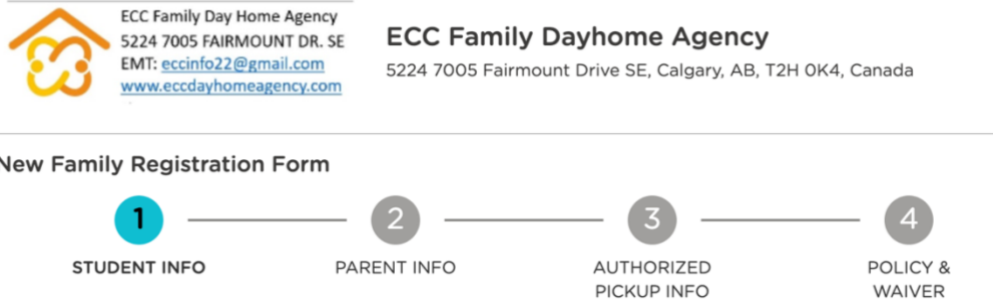
3. Once you have submitted the form and deposit. Our staff will send you more documents to read and sign (All files will be accessible and signed online).
4. After the registration, **we will** send you the invitation code of Procure. You can download the Procure app and register your parent account for future use.



Instructions

Please read before filling out the registration form

Step 1: Click the URL <https://eccdayhomeagency.com/dayhome-registration/> follow the link to our secure site to register your child.



Step 2: Please fill out your child’s information. If you have more than one child enrolled at the same time, click “ADD STUDENT” for another child/children.

Step 3: Please fill out parents' information. **Both parents' information must be included. Use "ADD PARENT" for the other parent.**

6010 Family Procure Enrollment

✓ STUDENT INFO — 2 PARENT INFO — 3 AUTHORIZED PICKUP INFO — 4 POLICY & WAIVER

Parent #1

FIRST NAME * LAST NAME *

EMAIL * MOBILE PHONE *

EMPLOYMENT ADDRESS AND INFORMATION * WORK PHONE NUMBER *

SAME ADDRESS AS CHILD? Y/N *

ADD PARENT ←



Step 4: Add emergency contact information. **Your emergency contact should be a person OTHER than a parent.**

6010 Family Procure Enrollment



Authorized Pickup #1

| | |
|--|--|
| FIRST NAME OF EMERGENCY CONTACT: * | LAST NAME OF EMERGENCY CONTACT * |
| <input type="text" value="(NOT PARENT/GUARDIAN-use previous page)"/> | <input type="text" value="(NOT PARENT/GUARDIAN-use previous page)"/> |
| MOBILE PHONE * | RELATION * |
| <input type="text" value="Enter mobile phone"/> | <input type="text" value="NOT PARENT- Go BACK to Previous page to ADD PAR"/> |

Step 5: Read and check the policies and waiver. Upload additional documents if applicable.

Click "CONTINUE", review all the information and submit.

ECC FAMILY DAY HOME AGENCY

PARENT HANDBOOK



Office:

#5224, 7005 Fairmount Drive SE

Phone Number:

403 889 5763 / 403-497-7666



<https://eccdayhomeagency.com/find-dayhomes/parent-handbook/>

Password: ECCPARENTS



ECC Family Day Home Agency
5224 7005 FAIRMOUNT DR. SE
EMT: eccinfo22@gmail.com
www.eccdayhomeagency.com

Educator Handbook, Parent Handbook & Policy Agreement

| | |
|----------------------------------|--|
| Name of Day Home Educator | |
| Name of Child(ren) | |
| Name of Parent | |

I, the undersigned Day Home Educator/Parent, hereby affirm that I have received and read the Day Home Educator Handbook and/or Parent Handbook provided to me by ECC Family Day Home Agency during the registration process.

I acknowledge that the handbook outlines the policies, procedures, and expectations related to my participation in the ECC program. By signing this agreement, I confirm that I understand and agree to abide by all terms, policies, and regulations stated within.

Furthermore, I agree to review the Day Home Educator Handbook and Parent Handbook annually or whenever an updated version is provided by ECC Family Day Home Agency.

Signature

Date



Technology Agreement

| | |
|----------------------------|--|
| Name of Day Home Educator: | |
| Day Home Address: | |
| Cell Number: | |

Technology and Media Use Agreement for ECC Day homes

At ECC Day homes, we strive to create an enriching, screen-free environment for children while utilizing technology responsibly to support the safety and development of all children in our care. To ensure transparency, we ask you to review and sign this agreement, which outlines our approach to technology use, media sharing, and security measures.

Media and Photo Sharing Policy:

- **Daily Photos:** Photos of children are taken to document activities, milestones, and development within the day home. These photos may be:
 - Displayed within the day home premises.
 - Shared securely on the Procare app, a private and secure platform that is accessible only by registered families and agency administration.
- **Permission for Sharing:** Any other sharing of photos or videos (for example, on public social media platforms or external websites) will require written consent from parents or guardians.

Security Camera Usage:

- **Purpose:** ECC Day homes uses security cameras for safety and emergency purposes only.
- **Footage Access:** Educators may retain recorded footage for a period of 48 hours to two weeks. This footage is strictly confidential and will only be accessed by authorized personnel, such as agency consultants, home visitors, or child services/law enforcement in the event of an emergency.
- **Notification:** Parents will be notified of the presence of security cameras and their specific location within the premises.



Technology Agreement

Screen Time Policy:

- ECC Day homes emphasizes screen-free learning and play during daily programming. However, there may be occasional use of technology, such as:
 - **Gross motor activities:** Activities like Cosmic Kids Yoga, dance videos, etc.
 - **Educational videos:** Age-appropriate educational content based on a child’s interest or a learning topic.
 - **Quiet time:** Read-along stories shown on screen to older children while younger children settle for nap time.
- **Communication with Parents:** Parents will always be informed in advance of any planned media usage. This includes details about the nature, duration, and purpose of screen time their child will receive.

Parental Consent:

- We value the partnership between parents and caregivers. Therefore, we request that parents review and sign this agreement to ensure that they understand and consent to the media and technology practices at ECC Day homes.

| Child Name | Parent Name (Print) | Parent Signature |
|------------|---------------------|------------------|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |

Signature of educator:

Date:



Permission To Sunscreen and Bug Form

| | |
|----------------------------|--|
| Name of Day Home Educator: | |
| Day Home Address: | |

Sunscreen Application Permission

- I give _____ permission to apply sunscreen to my child, _____ (name) while attending the program.
- My child requires specific sunscreen due to skin allergies. I will supply the sunscreen to the program to use on my child.

Parent signature

Date

Bug spray Application Permission

- I give _____ permission to apply bug spray to my child, _____ (name) while attending the program.
- My child requires specific bug spray due to skin allergies. I will supply the bug spray to the program to use on my child.

Parent signature

Date



| | |
|---------------------------|--|
| Name of Day Home Educator | |
| Day Home Address | |
| Cell Number | |

Parent/Guardian Permission Form for Off-Site Activities

When educators take the children off-site, we require your permission for your child to participate. Off-site trips may include **park play, neighborhood walks, and other nearby excursions** within the area. When an off-site activity is planned, parents/guardians will be notified through **Procare**, and a map of the planned route will be posted on-site for your reference.

Safety Measures: The safety of your child is our top priority. During all excursions, educators will implement the following safety measures: The youngest children may travel in a wagon or stroller. Educators may use a walking rope to guide children safely. Children may be paired as partners to hold hands. Educators will maintain direct supervision of all children throughout the activity.

Permission and Acknowledgment

I authorize the Program Educator to escort my child on walking excursions for activities organized by the Day Home. I understand my child will walk with Educator supervision during the activity period and that safety measures, as outlined above, will be followed.

| Child Name | Parent Name (Print) | Parent signature |
|------------|---------------------|------------------|
| | | |
| | | |
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| | | |
| | | |
| | | |

Please pay attention to the route on the map on the second page !



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MEDICATION ADMINISTRATION PACKAGE

ECC FAMILY DAY HOME AGENCY MEDICATION ADMINISTRATION PACKAGE

| | |
|--------------------------|--|
| Name of Educator: | |
| Name of Child: | |

SECTION 1 MEDICATION POLICY

ECC Family Day Home Agency educators are not permitted to administer over-the-counter (OTC) medication to children in care.

Only the following medications may be administered:

- Prescription medication provided by a pharmacy
- Emergency medication prescribed by a physician (e.g., EpiPen, inhaler, seizure medication)

Medication may only be administered when the following conditions are met:

- A completed and signed Medication Authorization Form is provided by the parent/guardian.
- Medication is in the original pharmacy-labeled container.
- The child's name and dosage instructions are clearly indicated.
- Medication is administered exactly as prescribed.
- Each administration is documented in the Medication Administration Log.
- Expired medication will not be administered.
- Parents are responsible for supplying and replacing medication.

The child does not require emergency medication while attending the dayhome program. (If necessary, please fill out the emergency medication plan)

Parent Name: _____

Signature: _____

Date: _____

Phone Number: _____



MEDICATION ADMINISTRATION PACKAGE

SECTION 2 PARENT CONFIRMATION (EMERGENCY PLAN)

- My child requires emergency medication (such as an EpiPen, inhaler, or other prescribed emergency medication) while attending the dayhome program. I authorize the educator to administer the emergency medication as outlined in this plan if required.

SECTION 3 EMERGENCY MEDICATION AUTHORIZATION & CARE PLAN

| | | |
|---|---------------------------|--------------------|
| Child Info | | |
| EDUCATOR: | DATE: | |
| CHILD'S NAME: | DATE OF BIRTH (YY/MM/DD): | |
| Medical Condition | | |
| <input type="checkbox"/> Severe Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Others | | |
| Medical Details | | |
| <input type="checkbox"/> Known Triggers: <input type="checkbox"/> Early Symptoms: <input type="checkbox"/> Severe Symptoms: <input type="checkbox"/> Others: | | |
| Emergency Medication Information | | |
| Emergency Medication Name: | Dosage/Type: | Time to Administer |
| Prescription number: | Expiry Date: | |



MEDICATION ADMINISTRATION PACKAGE

Storage Location

- In Child's Backpack
- In Dayhome

Requires refrigeration: YES NO

SECTION 4 EMERGENCY ACTION PLAN

If severe symptoms occur:

- Administer emergency medication immediately
- Call 911 immediately
- Contact parent/guardian
- Notify ECC Agency
- Monitor child until emergency services arrive

Second Dose Instructions (if applicable):

Parent/Guardian Name: _____

Signature: _____

Date: _____

Educator Name: _____

Signature: _____

Date: _____



MEDICATION ADMINISTRATION PACKAGE

SECTION 5 MEDICATION STORAGE VERIFICATION

(Consultant Inspection Section)

| Item | Yes | No |
|-----------------------------------|--------------------------|--------------------------|
| Medication stored safely | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication accessible to educator | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency medication accessible | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication not expired | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 6 AGENCY CONSULTANT REVIEW

Consultant Name: _____ Signature: _____

Date: _____

SECTION 7 EMERGENCY INCIDENT FOLLOW-UP

(To be completed if emergency medication is administered)

| | | | |
|--------------------------|--|--------------------------|--------|
| Date of Incident: | | Time: | |
| Symptoms Observed: | | | |
| Medication Administered: | | | |
| Time Medication Given: | | Time 911 Called: | |
| Parent Notified Time: | | Transported To Hospital: | YES NO |
| Follow-up Required: | | | |
| Agency Review Completed: | | | |
| Consultant signature: | | Date: | |



MEDICATION ADMINISTRATION PACKAGE

In daily activities, if your child need take medication, please fill in the following information:

SECTION 8 PRESCRIPTION MEDICATION INFORMATION

| | | |
|---|--|-----------------------------------|
| Child Info | | |
| Educator: | Date: | |
| Child's Name: | Date of Birth(YY/MM/DD): | |
| Reason For Medication and Symptom | | |
| <input type="checkbox"/> Infection <input type="checkbox"/> Antibiotic treatment <input type="checkbox"/> Asthma control <input type="checkbox"/> Others | | |
| When medication is needed: | | |
| Prescription Medication Information | | |
| Medication Name: | Name of Doctor: | Doctor Phone: |
| Prescription number: | Duration of medication (days): | Requires refrigeration: YES NO |
| Dosage amount How many ml? _____ How many tablets? _____ How much cream? _____ How many drops? _____ | <input type="checkbox"/> Time to be administered: <input type="checkbox"/> Follow instructions: | |



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MEDICATION ADMINISTRATION PACKAGE

SECTION 9 PARENT AUTHORIZATION

I understand that ECC Family Day Home Agency does not permit over-the-counter medication to be administered.

I authorize the educator to administer the above prescription medication according to the instructions provided.

Parent Name: _____

Signature: _____

Date: _____

Phone Number: _____

SECTION 10 EDUCATOR ACKNOWLEDGEMENT

Educator Name: _____

Signature: _____

Date: _____

SECTION 11 MEDICATION ADMINISTRATION LOG

| Date | Time | Medication | Dosage | Educator signature |
|------|------|------------|--------|--------------------|
| | | | | |
| | | | | |