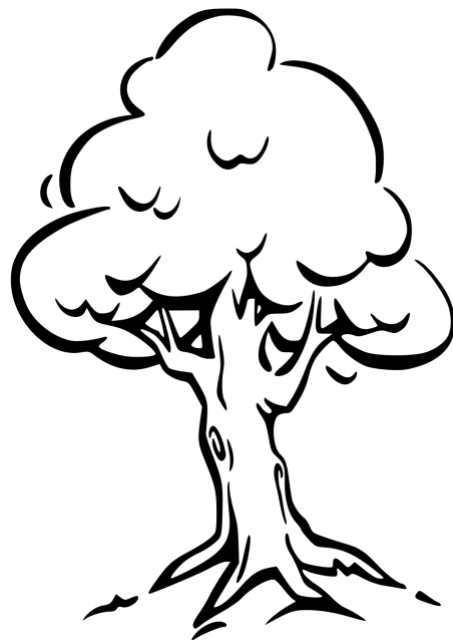


Registration Bundle Check List

- ☐ Deposit
- ☐ Registration Form
- ☐ Facility Care Contract
- ☐ Wee Watch Consent Form
- ☐ Immunization Form
- ☐ Emergency Consent Card
- ☐ First Months Post-Dated Cheque for the Balance
of that Months Fees



Start Date: _____

Registration

Learn, Play, Grow

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

Name Child Responds To:_____ Sex: M____F____

Date of Birth: (year)_____(month)_____(date)_____

Child's First Language:_____ (second?)_____

Parents/Guardians:

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____) (home) (_____-_____-_____) (work) (_____-_____-_____)

Place of Work: _____

Home Address: _____

Email: _____

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____) (home) (_____-_____-_____) (work) (_____-_____-_____)

Place of Work: _____

Home Address: _____

Email: _____

Siblings:

Family Physician:_____ Phone: (_____-_____-_____

Care Card Number:_____

Allergies/Dietary Restrictions:_____

Medications/Therapies:_____

Consent/Specific Instructions Regarding Medications Etc:

Health/Development Concerns:

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

(please provide and updated copy of immunization record)

Specific Religious Observations:_____

EMERGENCY CONTACT(please provide at least one)

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____ (home) (_____-_____-_____

(work) (_____-_____-_____

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____ (home) (_____-_____-_____

(work) (_____-_____-_____

Persons Authorized to Pick Up (other than parents)

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____ (home) (_____-_____-_____

(work) (_____-_____-_____

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____) (home) (_____-_____-_____) (work) (_____-_____-_____)

Persons UNAUTHORIZED to Pick Up (if any)

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____) (home) (_____-_____-_____) (work) (_____-_____-_____)

Out of Area Contact

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____) (home) (_____-_____-_____) (work) (_____-_____-_____)

Name:_____ Relationship:_____

Phone:(cell) (_____-_____-_____) (home) (_____-_____-_____) (work) (_____-_____-_____)

Has Your Child Been In Childcare Before? (Where and how long?)

Favourite Toys/Games:

Does Your Child Enjoy? (please circle)

MUSIC ART OUTDOORS DANCING STORIES SINGING

Dislikes/Fears?:

Have you worked with any community resourced to address behavioural issues or developmental concerns? If yes, please state who and what the issues or concerns are:

Please initial that you have read the Parent Handbook on our website: _____

Facility Care Contract

Family Email: _____

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

_____ name of parent(s)

_____ address of parents(s)

and Wee 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 government grants) Payment shall be paid on the 1st of each month in the form of postdated cheques.(Our fees are a year's worth of care broken down into 12 equal payments that include stat holidays and centre closures provided the 1st of each year)

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% from the time of registration to the actual start date; the increased fee will be required.

Your fees reflect the schedule as follows:

Arrival time _____am and pick up time _____pm Monday to Friday (our hours are 7am to 5:30pm)

Monday____Tuesday____Wednesday____Thursday____Friday____(check days of care)

Once accepted as a fulltime child we cannot adjust to part-time (fulltime fees will be required to maintain your spot)

Scheduling

Your child's start date is _____

Your child's end date is _____

Late Fees

If parent is going to be late picking up the child, every effort must be made to contact the provider. A late pick up fee will be charged.

The late fee schedule is as follows:

- From 5:00/5:30 p.m. to 6:30 p.m. the fee for the **second** time late is \$1.00 per minute until 6:30 p.m. (maximum charge: \$60.)
- The fee for the third time late is \$3.00 per minute until 6:30 p.m. (maximum charge: \$180) and any time late after that in a 30 calendar day period, the rate will be \$3.00 per minute.
- The daycare clock is the time used to determine the late payment.
- The sign in sheet will be the official record of pick up times
- Parents must take into account weather and traffic delays

Payment for late pick up is due at drop off the following day.

If a payment is not made on time, the following fee will apply: \$5.00 per late 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.

If a child does not arrive for the day and no notice has been given to the provider, parents are still expected to pay.

This contract may be terminated by the parent(s) or the provider with 8 weeks' notice prior to the last day of care is required. If a child does not attend during these final 8 weeks payment is still required.

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

Other

	Initial
Deposits are non-refundable OR transferable	
Once a child's registration package (including deposits and cheque balance of first month fees) is collected, Wee Watch will not be in contact with the family until 8 weeks before start date. If you have any questions prior to that time please contact us at southdeltadaycare@hotmail.com or southdeltaweecubhouse@gmail.com	
If 8 weeks notice is not given for withdrawal of care the cheque for the balance of the next 2 month's fees will be cashed and considered binding. If 8 weeks notice is not given before your start date, the first months cheque will be deposited and considered binding.	
If for any reason the child cannot adjust to our facility, we reserve the right to give 30 days notice to the family to find other care.	
If the provider chooses not to enforce any portion of the contract, it does not give up the provider's right to enforce any other portion of the contract.	
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 am aware fees are divided equally over 12 months, stat holidays, holiday closures and unforeseen closures under 15 days per month have been accounted for and refunds will not be given.	

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.

Consent Form

I give permission for my child to use all of the play equipment and to participate in all of the daycare activities.

I give permission for my child to leave the daycare premises under the supervision of staff members for neighbourhood walks to the park and community outings. I understand that the outside play area is not fenced but blocked with necessary precautions.

I give permission for my child to be included in photos that are connected to the daycare.
(Please circle where you give permission to have photos used:

WEBSITE NEWSPAPER ADVERTISING ONLINE PHOTO ALBUM FOR PARENTS

I grant my 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 when he/she arrives for the day.

Authorization to Apply Sunscreen:

I _____ authorize Wee Daycare, to apply
sunscreen to my child, _____ to avoid sunburn.

Parent/Guardian Signature Wee Daycare Administrator

Authorization to Use Disinfectant Spray:

I _____ authorize Wee Daycare., to apply
disinfectant spray to clean cuts/scraps, to my child _____
to avoid infection.

Parent/Guardian Signature

Wee Daycare Administrator

Authorization to Photograph:

I _____ authorize Wee Daycare, to take
photographs of my child, _____ for the sole use of the
Daycare.

Parent/Guardian Signature

Wee Daycare Administrator

My child's photo can be used for the Wee Daycare website, Facebook and public Instagram:

YES or NO

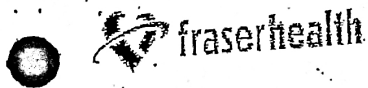
Authorization to Take on Local Walks

I _____ authorize Wee Daycare to take my
child, _____ for local walks within the Daycare
vicinity.

Parent/Guardian Signature

Wee Daycare Administrator

Any Other Comments



COMMUNITY CARE FACILITIES LICENSING
**CHILD IMMUNIZATION
STATUS DECLARATION**

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensee's in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

Child's Name

Date of Birth

Complete Immunization:

- ☐ Record on vaccinations attached
- ☐ Record on vaccinations unavailable

Received immunization in:

Year of last Vaccine

City

Province

(if not in Canada, include country)

Incomplete Immunization:

- ☐ My child has had some vaccinations
- ☐ My child has no vaccinations
- ☐ I do not know

Parent's/Guardian's Printed Name

Date

Parent's/Guardian's Signatures

EMERGENCY CONSENT CARD

Name of Facility _____	
Child's Name: _____	Birthdate: _____ <small>Year / Month / Day</small>
<small>Surname</small> _____	<small>First Name(s)</small> _____
Address: _____ _____	Gender of Child: <input type="checkbox"/> Male <input type="checkbox"/> Female
1. Parent's Name: _____	Child lives with: _____
Work Phone: _____	Home Phone: _____
2. Parent's Name: _____	Home Phone: _____
Work Phone: _____	Phone: _____
Emergency Contact: _____	Phone: _____
Child's Doctor: _____	Phone: _____
1. Allergies _____	
2. Medications _____	
Care Card #: _____	

EMERGENCY CONSENT CARD

Name of Facility _____	
Child's Name: _____	Birthdate: _____ <small>Year / Month / Day</small>
<small>Surname</small> _____	<small>First Name(s)</small> _____
Address: _____ _____	Gender of Child: <input type="checkbox"/> Male <input type="checkbox"/> Female
1. Parent's Name: _____	Child lives with: _____
Work Phone: _____	Home Phone: _____
2. Parent's Name: _____	Home Phone: _____
Work Phone: _____	Phone: _____
Emergency Contact: _____	Phone: _____
Child's Doctor: _____	Phone: _____
1. Allergies _____	
2. Medications _____	
Care Card #: _____	

CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

- I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
- I give consent for my child to receive medical treatment.

Picture
of Child

Signature of Parent/Guardian

Witness

Date

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

- I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
- I give consent for my child to receive medical treatment.

Picture
of Child

Signature of Parent/Guardian

Witness

Date

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

Items Needed For Emergency Kits!!!

Name: _____

1. Travel Kleenex
2. Snacks (Please no nuts)
3. Family Photo
4. Socks
5. Dollar Store Rain Poncho
6. Small Comfort Blanket
7. One Water Bottle
8. Small Toy

Please return to daycare as soon as possible with the worksheet so we can keep track of who needs what! Thank you!