

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 st – May 1 st)	<input type="checkbox"/>	Custody Papers (if applicable)
<input type="checkbox"/>	\$75 Registration Fee		
<input type="checkbox"/>	Emergency Contact Card		

PROGRAM PREFERENCE	OUTDOOR SESSION	2-DAY (TUES/THUR)	3-DAY (MON/WED/FRI)
MORNING 9:00 AM – 12:00 PM	9:00 AM – 11:00 PM	<input type="checkbox"/> \$200	<input type="checkbox"/> \$255
AFTERNOON 12:30 PM – 3:30 PM	11:00 AM – 1:00 PM	<input type="checkbox"/> \$200	<input type="checkbox"/> \$255
START DATE	DD / MM / YYYY	WITHDRAWAL DATE	DD / MM / YYYY

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

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 ()	CELL ()	HOME TELEPHONE ()	CELL ()
EMAIL		EMAIL	
EMPLOYER		EMPLOYER	
WORK ADDRESS		WORK ADDRESS	
CITY	POSTAL CODE	CITY	POSTAL CODE
WORK TELEPHONE ()	WORK HOURS	WORK TELEPHONE ()	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 ()	TELEPHONE ()

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 Sprouting Minds Learning Centre Inc. 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 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 Inc.** for the 1st of each month. Fees are paid one month in advance starting August 1st to May 1st. 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 12:00 PM or 3:30 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.

IMMUNIZATION RECORDS

Sprouting Minds Learning Centre Inc. is required by the Community Care Licensing Branch to provide a copy of each registered child’s immunization record on file. In the event of an outbreak of communicable disease, this information is pertinent to assist in the immediate exclusion of those who are not immunized. Please attach a history of your child’s immunization record with this application.

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

A two-month written notice is required prior to withdrawing a child from the Preschool. If sufficient notice is not given, payment for all scheduled days during the corresponding period is required. If the space can be filled prior to the end of the notice period, you would have the opportunity to withdraw earlier. Withdrawal notices are not permitted for the months of May and June. April can be the last month to withdraw, which means your withdrawal notice would have to be in by February 1st.

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 DD / MM / YYYY
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