



Registration Bundle Checklist

- Child's Information
- Health Information
- Emergency Contacts/Authorized Pick-up Contact
- Emergency Consent Form
- Immunization Record
- Facility Care Contract
- Agreement of Contract terms
- Permission Form
- Personal Emergency Preparedness Kit
- Family Photo & Child's photo
- Copy of custody agreement (*if applicable*)
- Fees (*E-transfer to lilclubhousechildcare@gmail.com*)
 - \$50 non-refundable registration fee
 - \$500 non-refundable deposit (will be applied to the Child's last month tuition)
- Post dated cheque for the first month's fees addressed to Lil Clubhouse Childcare
 - Infant/Toddler \$1150
 - 3-5 years \$900



CHILD'S INFORMATION

Name of Child: (first) _____ (middle) _____ (last) _____

Name Child Responds to: _____ Sex: M ___ F ___

Date of Birth: (mm/dd/yyyy) _____ / _____ / _____

Child's First Language: _____ (second) _____

Parents/Guardians:

Name: _____ Relationship: _____

Phone:(cell) (____) _____ (work) (____) _____

Place of Work: _____ Hours of Work: _____

Home Address: _____

Email: _____

Name: _____ Relationship: _____

Phone:(cell) (____) _____ (work) (____) _____

Place of Work: _____ Hours of Work: _____

Home Address: _____

Email: _____

Siblings: _____

Custody Agreement: yes _____ (if yes please provide documentation) No _____

OFFICE USE ONLY

DATE RECEIVED _____ DEPOSIT DATE _____

CHILD'S START DATE _____ DEPOSIT AMOUNT _____

WITHDRAWAL DATE _____ DEPOSIT PAID BY _____

DEPOSIT APPLIED TO FINAL MONTH _____



HEALTH INFORMATION

Family Physician: _____ Phone: (____) _____

Care Card Number: _____

Allergies/Dietary Restrictions: YES ____ NO ____

If yes, provide information: _____

Medications/Therapies: YES ____ NO ____

Consent/Instructions Regarding Medications:

Do your child have a medical/developmental concern/diagnosis? YES ____ NO ____

If yes, provide information: _____

Does your child have Asthma? YES ____ NO ____

Has your child had a seizure in the past year? YES ____ NO ____

If yes, provide information: _____

Immunization Up To Date?: (yes) ____ (no) ____

(please provide and updated copy of immunization record)

Specific Religious Observations: _____

Dislikes/Fears: _____

Has Your Child Been In Childcare Before? *(where/how long?)* _____



EMERGENCY CONTACT *(please provide at least one)*

Name: _____ Relationship: _____

Phone:(cell) (____) _____ (work) (____) _____

Name: _____ Relationship: _____

Phone:(cell) (____) _____ (work) (____) _____

PERSONS AUTHORIZED TO PICK UP *(other than parents)*

Name: _____ Relationship: _____

Phone:(cell) (____) _____ (work) (____) _____

Name: _____ Relationship: _____

Phone:(cell) (____) _____ (work) (____) _____

OUT OF AREA CONTACT *(province not including BC or USA)*

Name: _____ Relationship: _____

Phone:(cell) (____) _____ (work) (____) _____



CHILD CARE EMERGENCY CONSENT FORM

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____

PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

1. It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
2. Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
3. I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
4. I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT / GUARDIAN

WITNESS



Facility Care Contract

This contract is made between the parent(s)/guardians:

_____ name of parent(s)

_____ address of parents(s)

and Lil Clubhouse Childcare for the care of the following child:

_____ child's name and date of birth

Financial

The payment for care shall be \$_____ per month (after govt fee reduction) Payment shall be paid on the 1st of each month in the form of post-dated cheques or regularly scheduled e-transfers. (Our fees are a year's worth of care broken down into 12 equal payments that include stat holidays and centre closures)

NSF cheques are required to be replaced the following day with a \$20.00 charge added

If the government funding is taken away, all parents will be required to pay the full price of daycare.

The daycare reserves the right to fee increases January 1st of each year.

This monthly fee may increase by 2-4% from the time of registration to the actual start date; the increased fee will be required.

*** Once accepted as a full-time child in the Infant Toddler group, we cannot adjust to part-time, full time fees are required to maintain your spot. Changes may be reviewed in the 3-5 year old group if space allows and if we can fill your other days up, notice needs to be given 8 weeks ahead of time.



Your fees reflect the schedule as follows:

Arrival time _____am and pick up time _____pm - Monday to Friday

Our hours are:

- Infant Room 8:00am to 5:00pm
- Preschool Room 7:45am to 5:00pm

Monday_____Tuesday_____Wednesday_____Thursday_____Friday_____

(check days of care)

Scheduling

Your child's start date is _____

Your child's end date is _____

Late Fees

- From 5:00 p.m. to 5:15 p.m. the fee for the first time late is \$20.00.
- The fee for the second time late is \$3.00 per minute.
- If late four times in any four-week period the family faces removal from the centre.
- The daycare clock is the time used to determine the late payment.
- Late fees are required to be paid at the start of the following day

When a child is ill or on holidays, the parents are expected to make every effort to give the provider as much notice as possible. Parents are expected to pay on child sick days and holidays. Our expenses and staff do not change if your child is absent therefore nor do your fees.

This contract may be terminated by the parent (s) or the provider with (required) 2 calendar month's notice prior to the last day of care. If a child does not attend during the final 2 calendar month's, payment is still required.

The provider may immediately terminate this contract without any notice if payment is not made on time.

In the event that the child is not adjusting to daycare, and the provider has made every effort, termination of childcare will be exercised in the best interest of the child.



Agreement of Contract Terms

	Initial
Deposits are non refundable and non transferrable	
Once a child's registration package (including deposits and the first month's fees) is collected, Lil Clubhouse will not be in contact with the family until 4-6 weeks before start date. If you have any questions prior to that time please contact us at lilclubhousechildcare@gmail.com .	
If a family decides not to start at our facility, the deposit will <u>not be refunded</u> .	
Withdrawal must be made in writing with a minimum of 2 calendar month's notice.	
If 2 calendar month's notice <u>is not given before your start date</u> , the first month's cheque will be deposited and considered binding.	
If 2 calendar month's notice is <u>not given</u> for the withdrawal of care <u>after your start date</u> , you understand and agree that the next two month's fees are due at the time of withdrawal notice, you will be required to pay for the next 2 month's before care the following day.	
If for any reason the child cannot adjust to our facility, we reserve the right to terminate.	
If for any reason the child has behavioural issues that cannot be resolved, we reserve the right to terminate without notice.	
The contract can be revised at any time by the provider if necessary.	
I have read and understand the Parent Handbook.	
I have read, understand, and will follow without dispute the centres Illness Policy.	
I understand that staff are to be treated with respect at all times.	
I understand that if I have a concern, I will speak to the manager/director directly.	
You agree to these terms as it is a binding agreement.	



Permission Form

	Initial
I give permission for my child to use all of the play equipment and to participate in all of the day-care activities.	
Leave the daycare premises under the supervision of staff members for neighbourhood walks.	
I give permission for my child to be included in photos that are connected to the daycare. Website Newspaper Advertising Instagram Facebook Website	
I authorize Lil Clubhouse to take photographs of my child for the sole use of the daycare.	
I grant permission for staff members to take whatever steps necessary to obtain emergency medical care if warranted. These steps include contacting paramedics. Any expenses incurred will be borne by the child's family.	
The daycare will not assume responsibility for a child who has not been handed over to a teacher directly once he/she arrives for the day.	
I authorize Lil Clubhouse to apply sunscreen to my child.	
I authorize Lil Clubhouse to use disinfectant spray to clean cuts/scrapes to my child to avoid infection.	



Signatures

The signatures below indicate agreement with this contract and with the written policies of the provider (contained in a separate document). The provider may change policies as needed with advance written notice.

Parent's name Parent's signature

Date

Parent's name Parent's signature

Date

Provider's name Provider's signature

Date

If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.



Personal Emergency Preparedness Kit

Below is a list of items that should be included in your child's Emergency Disaster Kit. In the unlikely event that there is an emergency, these kits will be used to help make this time as calming and safe for your child as possible.

Please compile all of the items below into a large Ziploc bag labeled with your child's name and return to the daycare.

- Bottle of water or Juice box
- Granola or energy Bar, Crackers
- Rain poncho
- Small blanket (receiving blanket and or foil emergency blanket)
- Book
- Small toy
- Family photo
- Two diapers
- Pair of socks
- Extra soother
- Small hat (beanie)

Thank you,

Lil Clubhouse Childcare



Items Needed From Home

- Nap Bedding – We need a crib sheet/blanket that they sleep on, and you must provide a blanket for them to cover up with, as well as any comfort items that they may need to sleep (blanket, soother, etc.)
- Diapers/Rash Ointment (Training pants or pull-ups for those who are potty training)
- Spare Clothing – including underwear and socks, at least 3 complete sets for those potty training age and under
- Sunscreen/Sun Block, and a wide-brimmed hat

- Weather appropriate clothing - jacket/splash/snow pants (muddy buddy) hats/mitts, boots etc.
 - lack of weather appropriate clothing will prevent your child from enjoying our outdoor play time, please ensure you dress your child for outdoor play everyday.
- Please label all items with your child's name

Please ensure that children come dressed in “play” clothes. Although we are careful while doing art and playing outside; there are instances where clothes could become dirty and stained. We appreciate your understanding. Extra supplies can be left at the daycare and replenished when necessary space permitting.