

Application Form

Name of Centre: _____ Information Update: _____

Date of Application: _____ Requested Start Date: _____ Actual Start Date: _____

Day Care ☐ Nursery School ☐ Before and After School Program ☐ Withdrawal Date: _____

Fee Assistance Required ☐ Receiving Fee Assistance ☐ Fee Assistance Not Required ☐

CHILD INFORMATION

Surname: _____ Male ☐ Female ☐

Given Name(s): _____ Birth Date: _____

Home Address: _____

Apt./Unit #: _____ City/Town: _____

Postal Code: _____ Home Phone Number: _____

FIRST PARENT/GUARDIAN INFORMATION

Relationship to Child: _____

Surname: _____ Given Name: _____

Home Address: _____ Apt./Unit #: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Business Name & Address: _____

Business City: _____ Business Postal Code: _____

Business Phone: _____ Extension: _____

SECOND PARENT/GUARDIAN INFORMATION

Relationship to Child: _____

Surname: _____ Given Name: _____

Home Address: _____ Apt./Unit #: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Business Name & Address: _____

Business City: _____ Business Postal Code: _____

Business Phone: _____ Extension: _____

CUSTODY INFORMATION

Are there any special custody arrangements pertaining to access to/visitation of your child?

Yes ☐ No ☐

If you answered "yes" to the above, please provide details on the arrangements:

Copy of Custody Order provided: Yes ☐

EMERGENCY CONTACTS/PERSONS TO WHOM CHILD MAY BE RELEASED IN ADDITION TO PARENTS/GUARDIANS:

EMERGENCY CONTACT #1

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Child: _____

Phone #1: _____ Phone#2: _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Child: _____

Phone #1: _____ Phone#2: _____

To help us serve your child and family better, and to help us in our programming, please answer the following questions:

GENERAL INFORMATION:

Please list any other members of the household (siblings, extended family, pets, etc.):

Who has cared for your child up to the present time?

Home Care ☐ Licensed Day Care ☐ Relative ☐

What language(s) is/are spoken at home? _____

Please list any significant information that we should be aware of such as recent upsets or changes, fears, special instructions regarding pick-up, etc.:

In what areas does your child have a particular interest?

How does your child like to be comforted?

Does your child have sensitivity to any foods? If yes, please elaborate:

Yes ☐ No ☐

GENERAL TEMPERMENT:

Friendly, Outgoing ☐ Active ☐ Very Active ☐ Shy ☐ Cooperative ☐ Aggressive ☐
Comments _____

SPEECH DEVELOPMENT:

Uses Words Only ☐ Speaks in Sentences ☐ Speaks in Phrases ☐
Comments: _____

SELF HELP SKILLS:

Dresses Self ☐ Toilets Self ☐ Feeds Self ☐
Comments: _____

SLEEP PATTERNS:

Usually Naps ☐ How long? _____ Does Not Nap ☐
Comments: _____

SOCIAL SKILLS:

Prefers to Play Alone ☐ Plays with Group of Children ☐ Follows Routines ☐ Accepts Changes Easily ☐
Comments: _____

PARENT/GUARDIAN PERMISSIONS:

In case of emergency, and I am/we are not able to be reached, I grant permission for the treatment of my child by a physician selected by the staff. I grant permission for my child to participate in all child care activities, and for any supervised offsite trips. I will notify the Centre of any changes to my file, in writing.

I hereby consent to the collection, use and disclosure of my child's information by the centre for the purposes of providing child care services to my child enrolled in Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Printed Name of Parent or Guardian _____

Signature of Parent/Guardian _____ Date: _____

Child Health Record

Child's
Name: _____

Date: _____

DOCTOR/MEDICAL INFORMATION:

Doctor's Name: _____ Telephone #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of most recent booster for DPTP: _____ Date of most recent booster for MMR: _____

Are there any physical or other problems that we should be aware of that may interfere with the child's full participation in the program or which may require special attention? (e.g. symptoms indicative of ill health, injuries, operations, etc.)

Yes ☐ No ☐ If yes, please include dates and details:

HISTORY OF COMMUNICABLE DISEASES:

Please indicate if your child has had any of the following:

Chicken Pox ☐ Mumps ☐ Measles ☐ Whooping Cough ☐ Rubella (German Measles) ☐ Hepatitis B ☐

IMMUNIZATION SCHEDULE:

A copy of your child's yellow immunization schedule is required.

DPTP (Diphtheria, Pertussis, Whooping Cough, Tetanus & Polio) Complete Baby Needle Series at 2months, 4months, 6months, 16-18 Months & 4-6 years

Oral Polio (OPV): (If applicable)

MMR (Measles, Mumps, Rubella) after 12 months AND at 4-6 years

HIB (Haemophilus Influenza, B) at 2 months, 4 months, 6 months & 18 months

TB Test: Routine tuberculin test screening of children in low-risk populations is no longer required but is recommended. Please have your doctor determine if the tuberculin screening of your child is necessary.

Indications for tuberculin skin testing in children include:

- Children who have lived or travelled for 3 months or more in an endemic area (where TB is prevalent) area or are recent immigrants from an endemic area (Asia, Middle East, Latin America, and Africa); or live in a household in which one of the household members lived or travelled for 3 months or more in an endemic area.
- Children who are aboriginal, living both on and off reserve.

Children with HIV or living in a household with HIV-infected persons

ADDITIONAL INFORMATION:

Please indicate any additional information, which is relevant:

Skin Conditions: _____

Sight Difficulties: _____

Hearing Difficulties: _____

Other: _____

ALLERGIES:

If your child has any allergies, please indicate below:

Allergy	Mild	Moderate	Severe	Life Threatening

If your child has a life-threatening allergy, please fill out *Anaphylactic Shock and Allergic Reactions* prior to start date (please ask supervisor for copy). If allergy is not life threatening, please provide additional information:

Please indicate if you have completed *Anaphylactic Shock and Allergic Reactions* Yes ☐ No ☐

MEDICAL CONDITIONS:

If your child has asthma or any other medical condition such as epilepsy, hemophilia, diabetes or reactions to drugs, which could be a complicating factor, please note this below and complete *Medication/Treatment Record for Emergencies or Special Circumstances* (please ask supervisor for copy).

Please provide additional information:

Please indicate if completed Medical /Treatment Record have for *Emergencies or Special Circumstances*

Yes ☐ No ☐

PARENT/GUARDIAN PERMISSIONS:

I hereby consent to the collection, use and disclosure of my child's information by the centre for the purposes of providing child care services to my child enrolled in Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Printed Name of Parent or Guardian _____

Signature of Parent/Guardian _____ Date: _____



CENTERED ON CHILDREN CHILDCARE CENTRE

Operator of:

Woodbridge Public School Child Care Centre,
Schomberg Village Child Care Centre and
St. Patrick Before and After School Program

Health and Medical Care Parent Information

Illness is an unfortunate but inevitable part of the child care environment. Please review the following policies related to health and medical care.

Our Centre follows the local Public Health guidelines related to the length of time children need to be excused from group care and when they may return to the centre. All cases will be given equal consideration.

Upon arrival to the centre, staff will complete a visual check of each child every day and will ensure that the child is well enough to participate in the program. Children who show obvious signs of communicable illness will not be admitted to the program. If your child becomes ill during the day, you (or the emergency contact) will be notified to pick up him/her as soon as possible. In some cases, a confirmed diagnosis by your doctor may be required before your child returns to the Centre. Please note that when children return from being ill, they must be well enough to participate in all aspects of the program INCLUDING outdoor play.

An outbreak of a communicable disease will result in distribution of a Public Health fact sheet after confirmed diagnosis by the child's doctor. Appropriate measures will be taken to keep the spread of disease to a minimum. This includes increased disinfecting of toys and surfaces and increased hand washing by the staff and children.

If your child is prescribed medicine, it is essential that the directions be followed and the course of the medication be completed. The number one reason for re-infection is non-completion of a prescription. Please complete a medication form and inform the staff when your child needs to be given their medication at the Centre.

To ensure the safety of all children it is imperative that ALL medications are given directly to staff i.e. not left in your child's bag.

EPIPENS OR INHALERS

Centered on Children recommends that each child have two (2) EpiPens at the Centre: one (1) locked in the medication box and (1) available at all times.

Centered on Children will, with the written approval of the parent and medical practitioner, permit a child to carry their own EpiPen and/or asthma/allergy medication in a belt pouch. Centered on Children will assess and review each situation to ensure that the child is sufficiently responsible to carry and administer the EpiPen, asthma or allergy medication.

The EpiPen must accompany the child throughout the day, both indoors and outdoors. The EpiPen(s) must accompany the child on trips.

Each child with an EpiPen must have an Action Plan completed by the parent and physician. These forms must be reviewed and signed annually by the parent and by the child's physician.

Directions for administering puffers must be clear and a medication form must remain on file for both regular and occasional use of puffers.



CHILDHOOD ILLNESSES

The following are some of the more common childhood illnesses and the policies of our centre for their treatment:

Chickenpox - After confirmed diagnosis, the child must remain at home until all lesions are crusted over; the child is fever free and able to participate fully in all aspects of the program.

Conjunctivitis (Pink Eye) - The child will be excluded from care if discharge is thick and yellow or green. The child must be treated with prescription antibiotic drops for 24 hours and the eyes must be clear of discharge before returning to the centre.

Common Cold - The child may attend as long as there is no fever and the child feels well enough to participate in all aspects of the program.

Coxsackie virus (Hand, Foot & Mouth Disease) - After confirmed diagnosis, the child may return to the Centre if they are fever free and feel well enough to participate.

Croup - The child may attend as long as there is no fever and is able to participate.

E. Coli Food Poisoning (Verotoxin-producing E. Coli ... a.k.a. hamburger disease)
The child can return to the centre after two consecutive stool samples, collected 24 hours apart, and are cultured negative.

Fifth Disease (Slapped Cheeks Syndrome) - After confirmed diagnosis by doctor, the child may return if fever free and able to participate in all aspects of the program.

Head Lice - The child will be sent home when lice are detected. A Pharmacist or Doctor will recommend appropriate treatment. The child may return after certifying that treatment has been administered and that the child is free of pediculosis i.e. all nits (eggs) have been removed from the hair. Parent MUST continue to remove any nits until none remains. This will take several days. Follow up treatment seven days later is ESSENTIAL to ensure all nits are killed. If any live lice are rediscovered, treatment must be given again.

Measles (Rubella, Red Measles Virus) - After confirmed diagnosis, the child will remain at home for 7 days from onset of illness or 4 days from when rash first appears.

Meningitis due to: A Haemophiles Influenza B (Bacterial)
 B Meningococcal Infection (Bacterial, Spinal Meningitis)
 The child may return after adequate medical attention.

Mumps (Virus) - The child may return 9 days after swelling subsides.

Hepatitis A (Infectious Hepatitis, Viral Hepatitis) - The child may return one week after onset.

Pertussis (Whooping Cough Bacteria) - The child must remain at home under antibiotic treatment for 5 days of the 14-day course or 3 weeks if untreated.

Ringworm - The child may return after appropriate medication has been taken or used for at least 24 hours.

Roseola - After confirmed diagnosis by doctor, the child may return if they are free of fever and able to participate fully.

Rubella (German Measles Virus) - The child may return 7 days after onset of rash.

Scabies - The child may return 24 hours after therapeutic lotion is applied.

Thrush (oral infection) - The child may attend if they feel well enough to participate.

Strep Throat / Scarlet Fever / Impetigo - After confirmed diagnosis by a doctor, a child must be fever free and treated with antibiotics for one full day before returning. All of the above are strains of Streptococcal bacteria.

Persistent Vomiting or Diarrhea - The child will be removed from the centre if diarrhea or vomiting is persistent or accompanied by fever or other signs of illness. The child must be free from vomiting or bouts of diarrhea for **48 hours** in order to return to the Centre. Stool samples or diagnosis by doctor may be required for diarrhea depending on the circumstances.

Diseases and infections not listed will be assessed by your child's physician and/or Public Health Services to determine an appropriate course of action.

PARENT/GUARDIAN ACKNOWLEDGEMENT:

I hereby confirm that I have read and agree to abide by the policies related to the Health and Medical Care of children

Name of Child: _____

Name of Parent or Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Your continued cooperation in the matter of your child's health and the health of the other children in the centre is appreciated.



CENTERED ON CHILDREN CHILDCARE CENTRE

Operator of:

Woodbridge Public School Child Care Centre,
Schomberg Village Child Care Centre and
St. Patrick Before and After School Program

Publicity Consent

Please carefully review the waivers below, check the appropriate boxes, then sign below. Each family must return a completed form to the centre upon enrolment.

☐

I have read and understand the Parent Manual and all the Centre's policies.

☐

I give permission for my child's picture to be on the Centre's Instagram Page.

☐

I do not give permission for a photo image to be taken of my child to be used in anyway within the Centre or on the Centre's Instagram Page.

Consent for Neighborhood Outings

☐

I give permission for my child to leave the premises from time to time to participate in neighborhood walks, the park or any other place of interest which is planned as part of the child's program.

Advance notice will be given for any planned field trips.

Consent for Creams

☐

I give permission for the Centre's staff to re-apply sunscreen, moisturizing skin lotion, insect repellent, hand sanitizer and diaper cream **(supplied by the parents)**

Child's Name

Date:

D	D

M	M

Y	Y

Signature of Parent





CENTERED ON CHILDREN CHILDCARE CENTRE

Operator of:

Woodbridge Public School Child Care Centre,
Schomberg Village Child Care Centre and
St. Patrick Before and After School Program

Parent Code of Conduct

We all have the right to be safe and feel safe in our school and community. Centered on Children's Code of Conduct sets clear standards of behavior that apply to all individuals involved in our centre community including: parents or guardians, volunteers, teachers and/or Board Members.

These standards apply whether parents or guardians, volunteers, teachers and/or Board members are on centre property or at centre-sponsored events and activities.

All members of the centre's community are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability or any other ground protected by Ontario's Human Rights Code.

All adult members have the responsibility to act as models of good behavior. Foul language (swearing, name calling, shouting) is not appropriate. Individuals engaging in such behaviour will be asked to leave the premises immediately.

Inappropriate behaviour or harassment of any kind towards a student, parent or teacher will result in immediate intervention up to and including the family's expulsion from the centre and/or police intervention. This type of behaviour includes but is not limited to harassment or intimidation by written note, email, words, gestures and/or body language.

No weapons are allowed on centre property or at centre functions. The consequences for failure to comply will include but is not limited to the family's expulsion from the centre.

The privacy and confidentiality of our parents, guardians, teachers, volunteers and students is important to us. All concern and comments should be addressed with the teachers. Should this discussion not address your concerns, the next step is to review the situation with the Supervisor and/or Executive Director. Failing resolution with the Supervisor/Executive Director, the matter will be referred to the appropriate member of the Board of Directors.

Gossip and public criticism are unacceptable. There should be no discussion of concerns with other parents in the centre hallways, the parking lot or via electronic mediums such as Facebook, instagram, personal blog sites or any other forms of electronic information sharing.

School cubbies are to be used solely for the purpose of communication between parents and Centered on Children. They are not to be used for business promotion.

This code of conduct must be signed by any and all adults that will be involved in your child's experience at Centered on Children including parents, grandparents, siblings and care givers.



I have the read the Code of Conduct and agree to the terms as stated. I have been given the opportunity to review this document, ask questions if required and confirm that no further clarification is necessary.

Child's Name: _____

Parents/Guardians:

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Witness (non-family member):

Name: _____

Signature: _____

Date: _____



CENTERED ON CHILDREN CHILDCARE CENTRE

Operator of:

Woodbridge Public School Child Care Centre,
Schomberg Village Child Care Centre and
St. Patrick Before and After School Program

Childcare Contract

This contract is made between:

Mother's Name: _____

Address: _____ Phone #: _____

Email _____

Father's Name: _____

Address: _____ Phone #: _____

Email _____

Centered on Children Child Care Centre
8201 Weston Road
Woodbridge, ON
L4L 1A6
For the care of:

Child's Name

DOB

Childcare is to be provided for the following days:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

I agree to pay \$478.51 per month for the care for my child, due on the 1st of each month.

This fee will be charged for all contracted months regardless of holidays, sick days or other absences. (Please note: Prices are subject to change.)

I agree to submit a registration fee of \$100.00 (6-12 years)

I agree to submit a half-month deposit of \$220.00 to confirm my child(ren) space at Centered on children child care centre, before his/her first day. I understand that the registration fee is non-refundable, and the half-month deposit will be utilized during my child(ren)'s withdrawal period if I provide **one month's notice in writing** for withdrawal of the program.

I consent and understand that my child's information will be part of an audit if needed. CWELCC was used to reduce the fees and that the information will be submitted as part of Centered on Children's report to The Region of York.

I agree to abide by the late fee policies and fees as set forth in the parent handbook.

TERMINATION: In case of termination of care, both parties agree to submit to the other a one month written notice stating date of termination. I understand that I will be charged my normal child care fees during this period. Advanced payment is required for the entire one month period and is due upon submission of written termination.

Refunds or credits are provided in cases of overpayment (e.g., accidental overpayment or transition from CWELCC fees to subsidy) and will be applied to the next scheduled payment.

I have received and read, and I understood and agree with the policies and procedures in Centered on Children Child Care Parent Manual.

Mother/Legal Guardian's Signature

Date

Father/Legal Guardian's Signature

Date

Executive Director/ Supervisor's Signature

Date



Centered on Children Child Care Centre



CENTERED ON CHILDREN CHILDCARE CENTRE

Operator of:

Woodbridge Public School Child Care Centre,
Schomberg Village Child Care Centre and
St. Patrick Before and After School Program

HEAD OFFICE

8201 Weston Road
Woodbridge, Ontario
L4L 1A6

Pre-authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name(s) on Account: _____

Name(s) of Children: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

2. Bank Account Information

Name of Financial Institution: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Account Number:

Financial Institution:

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Branch Transit Number:

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Please attach a void cheque

3. Pre-Authorized Debit (PAD) Details

I/We authorize CENTERED ON CHILDREN CHILD CARE CENTRE and

INSTITUTION

NAME OF FINANCIAL

to begin deductions as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising for child care services that are



provided for my/our children. Regular monthly payments will be debited to my/our specified account on the 1st of the month in full. CENTERED ON CHILDREN CHILD CARE CENTRE will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until CENTERED ON CHILDREN CHILD CARE CENTRE has received written notification from me/us of its change or termination. This notification must be received thirty (30) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

CENTERED ON CHILDREN CHILD CARE CENTRE may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my /our financial institution or visit www.cdnpay.ca.

I/We am fully aware that should the transaction be returned with non-sufficient funds; I will be responsible to pay an administration charge of \$35.00 in addition to the current monthly fee. I/We am also aware that fees are due in advance of service and failure to pay a fee may result in loss of child care services.

Email Authorization and Consent

☐ I agree to receive electronic email communication from Centered on Children Child Care Centre. Periodic emails may include information regarding the Centre, your child's classroom, event reminders and/or quarterly newsletters. You can unsubscribe at any time by clicking on the unsubscribe link at the bottom of our emails.

Email address: _____

Authorized

Signature(s): _____

Date: _____

Date: _____