

Family Name: _____



Registration Package

including

Family Information

Emergency Contact Information
Pick Up and Release Information

Child's Information

Personal Information

Permission and Consents

Permission to provide Emergency Medical Care
Permission to administer Acetaminophen or Ibuprofen
Acknowledgement of Public Health Examination
Consent for Supervised Walks and Field Trips
Consent to Photograph or Videotape

Policies That Directly Affect Your Child's Care

A Smoke Free Environment
Food Restrictions In The Centre
Illness
Medications

Child Care Fee Agreement

Internal Use Only

Child's Name: _____

Date Care Began: _____

Initial Room: _____

Initial Schedule: _____

Room/Age Group Moves

From	To	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Care Terminated/Withdrawal: _____

Notes:

Family Information

Parent/Guardian 1's Name: _____

Guardian's Relationship to Child (if applicable) _____

Home Address: _____

Day Time Phone No. _____ Evening Phone No. _____

E-mail Address: _____ Cell Phone/Pager No. _____

Occupation: _____

Employer or School Name: _____

Employer or School Address: _____

Identification Information:

Date of Birth: _____ Driver's License No: _____

Soc. Ins. No: _____ Ont. Health Card No: _____

Parent/Guardian 2's Name: _____

Guardian's Relationship to Child (if applicable) _____

Home Address: _____

Day Time Phone No. _____ Evening Phone No. _____

E-mail Address: _____ Cell Phone/Pager No. _____

Occupation: _____

Employer or School Name: _____

Employer or School Address: _____

Identification Information:

Date of Birth: _____ Driver's License No: _____

Soc. Ins. No: _____ Ont. Health Card No: _____

Name and Birth Dates of Brothers and Sisters not enrolled at the Centre

Is your child(ren) or your family involved with another children's treatment agency or treatment centre? *(If yes, please provide name of agency, agency contact and reason for the involvement.)*

Are you receiving any funding assistance for your child care fees? Yes: _____ No: _____
(If yes, please provide Caseworker's name, phone number, e-mail address and the file number.)

Is there anything else we should know about your child(ren) or your family situation? _____

Emergency Contact Information

(Please note that for safety reasons, the individuals identified below as Emergency Contacts must be at least 16 years old.)

Emergency Contact 1 – First person to contact in an emergency if parents/guardians are not available:

Name: _____

Address: _____

Relationship to Child(ren): _____

Phone Numbers:

Day: _____ Evening: _____ Cell: _____

Emergency Contact 2 – Second person to contact in an emergency if parents/guardians are not available:

Name: _____

Address: _____

Relationship to Child(ren): _____

Phone Numbers:

Day: _____ Evening: _____ Cell: _____

Emergency Contact 3 – Third person to contact in an emergency if parents/guardians are not available:

Name: _____

Address: _____

Relationship to Child(ren): _____

Phone Numbers:

Day: _____ Evening: _____ Cell: _____

To whom may your child(ren) be released?

	<u>Any time</u>	<u>In an Emergency</u>
Parent/Guardian 1	_____	_____
Parent/Guardian 2	_____	_____
Emergency Contact 1	_____	_____
Emergency Contact 2	_____	_____
Emergency Contact 3	_____	_____
Other (please provide details below)	_____	_____

Comments or specific instructions regarding the release of the child(ren): _____

Arrival, Departure and Release of Children from the Centre

We are not able to release any child into the custody of any person who has not been pre-authorized, in writing, by the child's parents or legal guardian. Furthermore, for safety reasons, we ask that the person to whom we are releasing the child be at least 16 years old.

The authority to release a child to someone other than the parent or legal guardian is normally provided to us at the time the child is registered in the Centre (as indicated on the next page). After that time, approval to have someone else pick up a child is acceptable only if it is provided in written form, signed by the parent or legal guardian, and given to the Centre in advance. Please note that the person picking up the child may also be asked to produce a Photo ID when he or she comes to pick up the child. (As an extra safeguard, many parents choose to include with their child's registration a photograph of each person who is authorized (or not authorized) to pick up their child.)

In practical terms, this policy means that in most cases, a telephone call is not sufficient to authorize the release of your child to any person who has not been approved in advance and in writing. Furthermore, this also means that it is the parent's or legal guardian's responsibility to advise the Centre, in writing, if any individual's authority to pick up your child changes in any way.

We reserve the right to not release a child to any person who, in the sole opinion of our employee(s), is impaired or otherwise unable to suitably and safely care for the child.

Please sign below, acknowledging that you have read and understood this policy. Thank you.

Parent's/Guardian's Signature: _____

Date: _____

Permissions and Consents

Permission to provide Emergency Medical Care

If your child is seriously injured or becomes ill suddenly, employees of the Centre will, in this order:

- 1) Administer appropriate first aid.
- 2) Attempt to contact the child's parents or legal guardians using the telephone numbers you have provided and which are on file in the Centre.
- 3) Attempt to contact one of the designated Emergency Contacts using telephone numbers you have provided and which are on file in the Centre.
- 4) Seek emergency medical treatment from a physician or a hospital.

I hereby consent that if during the one-year period from _____ to _____, due to circumstances such as an accident or sudden illness, emergency medical treatment including anaesthetic may be given to my child by a physician or hospital.

Parent's/Guardian's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Child's Ontario Health Card Number(s): _____

Updated and re-signed for the period _____ to _____ on (date) _____ by (signature) _____

Updated and re-signed for the period _____ to _____ on (date) _____ by (signature) _____

Updated and re-signed for the period _____ to _____ on (date) _____ by (signature) _____

Updated and re-signed for the period _____ to _____ on (date) _____ by (signature) _____

Updated and re-signed for the period _____ to _____ on (date) _____ by (signature) _____

Permission to administer Acetaminophen or Ibuprofen

In the event that neither parent nor any of the Emergency Contacts can be reached, and my child has an elevated temperature (above 102 F, 38.9 C), permission is hereby granted for my child to receive acetaminophen or Ibuprofen administered by employees of the Centre.

Parent's/Guardian's Signature: _____ Date: _____

Acknowledgement of Public Health Examination

From time to time it may be necessary for your child(ren), or your child(ren)'s medical history records to be examined by representatives of various Public Health Agencies.

I hereby acknowledge that my child(ren) and my child(ren)'s medical history records may be examined whenever necessary by Public Health Agency Representatives.

Parent's/Guardian's Signature: _____ Date: _____

Permissions and Consents

Consent for Supervised Walks, Field Trips and Off-site Activities

As part of our regular child care program, the children occasionally leave the Centre property to go on walks in the neighbourhood and to participate in field trips to places of interest. During these outings employees of the Centre continuously supervise the children and all London Bridge Child Care Services policies apply. Additionally, the Centre Director and Educators may ask or require that parents volunteer to help on the trip or at the activity.

I hereby grant permission for my child(ren) to participate in supervised walks and field trips outside of the child care centre. I hereby release, indemnify and hold harmless the employees of the Centre from any and all damages, claims and other liabilities, except for negligence or fault, resulting from any such walk or field trip.

Parent's/Guardian's Signature: _____ Date: _____

Consent to Photograph or Videotape

Within our Emergent Curriculum program philosophy, we regularly take photographs of the children as part of documenting their learning. We also take photographs or make videotapes of the children participating in activities, which we incorporate into our decorations and for Parents' Nights and other Centre functions. From time to time we also receive requests from parents and outside agencies, such as the local TV stations and newspapers, to photograph, videotape or record the children. In most cases we are able to give parents advance notice of media requests, although this is not always possible. We fully understand that for some parents this is an important issue, and we wish to respect your wishes completely.

Please initial beside any statement to which you give consent.

_____ ***I hereby consent to my child(ren) being photographed or videotaped by employees of London Bridge Child Care Services Inc, for documentation purposes including non-commercial display purposes in the Centre.***

_____ ***I hereby consent to my child(ren) being photographed or videotaped by other parents in the Centre for their own personal, non-commercial use.***

_____ ***I hereby consent to my child(ren) being photographed or videotaped by early childhood education students for documentation purposes including non-commercial display purposes outside of the Centre, provided my child(ren)'s name and identity are not released to the public.***

_____ ***I hereby consent to my child(ren) being photographed or videotaped by the media or other non-employees of London Bridge Child Care Services Inc. provided my child(ren)'s name and identity are not released to the public.***

_____ ***I hereby consent to my child(ren) being photographed or videotaped by the media or other non-employees of London Bridge Child Care Services Inc. and I consent to having my child(ren)'s name and identity released to the public.***

Parent's/Guardian's Signature: _____ Date: _____

Policies That Directly Affect Your Child's Care

A Smoke Free Environment

We are pleased to be able to offer you, your children and our employees a completely smoke free environment. Smoking is not permitted at any time by any person within the Centre. Smoking is also not permitted in the playgrounds or in the Centre's parking lot at any time. Your cooperation in helping us provide this smoke free environment is greatly appreciated.

Please sign below, acknowledging that you have read and understood this policy. Thank you.

Parent's/Guardian's Signature: _____ Date: _____

Food Restrictions In The Centre

From time to time we are asked to provide care for a child who has a life-threatening allergy to certain foods. We believe that every child is unique in their own individual way, and therefore that a child with such a life threatening allergy has the same right to attend the Centre as any other child.

London Bridge Child Care Services Inc. has developed a comprehensive set of protocols and procedures around the care of a child with a life threatening food allergy that will be implemented when required. One significant objective of these protocols is to restrict the introduction of a food allergen into the Centre. This is accomplished by not allowing any child or any parent to bring food of any kind (with certain exceptions) into the Centre.

In the event the Centre does implement the protocols and procedures for caring for a child with a life threatening food allergy, all parents will be notified in advance of the change, and will have the necessary changes in procedures explained to them. From that point forward, you will be expected to abide by our policies in this matter.

Please sign below, acknowledging that you have read and understood this policy. Thank you.

Parent's/Guardian's Signature: _____ Date: _____

Policies That Directly Affect Your Child's Care

Illness

Control of the spread of illness is a vital concern in the Centre. The Centre has specific policies and procedures that determine if a child may be permitted to attend if ill. Please refer to the Parent/Guardian Handbook for additional details on the signs and symptoms of illness that could result in a child's exclusion from the program.

Our policies are in keeping with guidelines and policies of the local Health Units, and are designed to maintain a safe and healthy environment for all of the children, while recognizing the impact illness has on a parent's schedule. You are expected to abide by these policies at all times that your child is enrolled in the Centre.

All policies are reviewed and updated regularly as new information becomes available from the local Health Units. A complete copy of the policy is available for your review at any time by contacting the Centre Director.

Please sign below, acknowledging that you have read and understood this policy. Thank you.

Parent's/Guardian's Signature: _____ Date: _____

Medications

The administering of prescription and non-prescription medicine to any child in the Centre is very tightly controlled and regulated. The Centre has specific policies that determine if a particular medicine may be administered to a child, how each medication is to be stored, who is authorized to administer a medication to a child, and the procedures required of a parent before a medication may be administered. Our policies are in keeping with guidelines and policies of the local Health Units, and are designed with the best welfare of the child in mind. All policies are reviewed and updated regularly as new information becomes available from the local Health Units. A complete copy of the policy is available for your review at any time by contacting the Centre Director. You are expected to abide by these policies at all times that your child is enrolled in the Centre.

Please note that:

- It is the parent's/guardian's responsibility to notify the Centre if the child is taking any prescription or non-prescription medicine;
- It is the parent's/guardian's responsibility to hand any prescription or non-prescription medicine directly to a staff member, so that it can be safely stored out of reach of the children and in accordance with the medicine's instructions. Do not leave medication out on the counter or in your child's bag;
- All medication must be in the original container, clearly labelled with the child's name, the name of the medication, the dosage of the medication to be given, the date of purchase, and instructions for storage and administration of the medication.
- It is the parent's/guardian's responsibility to fill in the required information on the medicine sheet or book, and sign it for every day your child requires the medication.

Please sign below, acknowledging that you have read and understood this policy. Thank you.

Parent's/Guardian's Signature: _____ Date: _____

Child Care Fee Agreement

Thank you for enrolling your child/children in our Centre. Based on our current fee schedule, and your child's/children's proposed enrolment schedule, your child care fees will be as outlined below. Please note that your child care fees may change as a result of an increase in our fees or due to changes in your child's/children's enrolment. Furthermore, all child care fees are subject to the Terms and Conditions outlined on the following page.

Total Fees Payable

At time of Registration:

Registration Fee (per family)	\$ 25.00	
Last Week's Deposit (\$200 per child)	_____	
Total Payable with Registration		\$ _____

Child Care Fees:

\$ _____ per _____
or \$ _____ per _____

Source of Payment of Child Care Fees

Please indicate below who will be responsible for payment of your child care fees.

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____

Payment Options - Please select ONE

We offer a number of payment options for your child care fees. Please indicate below the method of payment you will be using by initialling beside the option. Regardless of the payment option you select, it is your responsibility to keep your account balance current. Furthermore, please note that if you terminate your child care arrangements and leave the Centre with an outstanding balance owing, we will use any and all measures available to us to collect the balance.

- A. _____ Visa or MasterCard - Processed automatically monthly in the amount of \$ _____ (If this option is selected, please complete the separate Credit Card Authorization Form, available from the Centre Director.)
- B. _____ By Debit Card to be processed every _____ in the amount of \$ _____ (If this option is selected, it is your responsibility to present your card regularly for payment.)
- C. _____ 3 months of post-dated cheques payable every _____ in the amount of \$ _____

Child Care Fee Agreement Terms and Conditions

Fees - You are required to pay fees in advance of care. For your convenience, we offer two payment options. Fees may be paid in full at the 1st of each month, or 50% payment at the 1st of the month and 50% payment by the 15th of each month. Payment may be made by major credit card, debit card, or post dated cheques. (We prefer not to accept cash for payment of fees, because of the security risk involved with keeping cash in a child care setting.) You will be charged a \$20.00 fee for any cheque returned NSF.

Enrolment in the Centre is conditional on full and timely payment of all fees. It is your responsibility to keep your account balance current. We reserve the right to add a “Late Fee Service Charge” to your account, change your method of payment and/or terminate your child care space if your account is not kept current. More specifically, if your account is not paid in full by the 15th of each month, a Late Fee Service Charge of \$25.00 will be automatically added to your account. If by the 20th of each month there is any balance outstanding your child care space will be terminated, and your child’s name will be placed at the bottom of the Centre’s waiting list. ***Furthermore, please note that if you leave the Centre with an outstanding balance owing, we will use any and all measures available to us to collect the balance.***

A deposit of \$200.00 must be paid at time of registration. This deposit will be applied to the last week for which your child is enrolled at the Centre. A non-refundable registration fee of \$25.00 is also payable upon enrolment of your child.

Tuition fees are determined by a number of factors, including the age of the child, and the schedule of enrolment in the Centre. Additionally, London Bridge Child Care Services Inc. reserves the right to change or adjust the fee schedule at any time.

Tuition fees for full day care are based on a nine-hour day. An additional fee may be charged for children who are regularly at the Centre for more than 9 hours per day. You are required to pay fees for any day on which your child is scheduled to be at the Centre, regardless whether they are in attendance or not. This includes all statutory holidays, the August Civic holiday, and days your child is away due to illness or absent due to inclement weather. No rebate or reduction can be given for these absences.

Vacation and Extended Absences - Vacation time is earned at the rate of one day per month in care (for full-time) or one day for every 20 days in care (for part-time), up to a maximum amount of 12 unused days. These days can be accumulated to cover vacations or extended absences. We cannot refund unused days, nor can they be used to pay for days when your child was in attendance at the Centre.

Withdrawal - We require two weeks written notice when withdrawing your child from the Centre. Full tuition for the two week period is payable if inadequate notice is given.

Tax Receipts - Tax Receipts for all accounts that are not outstanding will be available for **pick up** at the Centre your child attends by the end of February of each year, regardless whether the child remains enrolled at the Centre or has withdrawn part way throughout the year. Tax Receipts for accounts for which the child has been withdrawn and for which there is a balance of fees owing are forwarded to and handled by London Bridge Child Care Services’ Administration office.

Please sign below, acknowledging that you have read, understood and agree to comply with all the terms and conditions outlined in the Child Care Fee Agreement. Thank you.

Parent's/Guardian’s Signature: _____

Date: _____

