

St. Peter's Day Care Centre Application Form

Name: _____
Child's Last Name Given Name

Birth Date: _____ Health Card #: _____
(dd/mm/yy)

Address: _____
City Postal Code

Home Phone #: _____

Commencement Date: _____ Discharge Date: _____

Circle Days Required: Monday Tuesday Wednesday Thursday Friday Rate/Day: \$ _____

Family Information—Parents or Guardians

1. _____
Surname Given Name

_____ Home Address City Postal Code

Home Phone #: _____

_____ Cell # (if applicable) Occupation

_____ Company Name Work Phone #

_____ Work Address City Postal Code

E-mail Address: _____

2. _____
Surname Given Name

_____ Home Address City Postal Code

Home Phone #: _____

_____ Cell # (if applicable) Occupation

_____ Company Name Work Phone #

_____ Work Address City Postal Code

E-mail Address: _____

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Emergency Information

If the above are unavailable during an emergency, please notify:

1. _____
Surname Given Name

Address City Postal Code

Home Phone #: _____ Business Phone #: _____

2. _____
Surname Given Name

Address City Postal Code

Home Phone #: _____ Business Phone #: _____

Other people to whom the child may be released to (must be 16 years of age or older)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

People Forbidden to Pick-Up the Child

We will not release your child to anyone on the following list:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical Information

Family Doctor: _____ Phone #: _____

Address City Postal Code

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In order that the staff can provide the best care for your child, the following information would be useful:

Do you have any instructions for staff regarding the child's health care and/or diet?

Does the child have allergic reactions to such things as drugs, food, insect stings, etc.? If so, please list them, providing the type of reaction, treatment given, etc.:

Is the reaction life threatening? _____

Does the child have any behavioural or learning difficulties that the staff should be aware of?

Other comments:

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Immunization Record for St. Peter's Children's Day Care Centre

Child's Information

Child's Name: _____
Last Name Given Name

Birth Date: _____ Health Card #: _____
(dd/mm/yy)

Gender: Female Male

Contact Information

_____ Last Name Given Name

Address: _____
City Postal Code

Home Phone #: _____ Work Phone #: _____

Family Doctor: _____ Doctor's Phone #: _____

IMMUNIZATION RECORD

Provide dates of your immunizations and check (✓) the vaccines given or attach a copy of your record.

Year	Month	Day	D=Diphtheria	aP=Pertussis	T=Tetanus	P=Polio <i>Polio is given either by injection or by mouth</i>		Hib=Haemophilus b	M=Measles	M=Mumps	R=Rubella	HepB=Hepatitis B	MenC- C=Meningococcal C	MenC-ACWY Meningococcal	PneuC7 Prevnar 7	PneuC 10=Synflorix	PneuC13=Prevnar13	VZ=Varivax/Varrix	Other
						IPV= injected	OPV= Oral												

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Emergency Release Form

I hereby authorize St. Peter's Children's Day Care Centre to secure such medical advice and services as may be deemed necessary for the health and safety of my child (or ward). I agree to accept full financial responsibility for all medical costs that may be incurred; St. Peter's Children's Day Care Centre assumes no financial responsibility.

Signature of Parent/Guardian

Date

Consent Form

I will allow my child to go on walks and outings not involving transportation (bus, car, etc.) without written consent. I will be notified about trips to places involving transportation and my written consent will be needed before my child is allowed to go.

Signature of Parent/Guardian

Date

Agreement Form

I have read the PARENT HANDBOOK, I am aware of the policies and procedures outlined, and I am in agreement with these guidelines. I agree to follow these policies and procedures, and if I have any questions, I will not hesitate to ask.

Signature of Parent/Guardian

Date

Payment Agreement

Daycare fees must be received by the first of each month. If I am paying weekly or bi-weekly, post-dated cheques will be handed in the beginning of the month. I agree that payment will be received before service. I understand that if my payments are more than two weeks late, St. Peter's Children's Day Care Centre may be forced suspend my service immediately. There is a \$25.00 charge for all NSF cheques. After three NSF cheques, payment will only be accepted in cash, in the form of a certified cheque, or by money order. I agree and understand that I am to pay full child care fees for any sick days, statutory holidays, or closures due to inclement weather.

Signature of Parent/Guardian

Date

Dealing with Seizures

Seizures in children can be caused by a high fever, epilepsy, allergies, head injuries, poisons, and low blood sugar. In the event that your child (or ward) experiences a seizure, the supervisor will call an ambulance, as in any other emergency situation. If any expenses are not covered by your Health Plan, you will be liable to pay for them, i.e., ambulance. I have read and understand my liability to pay for any related expenses.

Signature of Parent/Guardian

Date

Anaphylaxis Policy

If your child requires an Epi-Pen, you are required to read the Centre's policy and complete an additional form prior to the commencement of your child's placement. Please see the Director.

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Consent Forms

Sunscreen

I authorize the staff of St. Peter's Children's Day Care Centre to apply sunscreen that I supply to my child if and when required from April 30th to September 30th.

Signature of Parent/Guardian

Date

Photographs

I will allow the staff of St. Peter's Children's Day Care Centre, and St. Peter's Before and After School Care to take photographs of my child for the purpose of displaying them in the centre, adding to my child's portfolio or distributing among other parents in the centre (group photos that may involve more than one child only). These photographs will not be used in any form of advertising.

Signature of Parent/Guardian

Date

Parental Consent to Watch Movies

The Ministry of Community and Social Services, which is our licensing agency, requires that the centre obtain written consent for any movies shown at the centre. Movie afternoons are offered twice a month to the children. Only educational and age appropriate movies are offered for viewing. Other activities are provided during movie time and children do not have to watch the movie. Movies are shown after outside play in the late afternoon and on occasion during long periods of inclement weather when children cannot go outside to play. All movies shown will be posted on the bulletin board in the centre. Parental consent is required for your child (or ward) to watch any movie offered by the staff during the above mentioned times.

I give consent for my child watch movies at St. Peter's Children's Day Care Centre:

Signature of Parent/Guardian

Date

I do not give consent for my child to watch any movies at St. Peter's Children's Day Care Centre:

Signature of Parent/Guardian

Date

St. Peter's Children's Day Care Centre

905-547-4791

stpetersdaycare@gmail.com

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RULES AND REGULATIONS

****Please detach this page and keep it for your reference.****

These rules and regulations have been designed for efficient operation of the day care centre.

1. Late Pick –Up : If for some reason you will be unable to pick up your child by 5:30 p.m. at St. Peter's Day Care , or 6:00 p.m. at Adelaide Hoodless, please notify the centre. In these circumstances alternative arrangement should be made. Our policy is a fine of \$10.00 for every 15 minutes per child. The total late fee is due in cash to the staff on duty.
2. We require one week written notice if families are planning to withdraw their child from the program.
3. We ask that childcare fees be paid in advance. A fee payment schedule will be given to you upon enrolment. A series of post-dated cheques are recommended. Should your account balance become more than four weeks overdue, we reserve the right to terminate your childcare space on the spot. Cheques returned by the bank must be replaced immediately and an additional charge of \$20.00 will apply. Regular fees are charged for the days your child is sick and statutory holidays.
4. The centre closes when both school boards close due to a winter snow storm.
5. **Statutory Holidays Include:** New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day. Please note the daycare closes at 12:00 (noon) on Christmas Eve and New Year's Eve. This time may change; notice will be given in advance.
6. When your child is ill please notify the Centre as soon as possible. If your child is not well enough to participate in the routines and activities, or is unable to go outside on the playground, then your child should not attend that day.
7. An Immunization record is required for each child on admission to the centre.
8. Should your child develop a sickness while under our care, the parent will be notified and requested to arrange for immediate pick up of the sick child. Before returning to day care your child must be symptom free for 24 hours.
If your child is injured under our care we will notify you immediately and follow your directions in regards to the care you want us to follow for your child.
9. All medications given to your child must be accompanied by an authorization record available from the staff. The Staff cannot administer medication unless it is prescribed by a doctor and must be in the original container with the child's name, dosage, name of medication and doctor clearly labelled. **No over the counter medications will be given.**
10. All children must be at the centre by 9:30 a.m., if you are going to be late please call to inform the staff.