



# REGISTRATION PACKAGE

163 King Road Richmond Hill L4E 2W2

Tel: 289-234-2700

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[earlyyears3@rogers.com](mailto:earlyyears3@rogers.com)

# CHILD INFORMATION

Child's Full Name: \_\_\_\_\_

Date of Birth: (mm/dd/yr): \_\_\_\_\_

Child's Gender: Male Female

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

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Child's Health Card Number: \_\_\_\_\_

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## Parent/Guardian One:

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

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

\_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Parent/Guardian Two:

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

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

\_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Email: \_\_\_\_\_

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## Family Physician/Paediatrician: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_

\_\_\_\_\_

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## Emergency Contact One:

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

Relationship to Child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

## Emergency Contact Two:

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

Relationship to Child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

# HEALTH & MEDICAL HISTORY

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

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

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

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Special dietary requirements:

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

If your child requires the use of an Epi-Pen, an Anaphylactic Alert must be completed and initial training to staff provided.

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For additional information, please contact York Region Public Health Department

Dear Parents/Guardians,

Please complete the following chart (It is asking if your child has ever been diagnosed and/or sought medical attention for any of the listed ailments since birth):

Communicable Diseases	Yes	NO
CHICKENPOX		
PINK EYE		
COXSACKIE (HAND, FOOT & MOUTH DISEASE)		
FIFTH DISEASE		
HEPATITIS A		
HEPATITIS B		
MEASLES: RUBEOLA RED MEASLES VIRUS		
MONONUCLEOSIS (KISSING DISEASE)		
MUMPS		
PERTUSSIS (WHOPPING COUGH)		
PINWORMS		
RINGWORM		
RUBELLA		
GERMAN MEASLES		
SCRABIES (MITE)		
STREPTOCOCCAL DISEASE: • STREP THROAT • SCARLET FEVER FEBRILE SEIZURE (SEIZURE CAUSED BY FEVER)		
WARTS		
OTHER:		

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Parent's Signature

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Date:

# INFORMATION FOR INFANTS & YOUNG TODDLERS

Child's Name \_\_\_\_\_

Date of Birth. \_\_\_\_\_

My Child sleeps at \_\_\_\_\_ to \_\_\_\_\_ AND \_\_\_\_\_ to \_\_\_\_\_

My Child eats at \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Please list the food/formula that you will be bringing in, what temperature it would need to be heated and how it should be heated (kettle or microwave):

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Please give any helpful information on how your child sleeps:

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Please give any helpful information on how your child eats:

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Other any important information that we need to know:

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\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## 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 (by hand or email) parental consent. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian. Note that photo ID will be required to release the child.

The following is a list of people authorized to pick up \_\_\_\_\_:

Child's Full Name

Name of person: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of person: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of person: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## MEDICAL / ACCIDENT EMERGENCY

I hereby grant permission to The Early Years and their employees 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 Director, Program Supervisor, or Employee 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 employees 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 and rear doors will be locked at all times throughout the day. 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.

**Please make sure to keep the door closed. We work very hard at keeping your children safe, please work with us to keep it a safe environment for all.**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 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

Parents are required to provide their own sunscreen, labelled and not expired.

I, \_\_\_\_\_ give permission for the employees to apply sunscreen on my child, \_\_\_\_\_ when going outdoors.

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

# **Code of Conduct within The Early Years Education Centre**

- Parents/Guardians must employ respect to all teachers and its employees within the facility at all times
- The relationship between parents/guardians and all employees should not impact any policy and procedure within the facility or of personal value and belief
- Appropriate voice levels must be used by all parents/guardians upon entering and during their presence within the facility
- Inappropriate conduct towards any person affiliated within The Early Years will not be tolerated and be asked to leave the premises immediately
- Inappropriate language towards any person affiliated within the Early Years will not be tolerated and be asked to leave the premises immediately
- Parents/Guardians who have questions with regards to policy and procedure are encouraged to approach the office
- Private issues are to be spoken to and dealt with privately between the patron, the facilitators and management
- Parents/Guardians who choose to use derogatory comments towards any persons employed by the Early Years or its programming will be asked to leave immediately
- Parents/Guardians unwilling to comply with the above or use inappropriate mannerism both within the facility and on premises will be asked to leave
- Parents/Guardians who refuse to leave when asked will be escorted off the premises either by management or of higher legal authority
- The Early Years management reserves the legal right to dismiss, escort or take alternative measures with discretion and where deemed necessary to ensure the safety and well-being of all children and employees

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

Signature of Parent/Guardian: \_\_\_\_\_

## Centre Hours

Centre Hours:	6:30 a.m. – 6:30 p.m. Monday – Friday
Part Time Programs:	9:00 a.m. _ 12:00 p.m.
Before and After School:	6:30 a.m. – 9:00 a.m. / 3:00 p.m. – 6:30 p.m.
Camp Kinetic Hours:	8:00 a.m. – 5:00 p.m.
Extended Camp Kinetic Hours:	6:30 - 8:00 a.m. or 5:00 – 6:30 p.m.

### **School Calendar:**

We will run our Academic Program so that it corresponds with the public school system. Our centre is open throughout the year. We will offer Winter Break and March Break Camps as well as Summer Camps for the months of July and August which is already included in your fees.

**Centre Closures:** We will observe all statutory holidays as recognized by the public sector.

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving Day
- Boxing Day
- \*Christmas Eve
- Christmas Day
- \*New Year's Eve

**\*\*On Christmas Eve and New Year's Eve the Centre will close early \*\***

Families will be notified of the actual dates of closures at least one week prior to closing.

The centre will be closed the 2 days prior to Labour Day weekend. (These days are not reimbursed)

**Centre Closures (as a result of emergency):** (These days are not reimbursed)

Directors, Supervisor and Staff will make every effort to contact parents when the centre has to shut down due to unforeseen reasons such as: \*Fire Evacuation \* Power Failure \*Heating System Failure

## **FEES**

DESCRIPTION	FEE
Infant → 3 to 18 months	\$1390/month or \$70/day
Toddler → 18 months to 2.6 years	\$1250/month or \$60/day
Preschool	\$1100/month
JK/SK Full day	\$950/month or \$50/day
3 days/week	\$750/month
2 days/week	\$600/month
Before School Program	\$80/week or \$16/day
After School Program	\$100/week or \$20/day
Before and After Care Program	\$150/week or \$30/day
Half day program: 6:30am – 12:00pm	\$40/day
Transportation	\$8.00 each way/day
PA Days	\$40/day
March Break or Winter Break	\$40/day or \$200/week
Camp Kinetic → 5-12 years 8:00am-5:00pm	\$560/2 week session of \$60/day
Extended Camp Hours (6:30-8:00/5:00-6:30pm)	\$15/day for one or \$25/day for both
Late Fee	\$1.00/minute starting at 6:30pm

Rates may be subject to an annual fee increase. Should this occur, families will be notified at least two months prior to the increase.

### **Method of Payment:**

The centre accepts cheques, money orders or cash ONLY. Cheques payable to The Early Years.

Each parent must provide the centre with twelve (12) months of post-dated cheques. Each cheque is for one month's tuition, paid in advance of service, and is to be dated for the 1<sup>st</sup> of each month.

**Registration Fee:**

There is a \$100.00, non-refundable, one-time administration fee charged per family. 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. This applies to all child care programs including camp kinetic.

**Security Deposit:**

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

**Insufficient Funds:**

There is a \$35 processing fee for all returned cheques.

**Late Pick-Up Fees:**

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

**Vacation / Sick Days / Absent Days / Statutory Holidays**

There is no exemption from fees due to vacation, illness, absence or statutory holidays. Families are responsible for fees for every day their child is enrolled in the centre. All families planning extended vacation breaks must inform the Director or Program Supervisor prior to leaving. Fees for the break must be paid in full prior to leaving in order to ensure your space is reserved. If you withdraw your child, a space cannot be guaranteed when you return. In this case deposits will be used to cover any unpaid fees.

**Discounts:**

A 10% discount is offered when siblings are registered. This discount is applied to the child(ren) who pays the lesser amount of tuition and is attending full time care.

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 31<sup>st</sup> (less the registration fee) will be issued by February 28<sup>th</sup> of the following year.

## Refunds:

1. There are no refunds or credits given for a child's absence for any reason. Part-time students will not be permitted to substitute days for any reason unless authorized by the Director or Program Supervisor.
2. There is no refund of the registration fee.
3. With a minimum of thirty (30) days written notice of the intended withdrawal. 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.

## Registration:

1. Please submit the completed registration forms with your non-refundable, one-time administration fee of \$100.<sup>00</sup>, plus a security deposit of two (2) weeks of fees as calculated by your child's age group
2. Acceptance at The Early Years is conditional upon the completion of the registration forms and the payment of the centre fees, paid by twelve (12) months of post-dated cheques before the child begins care.
3. The Director reserves the right to dismiss a family who fails to reach the standards expected by the daycare in either work or behaviour or if parents refuse to work with The Early Years to help their child/ren reach their self-improvement.
4. By signing below, I acknowledge that I have read and understood the information contained within this package as well as the information guide.
5. A \$1000.00 collection fee will be applied to all accounts that are in default of this agreement and/or require litigation
6. All agreements between the parties are contained within this agreement and no verbal agreements have been made or will be honoured outside of this written agreement.
7. The clauses and paragraphing contained in this agreement are intended to be read and construed independently of each other. If any term, covenant, condition or provision of this agreement is held by court of competent jurisdiction to be invalid, void or unenforceable, it is the parties intent that such provision be reduced in scope by the court only to extent deemed necessary by that court to render the provision reasonable and enforceable and the remainder of the provisions of this agreement will in no way be affected, impaired or validated as a result.

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Parent / Guardian Signature

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Date

**OFFICE USE ONLY:**

DATE OF ADMISSION: \_\_\_\_\_

FEE: \_\_\_\_\_ per month/day/session

CLASSROOM: \_\_\_\_\_

REGISTRATION PAID: \_\_\_\_\_

DEPOSIT PAID: \_\_\_\_\_

FULL TIME/PART TIME

DAYS ATTENDING: \_\_\_\_\_

POST DATED CHEQUES RECEIVED: \_\_\_\_\_

REGISTRATION COMPLETED ON: \_\_\_\_\_

REGISTRATION COMPLETED BY: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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DATE OF WITHDRAWAL: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

NOTICE GIVEN ON: \_\_\_\_\_

DEPOSIT RETURNED/USED: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_