

Registration Package Checklist

This registration package should be used only for School Age Programs in York Region at the following Upper Canada Child Care centres:

- Canadian Martyrs Child Care
- North Meadow Child Care
- Rockford Child Care
- St. Bernadette Children's Centre
- St. James Child Care
- St. John Chrysostom Child Care
- St. Rene Child Care
- Shaughnessy Children's Centre
- Three Valleys Children's Centre
- Fenside Children's Centre
- Prince of Peace Children's Centre
- St. Benedict Child Care
- St. Clare Children's Centre
- St. John Child Care
- St. Padre Pio Children's Centre
- St. Thomas Aquinas Child Care
- Steelesview Child Care

The following forms should be completed and returned as part of a full registration package (please ensure that forms are signed where indicated):

✓

- General Registration Information
- Application Form
- Child Health Record Form
- Health and Medical Care Parent Information Form
- Publicity Consent Form
- School Age Contract
- Information Sharing Consent Form
- Email Communications Consent Form
- Skincare Consent Form
- Parent Contract

Please remember to:

- provide complete addresses including street numbers and postal codes; and
- provide phone numbers for workplaces, doctor, and all emergency contacts.

NOTE: Upon confirmation of space, the following will be required:

- a \$40 cheque for the non-refundable family registration fee
- a \$200 cheque for the family security deposit
- a completed *Preauthorized Payment Plan Form*, and a void cheque

General Registration Information

Name of Centre: _____

Date:

D	D

M	M

Y	Y

CHILD/FAMILY INFORMATION																	
Child's Name: _____		Requested Start Date:	<table border="1" style="width: 20px; height: 20px;"><tr><td></td><td></td></tr><tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr></table>			D	D	<table border="1" style="width: 20px; height: 20px;"><tr><td></td><td></td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr></table>			M	M	<table border="1" style="width: 20px; height: 20px;"><tr><td></td><td></td></tr><tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr></table>			Y	Y
D	D																
M	M																
Y	Y																
Child's Age: (as of requested start date) _____	Child's Grade: (as of requested start date) _____	Return Client?	No <input type="checkbox"/>	Yes <input type="checkbox"/>													
Are you transferring from another Upper Canada Child Care Centre?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which centre? _____														
Do you have another child at an Upper Canada Child Care Centre?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, which centre? _____														
Are you receiving fee assistance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Will you be applying for fee assistance through the region/county?	No <input type="checkbox"/>	Yes <input type="checkbox"/>												

TYPE OF CARE REQUIRED (please complete only 1 of the 3 sections)					
1. I require care EVERY school day					
at these times:	ONLY Before School <input type="checkbox"/>	ONLY After School <input type="checkbox"/>	BOTH Before and After School <input type="checkbox"/>		
2. I require care only SOME school days					
on these days:	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>
at these times:	ONLY Before School <input type="checkbox"/>		ONLY After School <input type="checkbox"/>		BOTH Before and After School <input type="checkbox"/>
3. I require care only on OCCASIONAL days					
according to these details: _____					

ADDITIONAL INFORMATION



Application Form

Name of Centre: _____ Information Update: _____

Date of Application: _____ Requested Start Date: _____ Actual Start Date: _____

Day Care Nursery School Before and After School Program Withdrawal Date: _____

I will apply for fee assistance with my local region/county children's services division. I currently receive fee assistance. I do not require fee assistance.

CHILD INFORMATION

Surname: _____ Male Female

Given Name(s): _____ Birth Date _____

Home Address: _____

Apt./Unit #: _____ City/Town: _____

Postal Code: _____ Home Phone Number: _____

FIRST PARENT/GUARDIAN INFORMATION

Relationship to Child: _____

Surname: _____ Given Name: _____

Home Address: _____ Apt./Unit #: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Business Name & Address: _____

Business City: _____ Business Postal Code: _____

Business Phone: _____ Extension: _____

SECOND PARENT/GUARDIAN INFORMATION

Relationship to Child: _____

Surname: _____ Given Name: _____

Home Address: _____ Apt./Unit #: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Business Name & Address: _____

Business City: _____ Business Postal Code: _____

Business Phone: _____ Extension: _____



CUSTODY INFORMATION

Are there any special custody arrangements pertaining to access to/visitation of your child? Yes No

If you answered "yes" to the above, please provide details on the arrangements: _____

Copy of Custody Order provided: Yes

EMERGENCY CONTACTS/PERSONS TO WHOM CHILD MAY BE RELEASED IN ADDITION TO PARENTS/GUARDIANS:

EMERGENCY CONTACT #1

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Child: _____

Phone #1: _____ Phone#2: _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Child: _____

Phone #1: _____ Phone#2: _____

EMERGENCY CONTACT #3

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Child: _____

Phone #1: _____ Phone#2: _____



To help us serve your child and family better, and to help us in our programming, please answer the following questions:

GENERAL INFORMATION:

Please list any other members of the household (siblings, extended family, pets, etc.):

Who has cared for your child up to the present time?

Home Care Licenced Day Care Relative

What language(s) is/are spoken at home? _____

Please list any significant information that we should be aware of such as recent upsets or changes, fears, special instructions regarding pick-up, etc.:

In what areas does your child have a particular interest?

How does your child like to be comforted?

Does your child have sensitivity to any foods? If yes, please elaborate:

Yes No

GENERAL TEMPERMENT:

Friendly, Outgoing Active Very Active Shy Cooperative Aggressive

Comments:

SPEECH DEVELOPMENT:

Uses Words Only Speaks in Sentences Speaks in Phrases

Comments:

SELF HELP SKILLS:

Dresses Self Toilets Self Feeds Self

Comments:

SLEEP PATTERNS:

Usually Naps How long? _____ Does Not Nap

Comments:

SOCIAL SKILLS:

Prefers to Play Alone Plays with Group of Children Follows Routines Accepts Changes Easily

Comments:



PARENT/GUARDIAN PERMISSIONS:

In case of emergency, and I am/we are not able to be reached, I grant permission for the treatment of my child by a physician selected by the staff. I grant permission for my child to participate in all child care activities, and for any supervised offsite trips. I will notify the Centre of any changes to my file, in writing.

I hereby consent to the collection, use and disclosure of my child's information by the centre for the purposes of providing child care services to my child enrolled in Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Printed Name of Parent or Guardian _____

Signature of Parent/Guardian _____ Date: _____



Child Health Record (All Regions)

Child's Name: _____

DOCTOR/MEDICAL INFORMATION

Doctor's Name: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Are there any physical or other problems that we should be aware of that may interfere with the child's full participation in the program or which may require special attention? (e.g. symptoms indicative of ill health, injuries, operations, etc.)

Yes No If yes, please include dates and details:

HISTORY OF COMMUNICABLE DISEASES

Please indicate if your child has had any of the following:

Chicken Pox Mumps Measles Whooping Cough Rubella (German Measles) Hepatitis B

IMMUNIZATION STATUS

For enrolment in
Before and After School Programs
please check (✓) ONE of the below:

- I confirm that my child is immunized, and I have provided the school and/or local public health department with a current record of my child's immunizations.
- My child is not immunized and have provided the school and/or local public health department with the required documents that outline medical exemption, or objections on the basis of conscience or religious beliefs.

For enrolment in
Infant, Toddler, or Preschool Programs
please check (✓) ONE of the below:

- I am including a copy of my child's yellow immunization record with this form.
- My child is not immunized, and I am including a signed *Statement of Medical Exemption* with this form.
- My child is not immunized, and I am including a signed affidavit of *Statement of Conscience or Religious Belief* with this form.

ADDITIONAL INFORMATION:

Please indicate any additional information which is relevant:

Skin Conditions: _____

Sight Difficulties: _____

Hearing Difficulties: _____

Other: _____



ALLERGIES

If your child has allergies, please indicate below:

Allergy	EpiPen Required?	
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your child has a life threatening allergy please fill out the *Anaphylactic Action Plan* prior to start date (please ask supervisor for copy). If allergy is not life threatening, please provide additional information:

Please indicate if you have completed the *Anaphylactic Action Plan*. Yes No

MEDICAL CONDITIONS

If your child has asthma or any other medical condition such as epilepsy, hemophilia, diabetes, or reactions to drugs which could be a complicating factor please note this below and complete the *Individualized Plan for a Child with Medical Needs* form (please ask supervisor for copy).

Please provide additional information:

Please indicate if you have completed the *Individualized Plan for a Child with Medical Needs* form. Yes No

PARENT/GUARDIAN PERMISSIONS

I hereby consent to the collection, use, and disclosure of my child's information by the centre for the purposes of providing child care services. I understand that the centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date:

D	D

M	M

Y	Y



Health and Medical Care Parent Information

Illness is an unfortunate but inevitable part of the child care environment. Please review the following policies related to health and medical care.

Our centre follows the local Public Health guidelines related to the length of time children need to be excused from group care and when they may return to the centre. All cases will be given equal consideration.

Staff will complete a visual check of each child as they arrive at the Centre each day and will ensure that the child is well enough to participate in the program. Children who show obvious signs of communicable illness will not be admitted to the program. If your child becomes ill during the day, you (or the emergency contact) will be notified to pick him/her up as soon as possible. In some cases a confirmed diagnosis by your doctor may be required before your child returns to the centre. Please note that when children return from being ill they must be well enough to participate in all aspects of the program including outdoor play.

An outbreak of a communicable disease will result in distribution of a Public Health fact sheet after confirmed diagnosis by the child's doctor. Appropriate measures will be taken to keep the spread of disease to a minimum. This includes increased disinfecting of toys and surfaces and increased hand washing by the staff and children.

If your child is prescribed medicine, it is essential that the directions be followed and the course of the medication be completed. The number one reason for re-infection is non-completion of a prescription. Please complete a medication form and inform the staff when your child needs to be given their medication at the Centre.

To ensure the safety of all children it is imperative that ALL medications are given directly to staff (i.e., not left in your child's bag).

Most pharmacists will divide the dosage of prescription medications into two containers, if requested. One container can be used for administration at the centre and one for administration at home. This helps to ensure that all doses are given.

Non-prescription medications requested by the parent for short term treatment (i.e. cough medicines, decongestants, antihistamines) will be administered and stored according to the policies outlined for the administration and storage of prescription drugs and medications.

EPIPENS OR INHALERS

Upper Canada recommends that each child have two (2) Epipens at the Centre: one (1) locked in the medication box and (1) available at all times.

Upper Canada will, with the written approval of the parent and medical practitioner, permit a child to carry their own Epipen and/or asthma/allergy medication in a belt pouch. Upper Canada will assess and review each situation to ensure that the child is sufficiently responsible to carry and administer the Epipen, asthma or allergy medication.

The Epipen must accompany the child throughout the day, both indoors and outdoors. The Epipen(s) must accompany the child on trips.

Each child with an Epipen must have an Action Plan completed by the parent and physician. These forms must be reviewed and signed annually by the parent and by the child's physician.

Directions for administering puffers must be clear and a medication form must remain on file for both regular and occasional use of puffers.



CHILDHOOD ILLNESSES

The following are some of the more common childhood illnesses and the policies of our centre for their treatment:

- **Chickenpox**
After confirmed diagnosis, the child must remain at home until all lesions are crusted over, the child is fever free and able to participate fully in all aspects of the program.
- **Conjunctivitis (Pink Eye)**
The child will be excluded from care if discharge is thick and yellow or green. The child must be treated with prescription antibiotic drops for 24 hours and the eyes must be clear of discharge before returning to the centre.
- **Common Cold**
The child may attend as long as there is no fever and the child feels well enough to participate in all aspects of the program.
- **Coxsackie Virus (Hand, Foot, and Mouth Disease)**
After confirmed diagnosis, the child may return to the Centre if they are fever free and feel well enough to participate.
- **Croup**
The child may attend as long as there is no fever and is able to participate.
- **E. Coli Food Poisoning (verotoxin-producing E. coli, a.k.a. hamburger disease)**
The child can return to the centre after two consecutive stool samples, collected 24 hours apart, are cultured negative.
- **Fifth Disease (Slapped Cheeks Syndrome)**
After confirmed diagnosis by Doctor, the child may return if fever free and able to participate in all aspects of the program.
- **Head Lice**
The child will be sent home when lice are detected. A Pharmacist or Doctor will recommend appropriate treatment. The child may return after certifying that treatment has been administered and that the child is free of pediculosis i.e. all nits (eggs) have been removed from the hair. Parent MUST continue to remove any nits until none remain. This will take several days. Follow up treatment seven days later is ESSENTIAL to ensure all nits are killed. If any live lice are rediscovered, treatment must be given again.
- **Measles (Rubella, Red Measles Virus)**
After confirmed diagnosis, the child will remain at home for 7 days from onset of illness or 4 days from when rash first appears.
- **Meningitis (due to: Haemophilus Influenza B (Bacterial) or Meningococcal Infection–Bacterial, Spinal Meningitis)**
The child may return after adequate medical attention.
- **Mumps (virus)**
The child may return 9 days after swelling subsides.
- **Hepatitis A (Infectious Hepatitis, Viral Hepatitis)**
The child may return one week after onset.



- **Pertussis (Whooping Cough Bacteria)**
The child must remain at home under antibiotic treatment for 5 days of the 14 day course or 3 weeks if untreated.
- **Ringworm**
The child may return after appropriate medication has been taken or used for at least 24 hours.
- **Roseola**
After confirmed diagnosis by Doctor, the child may return if they are free of fever and able to participate fully.
- **Rubella (German Measles Virus)**
The child may return 7 days after onset of rash.
- **Scabies**
The child may return 24 hours after therapeutic lotion is applied.
- **Thrush (oral infection)**
The child may attend if they feel well enough to participate.
- **Strep Throat / Scarlet Fever / Impetigo**
After confirmed diagnosis by a Doctor, a child must be fever free and treated with antibiotics for one full day before returning. All of the above are strains of Streptococcal bacteria.
- **Persistent Vomiting or Diarrhea**
The child will be removed from the centre if diarrhea or vomiting is persistent or accompanied by fever or other signs of illness. The child must be free from vomiting or bouts of diarrhea for 24 hours in order to return to the Centre. Stool samples or diagnosis by Doctor may be required for diarrhea depending on the circumstances.

Diseases and infections not listed will be assessed by your child's physician and/or Public Health Services to determine an appropriate course of action.



PARENT/GUARDIAN ACKNOWLEDGEMENT:

I hereby confirm that I have read and agree to abide by the policies related to the Health and Medical Care of children

Name of Upper Canada Centre: _____

Name of Child: _____

Name of Parent or Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Your continued cooperation in the matter of your child's health and the health of the other children in the centre is appreciated.



Publicity Consent

Please carefully review the following waivers, initial the appropriate boxes (one box in each of section one, two, and three), then sign below. Each family must return a completed form to the centre. The use of photographs/videos/sound recordings by Upper Canada Child Care of your child(ren) is at the discretion of the parent(s)/legal guardian(s).

SECTION ONE (Please initial one of the two choices in this section)

I give permission for photo/video images and/or sound recordings of my child to be used on bulletin boards, displays, presentations, and informational DVDs and videos **within** the centre where my child attends.

OR

I do not give permission for photo/video images and/or sound recordings of my child to be used on bulletin boards, displays, presentations, informational DVD's and videos **within** the centre where my child attends.

SECTION TWO (Please initial one of the two choices in this section)

I give permission for photo/video images and/or sound recordings of my child to be used for promotional and/or educational purposes on bulletin boards, displays, presentations, and informational/training DVDs, videos, and webinars **outside** of the centre where my child attends (e.g. Upper Canada Open Houses, Community Open Houses, Career Fairs, Mentoring Programs).

OR

I do not give permission for photo/video images and/or sound recordings of my child to be used for promotional and/or educational purposes on bulletin boards, displays, presentations, and informational/training DVDs, videos, and webinars **outside** of the centre where my child attends (e.g. Upper Canada Open Houses, Community Open Houses, Career Fairs, Mentoring Programs).

SECTION THREE (Please initial one of the two choices in this section)

I give permission for photo/video images and/or sound recordings of my child to be used for promotional and/or educational purposes on the Upper Canada Child Care **website**.

OR

I do not give permission for photo/video images and/or sound recordings of my child to be used for promotional and/or educational purposes on the Upper Canada Child Care **website**.

NAME OF CHILD

NAME OF SECOND CHILD (IF APPLICABLE)

Date:

D	D

M	M

Y	Y

SIGNATURE OF PARENT/ LEGAL GUARDIAN



School Age Contract

As a School-Age Program participant, you are expected to conduct yourself in accordance with the following code of behaviour which promotes comfort, safety, and respect.

At all times you will:

1. Be courteous to others.
2. Use acceptable language (swearing will not be tolerated).
3. Conduct yourself in a manner which allows each child and staff member to feel safe from verbal and physical abuse (bullying will not be tolerated).
4. Resolve conflict in a peaceful manner.
5. Respect the building and equipment as well as the personal property of all children and staff.
6. Show respect for all individuals through your behaviour and words.

Failure to meet the above expectations will result in any of the following consequences:

1. Loss of privileges or attendance on trips.
2. Informal meeting with student, teacher, and supervisor.
3. Contact with parents.
4. Formal meeting with parents, teacher, and supervisor.
5. Counselling.
6. Removal from the program.

I have read the above code of behaviour and agree to follow it. I also understand that if I choose not to follow these rules, it is my responsibility to accept the consequences of my behaviour as outlined to me above.

ACKNOWLEDGEMENT:

Name of Upper Canada
Centre: _____

Student's Name (please print): _____

Student's Signature: _____

Parent's Signature: _____

Supervisor's Signature: _____

Date:

D	D

M	M

Y	Y



Information Sharing Consent

Ongoing communication among professionals involved in your child's day enhances your child's educational and child care experience. In order to best serve children's needs, there are times when it is appropriate for the child care centre and school to exchange information about the children participating in both programs. The kind of information shared may include, but is not limited to, matters involving attendance, illness, transportation, or behaviour.

Shared written information will be kept confidential and will be shared only during the time in which the child is enrolled in the child care centre, or upon the request of the parent.

Your consent will give permission for the exchange of information between the child care centre and the school.

I/We give permission to: _____
Name of Child Care Centre

and: _____
Name of School

For the reciprocal
exchange of
information about my
child: _____
Name of Child Date of Birth

_____	_____
Name of Parent/Guardian (Please Print)	Signature of Parent/Guardian
_____	_____
Witness	Date
The collection, use, and disclosure of parental and children's personal information by a centre is for the purposes of providing child care services to children enrolled in centre programs. The centre will protect the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the centre's privacy policy.	



Email Communications Consent

We would like to invite you to share your email address with us so that we may streamline communications with you. In addition to offering tax receipts via email, we hope to distribute centre announcements and invitations, newsletters, and organizational information.

If you wish to receive communication via email, please complete this form and return it to the child care centre.

AUTHORIZATION													
_____	_____												
First Name of Parent	Last Name of Parent												
Email Address: _____													
By signing below you authorize communication via email for the purposes outlined above, as well as the distribution of any other communications or documentation relevant to your relationship with Upper Canada Child Care and its affiliated child care centres and programs.													
_____	Date: <table border="1"><tr><td></td><td></td></tr><tr><td>D</td><td>D</td></tr></table> <table border="1"><tr><td></td><td></td></tr><tr><td>M</td><td>M</td></tr></table> <table border="1"><tr><td></td><td></td></tr><tr><td>Y</td><td>Y</td></tr></table>			D	D			M	M			Y	Y
D	D												
M	M												
Y	Y												
Signature of Parent													



Skincare Consent

To ensure each child's health and well-being, parents are required to provide the following skin care products for use as necessary:

- Sunscreen (with both UVA and UVB protection, SPF 15 or higher)
- Insect repellent (containing 30% DEET or less)
- Diaper wipes
- Diaper cream

Products provided by a parent must be:

- in their original container;
- clearly labeled with the child's full name;
- within the expiration date;
- appropriate for the age of the child; and
- free of nut ingredients.

SUNSCREEN (Please initial if applicable to your child)

I authorize centre staff to administer the sunscreen product which I have provided.

AND/OR

I authorize my child to self-administer the sunscreen product which I have provided, under the supervision of centre staff. (Applicable to School Age children only.)

INSECT REPELLANT (Please initial if applicable to your child)

I authorize centre staff to administer the insect repellent product which I have provided.

AND/OR

I authorize my child to self-administer the insect repellent product which I have provided, under the supervision of centre staff. (Applicable to School Age children only.)

HAND SANITIZER (Please initial if applicable to your child)

I authorize centre staff to administer Purell hand sanitizer (provided by the centre).

AND/OR

I authorize my child to self-administer Purell hand sanitizer (provided by the centre), under the supervision of centre staff. (Applicable to School Age Children Only.)

DIAPERING PRODUCTS (Please initial if applicable to your child)

I authorize centre staff to administer the diaper cream or ointment which I have provided.

AND/OR

I authorize centre staff to use the diaper wipes which I have provided.

OTHER PRODUCTS (Please complete and initial if applicable to your child)

Other: _____

REPLACEMENT PRODUCTS (Please initial if applicable to your child)

In the event that products which I have provided are not available, I give my permission to use a suitable replacement. Comments (if required): _____

I understand that all skin care products will be administered when conditions warrant and in a manner consistent with label directions.

NAME OF CHILD

NAME OF PARENT/LEGAL GUARDIAN

Date:

D	D

M	M

Y	Y

SIGNATURE OF PARENT/ LEGAL GUARDIAN

CHILD'S NAME: _____

BIRTHDATE: _____

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

Part 1—FINANCIAL RESPONSIBILITIES

The conditions of this agreement provide protection for parents as well as for our program. In order to assure that we can provide these services, it is essential that the program be financially stable. Salaries and overhead expenses cannot be reduced because of absentee losses. This contract is a commitment that you will financially support the enrolment space guaranteed for your child. Failure to meet your financial commitment may result in termination of child care services.

- 1.1 A non-refundable family registration fee of \$40.00 is required upon confirmation of space. A family security deposit of \$200.00 is also required to guarantee a space. The security deposit will be applied to your last week(s) of care when you withdraw from the centre giving the required notice.
- 1.2 Fees in the form of monthly pre-authorized payment will be debited on the 1st working day of the month. One (1) payment is preferred. If 2 debits per month are negotiated the debits will be made on the 1st and the 15th of each month. Cash will not be accepted as a payment fee.
- 1.3 All payments returned from a financial institution will be subject to a processing fee as determined by Upper Canada Child Care. If the processing fee is not reimbursed with a money order or certified cheque, within 20 business days, the child's care may be suspended.
- 1.4 A receipt of payment will be issued after the year end for income tax purposes.
- 1.5 Refunds will not be made for statutory holidays or any absent days (including vacations or illness). Before & After School Program parents are responsible for paying their monthly base rate if their child does not attend over the winter or March breaks. Refunds will not be made for missed days that result from the inability of the centre to open (or early closure of the centre) due to circumstances beyond the control of Upper Canada Child Care (including, but are not limited to, natural disasters, emergency situations, inclement weather, denial of access to the school by the school board, and/or other health and safety concerns).
- 1.6 A late payment fee of \$5.00 per week will be charged if payment is not received according to the agreed upon schedule.

Part 2—WITHDRAWAL PROCEDURES

- 2.1 Until August 31, 2017, signed, written notice of permanent withdrawal by you must be given two weeks in advance. Effective September 1, 2017 signed, written, notice of permanent withdrawal by you must be given one month in advance. If the required notice is not received, full program fees will be charged.
 - 2.2 Until August 31, 2017, signed, written notice of termination of service by the centre must be given two weeks in advance. Effective September 1, 2017 signed, written notice of termination of service by the centre must be given one month in advance.
- Behaviour that poses a safety hazard will not be accepted and may result in immediate termination of service.**
- 2.3 The provision of our service is conditional upon compliance of both you and your child to our Code of Behaviour.
 - 2.4 A child suspended from school may not be permitted to attend a child care located on the same site during the suspension.
 - 2.5 Should the supervisor of the program, in consultation with the director, determine that a child cannot adjust to the program, or if the parent has not upheld the contract, child care services and this agreement will be terminated. The process of termination of service for all children will include any or all of the following steps:
 - Documentation of incidents
 - Counselling and/or consultation with outside agencies
 - Notification to the appropriate government bodies/Board of Directors
 - Referral to an outside agency
 - Meeting with appropriate parties
 - Suspension
 - Removal from the program

Part 3—CODE OF BEHAVIOUR

The safety of all children is our primary concern. The following expectations are necessary to promote a happy, comfortable, safe atmosphere. The child and the parents at all times shall:

- 3.1 be courteous to others;
- 3.2 use acceptable language;
- 3.3 conduct themselves in a manner which allows others to feel safe from verbal and physical abuse;
- 3.4 resolve conflict in a peaceful manner;
- 3.5 respect the building and equipment as well as the personal property of others; and
- 3.6 show personal respect for all individuals through behaviour and language.

Part 4—ADDITIONAL OPERATIONAL POLICIES

- 4.1 A completed *Registration Package* including (but not limited to) the forms listed below is required upon application and before admission. This information must be reviewed annually and revised as necessary to ensure that we have the correct information on file. Parent must sign off that information has been reviewed.
 - Application Form
 - Parental Contract
 - Publicity Consent Form
 - Child Health & Immunization Record
 - Information Sharing Consent Form
 - Emergency Contact Information
- 4.2 The hours of operation are posted. A late pick-up fee will be charged for time that a staff member is required to stay with your child after closing. The late pick-up fee rate schedule is posted. This late pick-up fee is paid immediately to the staff member in charge at the time. If we are unable to reach you or your emergency contact by 7:00 p.m., the Police and Children's Aid Society will be contacted.
- 4.3 Our exclusionary policy, due to illness, is established by Public Health Services.
- 4.4 Regulations require daily outdoor play for each child. Our policy states that children too ill to play outdoors should remain at home. If a child becomes ill during the day, temporary care will be provided until you can be contacted and your child taken home.
- 4.5 The centre will administer prescription drugs to children, in accordance with provincial legislation as follows:
 - 4.5.1 Parents must provide written medical authorization, including the dosage and times any drug is to be given.
 - 4.5.2 Medication must be received in the original container, clearly labelled with the child's name, name of the drug, dosage, the date of purchase, and instructions for storage and administration of the drug. Ask the pharmacist to divide the dosage into two containers so one can be left at the centre until the dosage is finished. Non-Prescription medications must be accompanied by a doctor's note.
 - 4.5.3 Medication is to be handed directly to a staff member (not to be left in child's bag etc.)
 - 4.5.4 If medication has expired staff may refuse to administer it.

- 4.6 If your child will be absent from child care due to sickness, holidays, etc., please inform the staff in person or by phone.
- 4.7 If your child is involved in a custody dispute, please inform the supervisor in writing and provide a copy of the legal custody papers.
- 4.8 Children will be released to the care of authorized persons listed on the child's *Application Form*.
- 4.9 Centres may go on field trips throughout the year. Parents will be notified in advance and be required to sign a parental permission form prior to each trip.
- 4.10 Activity fees may be charged for optional specialized programs (e.g. skating).
- 4.11 Parents are responsible for signing children in and out of the program daily. Once you have picked up your child at the end of the day, please note that your child's well being is now your responsibility. Should your child be injured on centre property, while in your care, you are responsible.
- 4.12 Your child should be dressed in clothing suitable for physical activity, the weather, and the season. A second set of clothes, labelled, should be in your child's bag in case of accidents. Clothing should be such that it encourages self-dressing. All clothing and personal articles should be labelled with your child's name. The centre is not responsible for lost clothing and articles.
- 4.13 Daily contact with parents and staff will be supplemented by individual interviews, group meetings, and workshops. Parents are encouraged to visit and participate in our program, in special events, and/or in field trips. Parents are also encouraged to assist the child care centre in ways which reflect their interests and talents (e.g. fund raising, making or repairing equipment). Information of interest to parents (activities planned for children, menus, names of staff, activities and resources in the community, articles on child raising, etc.) is accessible to parents on a bulletin board or in a resource library. Once a year we invite parents to complete a confidential parent survey to assist us in evaluating our staff and our program. Parents are invited to join our Parent Advisory Committee which meets quarterly.
- 4.14 Staff encourage children to act in a respectful manner, appropriate to their developmental age and stage. Self-Discipline is promoted and logical consequences are the preferred methods of encouraging appropriate behaviour. Staff, volunteers, and students sign the *Program Statement Implementation Policy* upon hiring, and annually thereafter. The child guidance actions of staff, volunteers, and students are monitored and guidance is given to ensure that child guidance requirements are met.
- 4.15 *Child Abuse Policy:* In accordance with the *Child & Family Services Act*, it is the responsibility of every person in Ontario to immediately report to a Children's Aid Society if she/he suspects that child abuse has occurred, or if a child is at risk of abuse. This includes any person who performs professional duties with respect to children, any operator, or any parent. An individual's responsibility to report cannot be delegated to anyone else. The centre does not investigate or lay blame; it simply reports and follows the directions of the Children's Aid Society. If a parent, staff, or other accuses a staff member of abuse, it is the duty of the individual making the allegation and the centre to report the accusation to the Children's Aid Society and follow the direction given.
- 4.16 Ongoing communication between the child care centre and the school provides consistency, compatibility, and enhances a student's educational experience. Please be aware that the child care centre and the school that your child attends will communicate about your child with your signed consent below. (The boards of education in some regions may have additional requirements for the sharing of information between the child care centre and the school).
- 4.17 Please be aware that information that is in the best interests of your child will be shared among the staff at the centre.
- 4.18 We observe the following holidays:

▪ Christmas Day	▪ Boxing Day	▪ New Years Day	▪ Good Friday	▪ Victoria Day
▪ Canada Day	▪ Civic Holiday	▪ Labour Day	▪ Thanksgiving Day	▪ Family Day

 (In some cases the boards of education have mandated closures that reflect the philosophy of the board of education in that area. The centre will advise parents of any changes. Unexpected closures due to conditions beyond our control may result in an inability to provide services within our regular hours of operation).

Part 5-EMERGENCY MEDICAL ATTENTION

I hereby grant permission for staff to take whatever steps may be necessary to obtain medical care, if warranted. These steps may include, but are not limited to, the following:

- 5.1 Contacting a parent or guardian
- 5.2 Contacting the child's physician
- 5.3 Contacting the emergency contacts
- 5.4 Contacting another physician
- 5.5 Calling an ambulance
- 5.6 Taking the child to a hospital
- 5.7 Administering reasonable First Aid measures

Part 6-PERMISSION TO ENGAGE IN CHILD CARE ACTIVITIES

- 6.1 I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the child care centre including field trips and bus trips.
- 6.2 I hereby grant permission for my child to leave the centre under supervision of a staff member for neighbourhood walks and field trips. I also grant permission for my child to use the climbing structure at a nearby school or park.

Part 7-PRIVACY INFORMATION

I hereby consent to the collection, use, and disclosure of my parental and my child(ren)'s personal information by the centre for the purposes of providing child care services to my child(ren) enrolled in centre programs. I understand that the centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the centre's *Privacy Policy*.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL POLICIES

PARENT'S SIGNATURE: _____	DATE:	<input type="text"/> <small>D D</small>	<input type="text"/> <small>M M</small>	<input type="text"/> <small>Y Y Y Y</small>
PARENT'S SIGNATURE: _____	DATE:	<input type="text"/> <small>D D</small>	<input type="text"/> <small>M M</small>	<input type="text"/> <small>Y Y Y Y</small>
SUPERVISOR'S SIGNATURE: _____	DATE:	<input type="text"/> <small>D D</small>	<input type="text"/> <small>M M</small>	<input type="text"/> <small>Y Y Y Y</small>