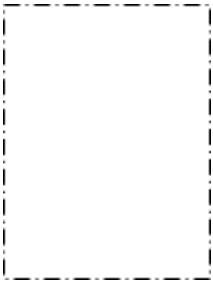


# ENROLLMENT REGISTRATION INFORMATION



SCHOOL CODE: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

DATE OF TERMINATION: \_\_\_\_\_

## CHILD INFORMATION

Full name: \_\_\_\_\_

Nickname: \_\_\_\_\_ age: \_\_\_\_\_ sex: \_\_\_\_\_ date of birth: \_\_\_\_\_

Child's primary language: \_\_\_\_\_

parent/guardian's primary language: \_\_\_\_\_

Home phone: \_\_\_\_\_ child's home address: \_\_\_\_\_

Parent/guardian marital status:  single  married  divorced  widowed

Primary residence:  mother  father  both  guardian

List the family members your child lives with—include names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Snack  P.M. Snack

### PRIMARY CONTACT AND RELEASE CONTACTS:

1. Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND RELEASE CONTACTS.

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for medical treatment. Additionally, please list the people you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these people, check the "Release Only" box. For the safety of your child, we will request all authorized release people with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Emergency Contact & Release  Release

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Emergency Contact & Release  Release

Only Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Emergency Contact & Release  Release

If you want a person not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. If you must pick up your child after closing time, you will be charged a late fee every minute until the child (ren) is/are picked up.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Initials): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Please initial each section listed below, then sign and date the last page.**

### SECTION 1: TUITION AND FEES

\_\_\_\_\_ **REGISTRATION FEE:** I understand that there is a non-refundable Registration Fee of \$80.00 shall be paid in advance to enroll my child.

\_\_\_\_\_ **TUITION and MODIFICATIONS CONDITIONS:** \$\_\_\_\_\_ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows specific required time frames on tuition and modification notices. I have enrolled my child in the following program(s): Days: (check all that apply)  M  T  W  TH  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of each month.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$15 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** Daycare is open from 7:00 am to 5:15 pm, Monday through Friday. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$5 per minute until my child is picked up.

\_\_\_\_\_ **ADDITIONAL FEES** I understand the daycare may bring workshops or go on field trips. Activity Fees are my responsibility.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. If more than two checks are returned within six months, I will pay by an alternate payment method for the next six months. I am responsible for the principal amount plus all returned check fees.

### SECTION 2: DAILY PROCEDURE

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. Suppose my child is exposed to or contracts a contagious disease. In that case, I agree to notify the school I understand that my child will be re-admitted according to the Criteria in the Parent Handbook.

\_\_\_\_\_ **MODEL RELEASE:** The company,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any images of the other children in the school or staff.

\_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services have the authority to interview children or staff, to inspect and audit child or facility records, to observe the children in the school.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a month written notice of withdrawal from the program at the beginning of the month. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based on space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child is withdrawn, I will bring my account current before completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

### SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Heritage Day, Labor Day, National Day for Truth and Reconciliation, Thanksgiving, Remembrance Day, and Christmas day. I agree that I will not receive a refund, credit or any other holiday allowance.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e. sickness).

\_\_\_\_\_ **CLOSURES:** I understand that the school will have a two-week Christmas closure in December. Dates go with the school calendar.

\_\_\_\_\_ **INCLEMENT WEATHER:** Classes may be cancelled when extreme weather conditions or community emergencies make travel or facilities unsafe. If local authorities declare road conditions unsafe, please assume our daycare will be closed. Teachers will ensure to contact everyone in the morning. Please tune into local radio stations.

### SECTION 4: LICENSING AND OUR POLICIES

\_\_\_\_\_ **ALL POLICIES & LICENSING REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies and that Province child care regulations bind my child, my family members, authorized agents and me, the Family Handbook, and all other company policies, which may be modified at any time, without notice.

\_\_\_\_\_ **PARENT HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by the same.

\_\_\_\_\_ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Registration Package and Parent Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## CHILD PROFILE

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and meet his or her individual needs.

1. What would you like for your child to experience with us?

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2. What does your child enjoy doing the most?

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3. What are your child's favourite toys?

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4. With whom does the child reside? Please list names and relationships to child, and the names and ages of other children: ADULTS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

CHILDREN:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have any medical or physical needs? Explain:

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8. Does your child have any allergies? Explain:

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9. What are the foods your child likes best?

---

Least:

---

10. What are your child's mealtime routines at home?

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11. How many hours of sleep does your child receive at night? \_\_\_\_\_

12. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

13. What are your child's sleeping arrangements? Check appropriate answers.  Own room  Shares room with \_\_\_\_\_  Sleeps in crib  Sleeps in bed
14. What are your child's bedtime rituals? \_\_\_\_\_
15. Does your child take naps?  Yes  No How long? \_\_\_\_\_
16. Does your child need a favourite item (such as a blanket) for a nap?  Yes  No If so, does your child have a special name for it? \_\_\_\_\_
17. What words are spoken in your house for toileting? \_\_\_\_\_
18. How does your child express anger or react to frustration? \_\_\_\_\_
19. Does your child have any particular fears?  
\_\_\_\_\_
20. How does your child react to change (such as being left by parents)? Has your child had the chance to be apart from you or in a different setting?  
\_\_\_\_\_
21. How does your child comfort himself/herself?  
\_\_\_\_\_
22. What are your child's play interests (preference for creative, dramatic or construction play)?  
\_\_\_\_\_
23. How do you discipline your child? \_\_\_\_\_
24. When did your child begin to use verbal language?  
\_\_\_\_\_
25. How would you describe your child (personality characteristics)? \_\_\_\_\_  
\_\_\_\_\_
26. What do you enjoy doing most with your child?  
\_\_\_\_\_
27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_  
\_\_\_\_\_
28. Has your child had previous daycare experiences? \_\_\_\_\_
29. Are you available to participate in field trips or other special events? \_\_\_\_\_
30. What family or cultural traditions are important in your home? \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Special Dietary Needs:

\_\_\_\_\_

2. Is your child able to walk?  Yes  No Explain:

\_\_\_\_\_

3. Can your child effectively communicate his or her needs?  Yes  No Explain:

\_\_\_\_\_

4. Is your child toilet trained?  Yes  No Please provide special instructions concerning any other illnesses, as necessary \_\_\_\_\_

Allergies (please check and list all that apply)

Medications Reaction  Food Reaction  Other

Are any of the allergies severe or life-threatening?  Yes  No

If yes, please provide special instructions:

\_\_\_\_\_

\_\_\_\_\_

## ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Parent Handbook. Be sure that all forms are filled out completely with appropriate signatures.

### **OBTAIN SIGNED FORMS FROM FAMILY**

Completed Registration Information Package (attach cheques in envelope provided)

Parent Handbook Acknowledgement

Other State or Federal required forms (copy of immunization record): \_\_\_\_\_

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_