Centre Use:
Photos __Publications __FB page
___Internal ___No Photos
Custody Paper ___Yes ___No
ALLERGIES ___ Yes __None

AChild'sSecretGardenDaycare
Helping Children Grow

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

Name of Child: _____ Date of Birth:(mm/dd/yyyy)_____
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? ____ Yes _____No

If Yes,

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	$99.23	$82.69	$68.51	$135.00
Daily Rate	$26.93	$22.21	$17.48	$30.00

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 5 p.m., I will be charged (and I agree to pay) $20 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.

CHILDS' NAME: _____

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

PARENTS' (GUARDIAN) SIGNATURE _____

WITNESS: _____ *DATE:* _____

Parent Payment Contract

This agreement is a parental guarantee to the daycare that you will be financially supportive of the enrollment space reserved for your child.

Agreement

I Agree to:

Initials

1- Pay by 10am on the Friday for the following we of care.
With no deductions for absence or holidays _____
Contact us for current fees

2- In case of withdrawal of my child from daycare, I agree to give 2 weeks' notice in writing prior to withdrawal. If notice is not given; I agree to pay 2 weeks fees. _____

3- If you cannot pay your fee, your spot will be terminated. _____

4- I understand that if my child remains at the daycare beyond 5pm I will be charged 20$. If it is passed 30 minutes, there will additional Charge and risk losing my spot. If I am repeatedly late, I will lose my spot at the daycare. **All persons should be out of the building at 5pm** _____

5- Money must be paid by e-transferred to ACSGDINC@gmail.com _____

6- Receipts will be issued for income tax purposes. _____

7- I understand that the daycare will be closed for the following statutory holidays: New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Christmas Day, Boxing Day. _____

8- I also understand that the daycare is closed one week in the Summer and one week in December _____

THERE WILL BE NO REDUCTION OF FEES FOR HOLIDAYS OR FOR MISSED DAYS.

I agree and understand all the above conditions and agree to them fully. If I do not comply with these above conditions, I am aware that care may be terminated with little to no notice.

Parent/ Gradians' 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 wellbeing.

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. _____ GENDER_____

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.

_____ Yes _____No

* high school and Early Childhood Education student projects.

_____ Yes _____No

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

* Documentation boards _____ Yes _____No

* Learning stories _____ Yes _____No

* Daycare private Facebook page _____ Yes _____No

In the sections where I have indicated “Yes”, I give permission for A Child's Secret Garden Daycare Inc. to use photographs of my child in that/those context(s).

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: _____



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:_____

Sunscreen Form

Child's Name:_____

Sunscreen Brand: ***(please write a specific brand)*** _____

Expiry Date:_____

This sunscreen will be applied by educators in the <u>afternoon only,</u> parent(s)/guardian(s) are required to apply sunscreen each morning before dropping off their child.

I give permission for ACSGD Inc. staff member(s) to use the above sunscreen on my child as needed. I have used the product previously without any adverse reaction to my child's skin.
I understand that I (the parent/guardian) will provide the above products to be used on my child, and that it will be labeled with his/her name and kept in the Childcare Center. Furthermore, I understand that I may retrieve the products from the daycare, at any time, and that the containers will be destroyed if they are not picked up within one week after the child no longer attends.

Parent Name:_____

Parent 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 (you can view this in our Parent handbook available on the daycare's website, www.acsgd.ca), A copy of the Canadian governments *'Joint Statement on Safe Sleep reducing Sudden Infant Deaths in Canada'* is also available on our website

Parent name:_____ Parent Signature _____ Date:_____

Update	Parent initials	Date

EOHU Eastern Ontario Health Unit BSEO Bureau de santé de l'est de l'Ontario

ENROLLMENT INTAKE FORM

Dear Parent(s) or Guardian:

Your child is entering a childcare facility in the Eastern Ontario Health Unit jurisdiction. The Child Care and Early Years Act 2014 stipulates that all children must be appropriately immunized according to the requirements of the Medical Officer of Health before entering a childcare facility in Ontario.

We rely on you as a parent or guardian to ensure that your child's immunization is up to date. Following the recommended Ontario Immunization Schedule is important in preventing potentially harmful diseases such as diphtheria, pertussis (whooping cough), tetanus, polio, haemophilus influenza type b, measles, mumps, rubella, meningitis, pneumococcal infections, varicella, and rotavirus. If they are not immunized, children in group settings such as daycares and schools are even more at risk of contracting such diseases.

A copy of your child's immunization record must be provided to the Eastern Ontario Health Unit. Please fill out the section below and return it with a copy of your child's immunization record.

(please print clearly)

Date: _____

Daycare and city: _____

Child's last name: _____ First name: _____

Gender: M F Date of birth: _____

Ontario Health Card number: _____

Parent/guardian: _____

Telephone (H): _____ Telephone (W): _____

Address: _____ Unit #: _____ P.O. Box: _____

City: _____ Province: _____ Postal Code: _____

Personal information is being collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990 (as amended) and the *Child Care and Early Years Act,* 2014. This information shall be used for the administration of public health programs. Questions regarding the collection of this information may be directed to the Manager, Vaccine preventable Disease, Eastern Ontario Health Unit, 1000 Pitt Street, Cornwall, Ontario K6J 5T1 or by telephone at 613-933-1375 or 1 800 267-7120.

What to Bring

Please provide the following items for your child:

- Box of Kleenex (One per month)
- Blanket for sleep time (for children over 1 year)
- Indoor shoes
- Soother
- 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.