



11130/11300 Yonge Street
Unit #1&2
Richmond Hill, Ontario
L4S 1K9/L4S 1H9

Registration Package



CHILD INFORMATION

Child's Full Name: _____
Last First Middle

Date of Birth: _____ Health Card #: _____
M / D / YR

Version

Home Address: (Print full address including City and Postal Code)

Telephone: _____

Child's Gender: Male Female

Mother: Name: _____ **Father:** Name: _____

Employer: _____ Employer: _____
(Print full address including City and Postal Code)

Work Address: _____ Work Address: _____

Work Telephone: _____ Work Telephone: _____

Cell Phone: _____ Cell Phone: _____

Family Physician/Paediatrician: _____
(Print full address including City and Postal Code)
Address: _____

Telephone: _____

Allergies/Food restriction: _____

Emergency Contact Information

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

OFFICE USE ONLY

Date of Admission: _____ Date of Withdrawal: _____ Classroom: _____

Weekly Fee: _____ Registration Paid: _____ Deposit Paid: _____



HEALTH HISTORY

Child's Full Name: _____

* Immunization Record required (please attach a photocopy of original card) *

Does your child have any of the following?:

Special needs (please state medical diagnosis and treatment as well as any Individual Program Plan and agencies involved):

Allergies to food, medication, animals, precautions and care:

Special dietary requirements:

Ongoing administration of medication (ie. Puffers, Epi pen, etc.):

For additional information, please contact York Region Public Health Department



AUTHORIZATION FOR PICK-UP

Please provide the names of anyone who will be responsible for picking up your child other than the parents/guardians. All authorized persons must be 18 years of age or older, unless otherwise designated by written parental consent. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian.

The following is a list of people authorized to pick up _____:
Child's Full Name

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

When can this person pick up your child? _____

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

When can this person pick up your child? _____

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

When can this person pick up your child? _____

Parent / Guardian Signature

Date

Infant Information

Child's Name _____ D.O.B. _____

My Child sleeps at _____ to _____ to _____

My Child eats at _____

Please list the food/formula that you will be bringing in and what temperature it would need to be heated:

Please give any helpful information on how your child sleeps:

Please give any helpful information on how your child eats:

Other any important information that we need to know:

Parent's Signature

Date





MEDICAL / ACCIDENT EMERGENCY

I hereby grant permission to The Early Years and their staffs to take whatever steps are necessary to gain emergency medical care for my child, if and when it is necessary.

These steps may contain, but are not restricted to:

1. Activation of 911 for all medical emergencies.
2. Administration of first aid.
3. Transporting the child to the nearest hospital.
4. Contacting the parent/guardian or emergency contact.

In all situations, every effort will be made to contact the parent. However, the well-being and comfort of the child will be the first priority.

I hereby agree that if I cannot be contacted at the time of illness or accident, or that the emergency is such that time does not permit such contact, The Early Years, the Executive Director, Supervisor, or Staff is hereby authorized to take my child, _____ for immediate medical treatment. Transportation may include use of an ambulance or private vehicle.

I, on behalf of my child and myself, do release and discharge The Early Years, its owners and staff from any and all claims, actions, causes of action arising from any accident or loss caused by the above mentioned treatment or transportation.

The Early Years will not be responsible for any incident that may occur as a result of false, misleading or missed information that is given or omitted at the time of enrolment or any time thereafter.

Parent/Guardian Signature

Date



PERMISSION TO PARTICIPATE

I, being the parent/guardian of _____ do hereby approve to the participation of my child in activities related to the program offered by The Early Years. I hereby, on behalf of my child, myself, our successors and assigns, release and discharge The Early Years, its owners and staff, from any and all claims, actions and causes of action arising from any accident or loss cause by the participation of the child named during any activity held at this location, or any location where the program is held or on route to any such activity.

I hereby give permission for my child _____ to take part in outings, supervised by the staff of The Early Years. I understand that parental consent forms will be issued when the excursions involve the use of chartered school buses.

Parent/Guardian Signature

Date

For Insurance:

This section must be signed by the parent/guardians of **all** children participating in the program.

Should an emergency happen and we are not capable of contacting you, please give the name, telephone number and relationship of the person who is assigned to take responsibility for your child.

Name : _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____

Parent/Guardian Signature

Date



SECURITY CODE AGREEMENT

The inner front door will be locked at all times throughout the day. The only time it will remain unlocked is from 7:30 – 9:00 a.m. and 5:00 – 6:00 p.m. This door is equipped with a locking mechanism controlled by key pad codes.

A code has been issued for families and employees alike.

The code is used to enter the facility and is implemented for security purposes. It is your responsibility to remember this code as it will serve as your means of entering the centre to pick up and drop off your child.

This code will be issued to the parent(s) of the child only. We ask that you do not give this code out to any other family members or authorized person for your child's pick up.

The Directors of the centre have the right to remove the access codes to any on caught misusing this privilege. This is important for the child's safety while in the care of our daycare centre.

I have read and understood the Security Code agreement and agree to comply with these stipulations.

Parent Signature

Date

Parent Signature

Date



I, _____, have read and understood all policies and procedures implemented at The Early Years Daycare Centre.

The Directors of the centre have the right to terminate service if failure to comply with these policies occurs.

Parent/Guardian Signature

Date



I, _____, have read and understood all policies and procedures implemented at The Early Years Daycare Centre.

The Directors of the centre have the right to terminate service if failure to comply with these policies occurs.

Parent/Guardian Signature

Date



Photograph Consent Form

I, _____ give permission for photographs/video recording of my child for both publicity material used in The Early Years and childcare training materials including printed publications and our website.

Name of Child: _____ Date: _____

Signature of Parent/Guardian: _____



Permission to Apply Sunscreen

I, _____, give permission to the staff at The Early Years Daycare to apply sunscreen product of the program's choice during the months of May to September and between the daily times of 9:00 a.m. to 4:00 p.m. Staff will follow the directions and recommendations printed on the product container. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, neck, nose bare shoulders, arms and legs. I also understand that a \$15 fee will be charged during the month of May for the use of sunscreen on my child.

Parent/Guardian Signature

Date

Registration Fee:

There is a \$100.⁰⁰, non-refundable, one-time administration fee charged for each child. This fee does not guarantee a placement. However, we will make every effort to ensure that a spot will be available for your child on his/her anticipated start date.

Security Deposit:

There is a two (2) week deposit required for every child based on the rates noted above. The purpose of this fee is similar to first and last payment.

*** There is a \$35 processing fee for all returned cheques. Any outstanding fees will be charged at 1% every fifteen (15) days after the due date. ***

Discounts:

A 10% discount is offered when a second sibling is registered. This discount is applied to the student who pays the lesser amount of tuition. A 5% discount is offered for all other siblings registered, provided that all children are of the same parents and registered for full day programs.

A 5% discount is offered to parents who choose to make a lump-sum payment of 12 months in advance for any full-time program.

Receipts:

"Child Care" tax receipts for tuition fees received by December 31st (less the registration fee) will be issued by February 28th of the following year.

Refunds:

1. There are no refunds or credits given for a child's absence for any reason. Furthermore, part-time students will not be permitted to substitute days for any reason.
2. There is no refund of the registration fee.
3. With a minimum of thirty (30) days written notice of the intended withdrawal (partial or total) all unearned tuition fees after these thirty days will be returned less any part of the security deposit that may or may not have been used up.
4. With respect to those parents who paid a lump sum fee in advance and received the 5% discount, the refund upon early withdrawal will be calculated on a full fee scale and the discount will be invalidated.

Late Pick-Up Fees:

If you are late to pick up your child, a \$1.⁰⁰ fee will be charged per minute beginning from 6:00 p.m. If you are aware in advance of possible lateness, please make alternate arrangements with your authorized pick up person.

All policies and procedures for the centre are available to read through at any time. Please ask the supervisor or operators to obtain these.

Parent / Guardian Signature

Date



REGISTRATION

Procedures:

1. Please submit the completed registration forms with your non-refundable, one-time administration fee of \$100.⁰⁰, plus a security deposit of two (2) weeks of fees as calculated by your child's program schedule.
2. Acceptance at The Early Years is conditional upon the completion of the remaining forms and the payment of the remaining school fee, paid by twelve (12) months of post-dated cheques before the child begins school.
3. The Director reserves the right to dismiss any student who fails to reach the standards expected by the daycare in either work or behaviour.
4. By signing below, I acknowledge that I have read and understood the preceding pages concerning the Centre's philosophy, goals, programs, curriculum, general information and fees.

Parent / Guardian Signature

Date

Payment of Fees:

Cheques are to be made payable to The Early Years with the child's name printed clearly on the front of each cheque.

The total fees must be paid **before** the child starts school:

- ✓ The administration fee of \$100.⁰⁰ plus two (2) weeks security deposit.
- ✓ Twelve (12) months of post-dated cheques.
- ✓ A lump-sum payment of 12 months in advance taking into account the 5% discount.