**CUTIES AND PATOOTIES ENROLMENT FORMS**

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| **Full Name of Child:** |
| Date of Birth (mm/dd/year):  | Sex: □ M □ F  |
| Address:  |
| Languages Spoken at Home:  | Primary Language: |
| Full Time: M-F \_\_\_\_ Part Time: 3 Days (Please circle which days): M, T, W, TH, F 2 Days (Please circle which days): M, T, W, TH, F  |

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| **Mother’s Details** |
| Mother’s Full Name:  | Home #: Cell#: |
| Occupation: | Employer’s Name: |
| Home Address (if different than child): | Work Address:Work #: |
| Email Address:  |

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| **Father’s Details** |
| Father’s Full Name:  | Home #: Cell#: |
| Occupation: | Employer’s Name: |
| Home Address (if different than child): | Work Address:Work #: |
| Email Address:  |

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| **Who Has Parental Responsibility?** |
| Marital Status: Married\_\_\_\_\_\_\_\_\_ Single\_\_\_\_\_\_\_\_\_ Divorced\_\_\_\_\_\_\_\_\_Child lives with: Mother\_\_\_\_\_\_\_\_\_\_ Father\_\_\_\_\_\_\_\_\_ Guardian\_\_\_\_\_\_\_\_\_Parent with Legal Custody:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Attached pertinent paperwork if such as a Court Order if a parent is not permitted to pick up the child)* |

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| **Other Emergency Contacts:** |
| Name: | Relationship to Child: |
| Work Number: | Cell Number: |
| Name: | Relationship to Child: |
| Work Number: | Cell Number: |

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| **Persons Authorized for Pick-Up Other than Parents** |
| Name: | Relationship to Child: |
| Work Number: | Cell Number: |
| Name: | Relationship to Child: |
| Work Number: | Cell Number: |

**REGISTRATION CONTRACT**

**REGISTRATION PROCEDURE**

The condition of this agreement provides protection for our parents and our program. In order to assure that we can provide these services, it is essential that the program be financially stable. This contract is a commitment that you will financially support the enrolment space guaranteed for your child.

1. Once you are ready to register your child, a non-refundable family registration fee of $100.00 is required to secure your child’s spot, along with a security deposit of 50% of your child’s monthly fee. This fee will be applied to your child’s last two weeks of enrollment when you withdraw from the center. One month written notice is required, for the security deposit to apply.
2. If parents wish to transfer their child from full-time to part-time care, a 60 day written notice will be required. Parents will incur a $150.00 service charge per child to transfer care
3. If parents wish to transfer their child from part-time care to full-time care, a 60 day written notice will be required.
4. Preauthorized payment is registered on “ROTESSA”. Failure to receive payments on the 1st of each month will result in a late fee of $5.00 per day. There is a $50 processing fee for all NSF cheques.
5. Fees are subject to increase every September.
6. Late pick-ups (after 6pm) will be charged $2.00 for the first 5 minutes and $1.00 per minute afterwards, per child, payable upon pick up, to the staff member in charge.
7. Services will automatically be terminated if payment is in arrears for 30 days after payment is due.

**DISCOUNTS**

A 15% discount is offered when a second sibling is registered for full time care. A 10% discount is offered for all other siblings registered for full time care. The discount will be applied to the least amount.

**RECEIPTS**

Tax receipts for tuition fees paid to December 31st, will be issued in February for the previous year

**REFUND POLICY**

1. There are no refunds or credits given for a child’s absence for any reason (vacation, illness, etc.)
2. There is no refund of the registration fee.
3. There is no reduction of fees for holidays, including statutory holidays or summer break.

**WITHDRAWAL PROCEDURES**

1. Signed, written notice of permanent withdrawal must be given one month in advance. If notice is not received, full program fees will be charged for your child’s last month of care and your security deposit will be forfeited
2. The provision of our services are conditional on the compliance of both you and your child to our Code of Behavior. Behavior that poses a safety hazard will not be accepted and will result in immediate withdrawal
3. Should the Supervisor or Director determine that a child cannot adjust to the program, or if the parent has not upheld the Contract, the child will be withdrawn and this agreement will be terminated

**CODE OF BEHAVIOUR**

The safety of all children in our care is our primary concern. The following expectations are to be followed by all adults and children at all times: a) be courteous of others b) use acceptable language c) conduct in a manner which allows others to feel safe from verbal and physical abuse d) resolve conflict in a peaceful manner e) respect the building and equipment as well as the personal property of others f) show respect for all individuals through behavior and language.

**PERMISSION TO ENGAGE IN CHILD CARE ACTIVITIES**

I hereby grant permission for my child to leave the Centre under supervision of a staff member for neighborhood walks.

**ADDITIONAL OPPERATIONAL POLICIES**

1. Our exclusionary policy, due to illness, is established by Public Health Services
2. Regulations require daily outdoor play. If your child is too ill to play outdoors, they should remain at home
3. The Centre will administer prescription drugs only if: a) Written medical authorization, including the dosage and times any drug is to be given b) Medication must be received in the original container, clearly labeled with the child’s name, name of the drug, dosage, the date of purchase, instructions for storage, and administration of the drug c) Medication is to be given directly to your child’s teacher d) Staff will refuse to administer a drug if it is expired
4. **IMMUNIZATION:** The Health Unit now requires that we have a photocopy of your child's recent immunization record in our files.  Please include a photocopy with this registration form.  If you do not have the records, a copy can be obtained from your local health unit.
5. If your child will be absent from school due to sickness, holidays, etc. please inform the Supervisor in person or by phone by 9:00 am
6. If your child is involved in a custody dispute, please inform the Supervisor in writing, providing a copy of the legal custody papers
7. Children will be released to the care of authorized persons listed only on your Child’s Registration Form. Unless verbal or written permission is given for other persons not indicated on your Child’s Registration Form
8. Activity/Admission fees may be charged during the year to help offset the cost of outings and trips
9. Your child’s wellbeing will be your responsibility once your child has been picked up from their classroom
10. Your child should be dressed in clothing suitable for physical activity, the weather, and the season. A second set of extra clothes (labeled with your child’s name) should be brought to the Centre in case of accidents. Clothing should be such that it encourages self-dressing. The Centre is not responsible for any unlabeled lost clothing and articles.
11. The Centre will be closed on these holidays: Christmas Day, Boxing Day, New Year’s Day, Good Friday, Victoria Day, Civic Holiday, Family Day, Labor Day, Canada Day, and Thanksgiving Day

**ACCEPTANCE OF ADMISSION AND REGISTRATION**

**I have read Cuties and Patooties Fee Policy and Registration Contract and I agree and accept all terms herein.**

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

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

**OFFICE USE ONLY**

DEPOSIT: $ \_\_\_\_\_\_\_\_\_\_\_ CHQ # \_\_\_\_\_\_\_\_\_\_ CASH $ \_\_\_\_\_\_\_\_\_\_

REGISTRATION FEE: $ \_\_\_\_\_\_\_\_\_\_ CHQ # \_\_\_\_\_\_\_\_\_ CASH $ \_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Withdrawal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION AND HEALTH HISTORY FORM**

To be completed by parent or guardian prior to entry into child care centre

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| **Full Name of Child:** |
| Date of Birth (mm/dd/year):  | Sex: □ M □ F  |
| Home Address:  |
| **Mother’s Full Name:**  | Home #: Cell#: |
| Home Address (if different than child): |
| **Father’s Full Name:**  | Home #: Cell#: |
| Home Address (if different than child): |
| **Physician Information:** |
| Name: | Clinic Name: | Phone Number: |
| **Medical History:** |
| Please specify your child’s previous history of communicable disease: |
| A condition or behaviour that would require special attention, medication or a special diet? |
| Allergies (food, medication, environmental, etc.)? |
| Please specify symptoms of allergic reaction and any special care needed |
| Do any of these allergies require an Epi Pen? □ Y □ N Which ones?  |
| Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMMUNIZATION RECORD**

Under CCEYA, in order to attend Ontario child care facilities, children must have proof of immunization against diphtheria, pertussis (whooping cough), tetanus, polio, haemophilus b, and measles, mumps, and rubella. Immunization against measles, mumps and rubella must have been given after the first birthday.

Enclose a copy of the child’s immunization record and return to Cuties and Patooties, prior to

admission.

**Topical Ointment Administration-Permission**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that topical ointments, such as lotion, lip balm or diaper cream, can be applied only as a preventive measure. Where required by licensing, application to open, oozing sores or continued use on a persistent diaper rash requires a Medication Authorization Form signed by me and my child’s physician.

I understand that the topical ointment provided by me must:

 be appropriate for use on a child;

 be applied according to instructions on the label

 be labeled with the child’s full name; and

 be handed to a staff member and not left in a diaper bag or cubby.

I give my permission for the staff at Cuties and Patooties to apply:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SUNSCREEN CONSENT FORM**

As the parent/guardian of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I recognize that too much exposure to UV rays may harm my child’s health. Therefore, I give permission for the staff at Cuties and Patooties to apply a sunscreen product **provided by the parent** that is broad spectrum with SPF 30 or higher to my child, as specified below when he/she will be outside. I understand that sunscreens will be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

**I have checked all applicable information regarding the use of sunscreen on my child:**

□ I have clearly marked the sunscreen with my child’s name

□ I have provided sunscreen to my child’s teacher

□ The sunscreen I have provided is nut free

My child is allergic to sunscreen □ Y □ N Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For medical or other reasons, please **do NOT** apply sunscreen to the following areas of my child’s body:

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

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

**CONSENT TO OBTAIN EMERGENCY MEDICAL CARE ON BEHALF OF THE CHILD**

I hereby grant permission for the operator, or designate, of this child care centre to take whatever steps are necessary to obtain emergency medical care if warranted.

**These steps may include, but are not limited to, the following:**

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact emergency contact person.

**If we cannot contact the parent or guardian, the child’s physician or an emergency contact person, we will do any or all of the following:**

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to the emergency department of the hospital, in the company of a staff member.

Any expenses incurred under circumstances listed above will be borne by the child’s family. **The child care centre will not be responsible for any incident that may occur as a result of false information given at and after the time of enrolment.**

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORM FOR VIDEO AND PHOTOGRAPHS**

I hereby give permission for Cuties and Patooties to use photographs of my child in any Child Care related newsletters, advertising, or bulletin boards.

Individual identities of all children will be kept strictly confidential.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORM FOR WALKING EXCURSIONS ONLY**

I hereby give permission for Cuties and Patooties to leave the premises of the daycare from time to time, to participate in excursions to places of interest planned as part of my child’s program. It is understood that members of the staff will provide constant supervision.

**NOTE: For any special field trips that Cuties and Patooties will go with the children, parents will be given advanced notice and will receive a separate permission form outlining the details of the field trip.**

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDCARE CONTRACT**

I have read and understand the information pertained in this document including the Registration Contract and the Parent Handbook. I have had the opportunity to ask questions about my child care arrangements at Cuties and Patooties. I understand that if I break this contract in any way Cuties and Patooties may terminate my child care services.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_