

# REGISTRATION PACKAGE

## APPLICATION CHECKLIST (the following **MUST BE** included with your application)

|                          |   |                          |                                   |
|--------------------------|---|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Completed Registration Form   | <input type="checkbox"/> | Medical Care Plan (if applicable) |
| <input type="checkbox"/> | 10 Post-Dated Cheques (August 1 <sup>st</sup> – May 1 <sup>st</sup> ) | <input type="checkbox"/> | Custody Papers (if applicable)    |
| <input type="checkbox"/> | \$75 Registration Fee   |                          |                                   |
| <input type="checkbox"/> | Emergency Contact Card  |                          |                                   |

| PROGRAM PREFERENCE   | 2-DAY (TUES/THUR)              | 3-DAY (MON/WED/FRI)            | 5-DAY (MON-FRI)                |
|--|--------------------------------|--------------------------------|--------------------------------|
| Preschool <b>MORNING</b> (9:00 AM – 12:00 PM)<br><b>OUTDOOR</b> session (9:00 AM – 11:00 PM)   | <input type="checkbox"/> \$180 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$400 |
| Preschool <b>AFTERNOON</b> (12:30 PM – 3:30 PM)<br><b>OUTDOOR</b> session (11:00 AM – 1:00 PM) |                                | <input type="checkbox"/> \$220 |                                |
| START DATE   | DD / MM / YYYY                 | WITHDRAWAL DATE                | DD / MM / YYYY                 |

| CHILD'S PERSONAL INFORMATION |                           |   |
|------------------------------|---------------------------|---|
| FULL NAME                    | USUAL NAME (if different) | GENDER<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| D.O.B<br>DD / MM / YYYY      | HOME ADDRESS              |   |
| CITY                         | POSTAL CODE               | HOME TELEPHONE<br>(    )  |

| PARENT OR GUARDIAN PERSONAL INFORMATION |                |  |                |
|---|----------------|--|----------------|
| FULL NAME                               |                | FULL NAME                              |                |
| HOME ADDRESS (if different from above)  |                | HOME ADDRESS (if different from above) |                |
| CITY                                    | POSTAL CODE    | CITY                                   | POSTAL CODE    |
| HOME TELEPHONE<br>(    )                | CELL<br>(    ) | HOME TELEPHONE<br>(    )               | CELL<br>(    ) |
| EMAIL                                   |                | EMAIL                                  |                |
| EMPLOYER                                |                | EMPLOYER                               |                |
| WORK ADDRESS                            |                | WORK ADDRESS                           |                |
| CITY                                    | POSTAL CODE    | CITY                                   | POSTAL CODE    |
| WORK TELEPHONE<br>(    )                | WORK HOURS     | WORK TELEPHONE<br>(    )               | WORK HOURS     |

| PERSON(S) AUTHORIZED TO PICK-UP CHILD (other than parent and/or guardian listed above) |              |           |                       |                                 |
|--|--------------|-----------|-----------------------|---------------------------------|
| FULL NAME  | RELATIONSHIP | TELEPHONE | AUTHORIZED TO PICK-UP | AUTHORIZED IN CASE OF EMERGENCY |
|  |              | (    )    |                       |                                 |
|  |              | (    )    |                       |                                 |
|  |              | (    )    |                       |                                 |

| PERSON(S) NOT AUTHORIZED ACCESS TO CHILD                                   |              |           |
|--|--------------|-----------|
| FULL NAME  | RELATIONSHIP | TELEPHONE |
|  |              | (    )    |
|  |              | (    )    |
| ARE THERE ANY CUSTODY ORDERS? (if yes, please provide a copy of the order) |              | COMMENTS  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                   |              |           |

| MEDICAL INFORMATION |                                      |
|---------------------|--------------------------------------|
| CARE CARD NUMBER    | EXTENDED HEALTH PLAN (if applicable) |
| FAMILY DOCTOR       | FAMILY DENTIST                       |
| TELEPHONE<br>(    ) | TELEPHONE<br>(    )                  |

| ALLERGIES   |   |
|---|---|
| MY CHILD IS ALLERGIC TO (list any foods, drugs, or other)         | LIST SIGNS & SYMPTOMS OF ALLERGY (please be specific) |
| STEPS TO TAKE FOLLOWING AN ALLERGIC REACTION (please be specific) |   |

| IMMUNIZATION  |          |
|---|----------|
| MY CHILD'S IMMUNIZATION ARE UP TO DATE (please provide record)                                  | COMMENTS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT IMMUNIZED |          |

| CONSENT FOR EMERGENCY CARE  |           |                        |
|---|-----------|------------------------|
| I hereby authorize the staff members of <b>Sprouting Minds Learning Centre Inc.</b> to call a physician or an ambulance in the case of accident or illness if I cannot be immediately reached. I understand that in an event of an emergency, the preschool staff may have to acquire medical care prior to notifying me. I understand that it is my responsibility to inform Sprouting Minds Learning Centre Inc. if there are any changes to the medical information above. |           |                        |
| FULL NAME (please print)  | SIGNATURE | DATE<br>DD / MM / YYYY |

## PARENT AGREEMENT

### FEES

The Application fee of \$75 is non-refundable and is due at time of registration, payable by cash or cheque. Ten post-dated cheques are to be made payable to Sprouting Minds Learning Centre for the 1<sup>st</sup> of each month. Fees are paid one month in advance starting August 1<sup>st</sup> to May 1<sup>st</sup>. Post-dated cheques **MUST BE** submitted along with the Application Form. Payments will remain the same year round regardless of the number of days in the month, absenteeism due to illness, inclement weather, statutory and public school holidays, Pro-D days and/or any personal vacation time. A fee of \$30 will be charged for each NSF cheque. Families on subsidy are required to pay any monetary differences that are not covered.

### DELIVERY AND PICK-UP

I will be responsible for the care and transportation of my child to and from Sprouting Minds Learning Centre Inc. I will deliver my child directly to a staff member and report to a staff member when calling for my child. I will sign my child in and out upon arrival and departure. I understand that ***under no circumstances*** will my child be released to a person other myself or a person on the Authorized Pick-Up list above, unless I provide signed written consent in advance.

### LATE PICK-UPS

I agree to pick my child up promptly at 11:45 AM or 2:45 PM, depending on which class my child is enrolled in. The parent or caregiver will be charged \$10 for every 10 minutes your child is not picked up.

### HEALTH

I agree that I will not send my child to the Preschool if there is any question of illness. I will notify the staff immediately if my child has been in contact with, or contracted a communicable disease. In case of injury to my child while in the care, custody or control of Sprouting Minds Learning Centre Inc., I hereby agree to hold harmless and indemnify Sprouting Minds Learning Centre Inc. and its staff from and against all claims, actions, costs, expenses and demands.

### EXCURSIONS PERMISSION

I hereby grant permission for my child to be taken on short, neighborhood excursions by foot. This is an enjoyable experience for the children as it allows us to expand on nature activities. These excursions will be supervised by ***a minimum of two preschool teachers at all times***. You are aware of the risks inherent in participating in outings and you assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such activity. I agree to hold harmless and indemnify Sprouting Minds Learning Centre Inc. and its staff from and against all claims, actions, costs, expenses and demands.

**Please Note:** All excursions other than walking will be pre-arranged, and parents will be informed about them well in advance to their taking place. It will be the parent's responsibility to drop off and pick up their children from these locations. Parents willing to volunteer their assistance for the duration of these trips are welcome.

### VIDEO & PHOTOGRAPHY PERMISSION

I hereby give permission for my child to be videotaped and/or photographed during activities at Sprouting Minds Learning Centre Inc. for use in classroom documentation, newsletters, and website. Please be advised that the children's names will not be used, nor will personal information be exchanged with anyone under any circumstances.

### WITHDRAWALS FROM THE PROGRAM

One month's written notice must be supplied on the 1<sup>st</sup> of the month for withdrawal from the program. Failure to do so will result in full payment of the following month's fees. May's payment is non-refundable if parents withdraw for the month of June. Sprouting Minds Learning Centre Inc. reserves the right to automatically withdraw services due to financial obligations not being met, or any issues that cannot be resolved between parties.

By signing below, I agree that I have read and fully understood the contents of this Registration Document in its entirety (pages 1 through 4), and I agree to all the terms and conditions outlined in it, and will follow it to the best of my ability.

|   |           |                            |
|---|-----------|----------------------------|
| PARENT / GUARDIAN FULL NAME <i>(please print)</i> | SIGNATURE | DATE<br><br>DD / MM / YYYY |
| PARENT / GUARDIAN FULL NAME <i>(please print)</i> | SIGNATURE | DATE<br><br>DD / MM / YYYY |