

Centre Use:

Photos: ___ Publications ___ FB page
 ___ Internal ___ No Photos

Sunscreen: ___ Daycare ___ Own Sunscreen

ALLERGIES: ___ Yes ___ None

A Child's Secret Garden Daycare Inc



AChild'sSecretGardenDaycare
 Helping Children Grow

146 Chevrier Avenue Cornwall, ON, K6H 1S1
 Phone: 613-936-6730 Fax: 613-936-2233
 ACSGDINC@gmail.com

GENERAL INFORMATION

Name of Child: _____	Date of Birth: _____
Home Address: _____	Home Phone: _____
Mother's Name: _____	Cell Phone: _____
Place of Work: _____	Work Phone: _____
Address of Work: _____	E-Mail: _____
Father's Name: _____	Cell Phone: _____
Place of Work: _____	Work Phone: _____
Address of Work: _____	E-Mail: _____

OTHERS IN HOUSEHOLD

NAME	AGE IF UNDER 18	RELATIONSHIP

PERSONS AUTHORIZED TO PICK UP CHILD:

(Under no circumstances will a child be released to anyone not known to the centre without authorization from the parent or guardian.)

I WILL BRING MY CHILD TO CENTER ABOUT: _____ A.M.

I WILL PICK UP MY CHILD FROM THE CENTER AT ABOUT: _____ P.M.

CHILD'S HEALTH CARD NUMBER: _____

CHILD'S DOCTOR: _____

DOCTOR'S ADDRESS: _____

EMERGENCY CONTACT INFORMATION

(Person(s) to call if parents are unreachable)

NAME	TELEPHONE	RELATIONSHIP

SPECIAL MEDICAL CONDITIONS OR KNOWN ALLERGIES:

SPECIAL CARE: (additional rest, regular medication, special diet etc...)

DOES YOUR CHILD HAVE SPEECH, SIGHT, HEARING, OR OTHER PROBLEMS THAT WE SHOULD BE AWARE?

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

CENTER USE ONLY

APPROVED: _____

DATE: _____

STARTING DATE: _____

DISCHARGE DATE: _____

STAFF AUTHORIZATION: _____

DATE: _____

ABOUT YOUR CHILD

Favourite Toys:

Is your child accustomed to playing with other children his/her own age? _____

Is your child accustomed to being left with: babysitters, etc.? _____

Has your child been to nursery school or daycare?

When? _____

Where? _____

Please comment on your child's development giving information that would be useful to the program in the provision of care (e.g. habits, fears, favourite activities, routines, sleep habits, etc.)

PARENT'S CONTRACT

The conditions of this agreement provide protection for our parents as well as our daycare centre. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of the daycare be stable. The daycare salaries and operating expenses cannot be reduced because of "absentee losses" in income. In essence, this agreement is a parental guarantee to the daycare that you will be financially supportive of the enrolment space reserved for your child.

AGREEMENT

I agree to:

- 1. Pay by 10 a.m. on the Friday for the following week of care. A tuition fee of: \$ _____ with NO deductions for absence including holidays.

	TUITION FEES			
	Infants	Toddler	Preschool	School Age
Weekly Rate	\$210.00	\$175.00	\$145.00	\$135.00
Daily Rate	\$57.00	\$47.00	\$37.00	\$30.00
Half Day Rate	\$47.00	\$37.00	\$27.00	N/A

- 2. In case of withdrawal of my child from daycare, I agree to give two(2) weeks' notice in writing prior to withdrawal. If notice is not given, I agree to pay two(2) weeks' fees: \$ _____ prior to withdrawal
- 3. I understand that if my child remains at the daycare beyond 6 p.m., I will be charged (and I agree to pay) \$5.00 an hour for emergency care.
- 4. I understand and agree that there will be a charge of \$50.00 for the first cheque returned for insufficient funds (N.S.F.), and a charge of \$100.00 for the 2nd N.S.F. cheque. No further cheques will be accepted. Fees must be paid by money order or Email Money Transfer (EMT).
- 5. Receipts will be issued for income tax purposes. No duplicates will be issued.
- 6. I agree to carry out the responsibilities under this agreement, the Parent Handbook, and in any rules, regulations or manuals provided by the daycare.
- 7. Should the caregiver of the daycare determine that my child cannot adjust to the program, or that I have not fully carried out the terms of this contract, the child will be withdrawn after two(2) weeks' notice, and this agreement will be terminated.
- 8. I understand that the daycare will be closed for the following statutory holidays: NEW YEARS DAY, FAMILY DAY, GOOD FRIDAY, EASTER MONDAY, VICTORIA DAY, CANADA DAY, CIVIC HOLIDAY, LABOUR DAY, THANKSGIVING, CHRISTMAS DAY, BOXING DAY. THERE WILL BE NO REDUCTION OF FEES FOR HOLIDAYS OR FOR MISSED DAYS.

My signature below indicates that I have read the terms of this agreement and that I have read the rules, regulations and manuals provided by the daycare. It further indicates that I have had this material explained to me and that all my questions have been satisfactory answered.

CHILD(REN)'S NAME(S): _____

PARENTS' (GUARDIAN) NAME: (please print) _____

PARENTS' (GUARDIAN) SIGNATURE _____

WITNESS: _____

DATE: _____

CONDITIONS OF USE

Dear Parents:

Welcome to A Child's Secret Garden Daycare Inc. We provide care for children of parents who work shifts and/or with schedules, which include before and/or after school hours.

Any parent accepting a space at our centre is in fact accepting the conditions of use. The daycare is NOT a drop in centre. It is important due to the complex administration of this type of program to be aware of your most accurate needs. If you are unsure, please add extra time for each day you have booked. While our staff is flexible, they too have a work schedule and may have appointments at the end of their shift. Please be considerate of their needs.

Emergency situations will be accommodated to the best of our ability. You will have to contact the centre to inform us of any changes in your schedule. If there is misuse of this service, we may need to re-evaluate your needs and come to a new agreement, request confirmation of work schedule or terminate the care. Every change MUST be substantiated.

PAYMENTS

Payments must be made one week in advance. Late payment will not exceed beyond 2 weeks. Once your account has been delinquent for a 2-week period, we reserve the right to no longer accept your child into the program. In this case, once your bill has been paid in full, you may bring your child back to daycare. The daycare is dependent upon prompt payment for daycare services. The program continues to operate even if payment is not made. Please understand that the fees we depend on pays for:

- ☉ Meals and snacks for the children for growing bodies
- ☉ Arts & crafts supplies so your child can develop eye-hand co-ordination
- ☉ Puzzles & books to encourage sharing co-operative play, reading and language development
- ☉ Staff salaries & Insurance
- ☉ Rent and many other hidden operating costs

Acceptable payment methods:

- Cheques and/or money orders

Cheques and money orders are to be deposited in an envelope in the cash box located at the front of the centre.

-Email Money Transfers (EMT)

EMT's are to be sent to: ACSGDINC@gmail.com

Security question: "What city is the daycare located?"

Security answer: "Cornwall"

Please be advised that there may be additional fees associated with EMT payments, which ACSGD inc, will not be responsible for.

If i do not comply with the Conditions of Use, I am aware that care may terminate with little or no notice. I/We understand all of the above conditions and agree to them fully.

Parent/Guardians' Name: _____

Parent/Guardians' Signature: _____

Date: _____

SCHOOL ACTIVITY AND MEDICAL RELEASE FORM

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the daycare. I hereby grant permission for the caregiver to take whatever steps necessary to obtain emergency medical care. These steps may include, but are not limited to the following:

1. attempt to contact a parent or guardian, the child's doctor, or the persons listed on the emergency information form
2. if we cannot contact you and/or your child's doctor, we will do one or both of the following: a) call another doctor or b) call the paramedics
3. any expenses incurred under number 2 (see above) will be borne by the child's family
4. the daycare will not be responsible for anything that happens as the result of false information given at the time of enrolment.
5. the daycare and staff will not be responsible for any unpreventable mishaps occurring during daycare hours (e.g. SIDS, sleep apnea). It is imperative that the staff be well informed of any medical problems your child may have. The staff will ensure through consistent monitoring and observations, the safety and security of your child's well being.
6. your child **MUST** stay home for 48 hours after being sent home sick: (fever, diarrhea, vomiting, unexplained rashes, etc.) You will need to supply evidence that your child is no longer contagious and may return to daycare: Doctor's note. Failure to do so will result in your child being refused for the day.

SIGNED: _____

DATE: _____

WITNESS: _____

DATE: _____

IMMUNIZATION QUESTIONNAIRE

Child Care Centre: **A Child's Secret Garden Daycare Inc.**

To Parent(s) or Guardian(s):

Immunization is the most effective way of preventing common childhood diseases. We request that you please complete the questionnaire below and return it to the centre before your child starts daycare.

NAME: _____ D.O.B. _____ SEX _____

PARENT OR GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CITY: _____

PROVINCE: ONTARIO POSTAL CODE: _____

ONTARIO HEALTH CARD NUMBER: _____

PHYSICIAN'S NAME: _____

IMMUNIZATION RECORD RECEIVED:

_____ YES

_____ NO

(See attached Record)

You will need to provide updated immunization records to the centre. It is recommended that any vaccine given after child's admission to the centre be telephoned directly to the Health Unit - Alexandria Office - (613) 525-1112.

We thank you for your anticipated cooperation

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Central Office/Bureau chef
1000, rue Pitt Street
CORNWALL, Ont. K6J 5T1
(613) 933-1375or/ou
1-800-267-7120



PHOTOGRAPH & VIDEO RELEASE FORM

Dear Parent:

At A Child's Secret Garden Daycare Inc., we often have the opportunity to take photos of children engaged in learning and play activities. We would like to request your permission to use such photos of your child for the following;

* in publications, on our website, and in other communication vehicles that promote the educational program of ACSGD Inc. and media relations (standard freeholder, local seeker) etc.

* high school and Early Childhood Education student projects.

Yes: _____ No: _____

Child's Name: _____ Centre: **ACSGD Inc.**

Parent's Name: _____ Phone: _____

We would also like to request your permission to use photos of your child within the centre;

- * Documentation boards
- * Learning stories
- * Daycare private Facebook page

I do _____, do not _____ give permission for A Child's Secret Garden Daycare Inc. to use photographs of my child within the centre and on the daycare's private Facebook page.

Signature: _____ Date: _____



**A CHILD'S SECRET GARDEN
NEIGHBOURHOOD WALK PERMISSION FORM**

I give permission for my child _____ to participate in any scheduled and spontaneous neighbourhood walks.

_____ YES

_____ NO

SIGNATURE: _____ DATE: _____

EXTENDED CARE PROGRAMS: MARCH BREAK, SUMMER & WINTER BREAK



Bagged Lunches for Summer, March Break, Christmas Break & PD Days

All lunches will be inspected for healthy food items. You are required to supply healthy lunches and beverages for your child while your child is in attendance at the centre. Junk food items will not be permitted and will be taken away from the child's lunch.

I agree to provide a healthy bagged lunch for my child(ren) while he/she is participating in the extended care programs.

Failure to do so will result in a violation of our nutrition policy and, you will be called to bring a healthy meal substitute for the unhealthy lunch.

Signature: _____ Date: _____

**A CHILD'S SECRET GARDEN INC.
SUNSCREEN PERMISSION FORM**

A Child's Secret Garden Daycare Inc. will provide Personnel Sunscreen SPF 30 at no charge to the children enrolled, from the beginning of April to the end of October.

If you would like your child to have a different type of Sunscreen, please fill out the very bottom portion of this form and send in a labelled bottle of sunscreen (child's first and last name).

Thank you

*I give A Child's Secret Garden Daycare Staff Members permission to apply Personnel Sunscreen SPF 50 on my child, as needed when going outdoors.

Please list any known reactions to sunscreen:

Parent's Signature: _____ Date: _____

* I wish for my own sunscreen, which I have provided and which I have labelled with my child's full name, to be applied to my child while at daycare.

Parent's Signature: _____ Date: _____

Sleep Preferences

Please fill out this form. A Child's Secret Garden Daycare requires all parents to fill out this form, it is one of the ways we ensure we are in compliance with ss. 33. 1(2)(c)(ii) of the Child care centre licensing manual.

Name of child: _____ DOB(mm/dd/yyyy): _____

1) What times does your child go to sleep and wake up at night time? _____

2) Does your child sleep during the day? _____ Yes _____ No

3) If your child doesn't nap, what are some quiet activities that they enjoy?

4) How often and how long does your child nap throughout the day?

Nap	Length	Time of day
Nap #1		
Nap #2		

5) What position is your child most comfortable to go to sleep? (ie. Back, side, tummy, etc..)

Children under 12 months must be place on their back *ss. 33.1(2)(c)(iii)*

6) Does he/she sleep with a soother? _____ Yes _____ No

7) Does he/she have something special that they sleep with (ie. Blanket, stuffed animal etc..)?

8) How does your child fall asleep? (ie. You rub their back, they fall asleep by themselves, etc.

9) Is there any other sleep patterns or behaviours that we should know?

****I have read and understand the sleep room supervision policy for A Child's Secret Garden Daycare**

Date: _____

Parent name: _____ Parent Signature _____

To all parents:

Please provide the following items for your child:

- Box of Kleenex (One per month)
- Blanket for sleep time
- Indoor shoes
- Change of clothes (in case of accidents)

If child is in diapers, please add the following items:

- Diapers
- Wipes

Please bring these items on your child's first day.
Thank you.