Saint Mary's Daycare

Application Package

| SPECIAL TAGS |
|--|
| EpiPen user |
| Puffers' user |
| Not permitted to attend Bible Story |
| Food Allergy / Restriction |
| Not Authorized for 1 or more Photographing |

Year: (2024)

Child's Name: First Last



Table of Contents

| 1 | Proc | edure Completion Checklist3 |
|---|--|--|
| 2 | Initi | al Registration Information |
| 3 | St. N | Aary's Day-Care Application for Child Care4 |
| | 3.1 | Child's Data |
| | 3.2 | Resedential Data4 |
| | 3.3 | Parents' Data |
| | 3.3.1 3.3.2 3.3.3 3.4 | Father's / Guardian's Data |
| | 3.4.1 3.4.2 3.5 3.6 | |
| _ | | |
| 4 | | tract of Agreement |
| | 4.1 | |
| | 4.2 | Child's Records |
| | 4.3 | Health & Safety |
| | 4.4 | Late Administration Charges and Overdue Accounts7 |
| | 4.5 | Termination of Services |
| | 4.6 | Terms of Agreement |
| 5 | Disc | ipline Policy8 |
| 6 | Con | sents9 |
| | 6.1 | General Release |
| | 6.2 | Medical Release |
| | 6.3 | Photo Consent |
| | 6.4 | Off-property & Field-trip permission:9 |
| | 6.5 | Christian education waiver consent:9 |
| | 6.6 | Consent for Non-prescription Items:9 |
| | 6.7 | Drop-off and pick-up confirmation |
| | 6.8 | Before And After SchoolCare Drop-Off and Pick-Up Permission Slip10 |
| | 6.9 | Emergency medications consent |
| | 6.10 | Movement to the next program in the Daycare |
| | 6.11 | Policy regarding the placement of students in the daycare |
| | 6.12 | Nutrition |
| | 6.13 | Emergency Consent Form |

Saint Mary's Daycare 2 Canfield Rd, Nepean, ON K2H-5T1



| 1 Procedure Completion Checkli | st | | | | | | | | |
|---|-------------------------------|----|------|--|--|--|--|--|--|
| Interview | | | | Special Form(s)' Submission | | | | | |
| Day-care tour | | | | Individualized Plan for a Child with Medical Needs | | | | | |
| Policy and payment methods | clarificatior | ı | | Allergy / Anaphylaxis / EpiPen Consent Form | | | | | |
| Complete registration package | Complete registration package | | | | | | | | |
| Registration Cheque | Registration Cheque | | | | | | | | |
| Twelve post-dated cheques for the first twelve months | | | | | | | | | |
| Immunization Record | | | | | | | | | |
| | | | | | | | | | |
| 2 Initial Registration Information | ı | | | | | | | | |
| | MM | DD | YYYY |] | | | | | |
| Date of Registration: | | | |] | | | | | |
| | MM | DD | YYYY |] | | | | | |
| Starting Date: | | | | | | | | | |
| | MM | DD | YYYY | | | | | | |
| Date Received: | | | | | | | | | |

| Date of Discharge: | MM | DD | ΥΥΥΥ | | | |
|----------------------------|------|----|------|---|------|--|
| U [| | | | | | |
| Reason for Discharge: | | ** | | | | |
| | | | | | | |
| Parent's/Guardian's Signat | ure: | | | | | |
| Supervisor's Signat | ure: | | |] | | |

<u>NB</u>: Without exception, the child can start at the day-care <u>ONLY</u> when the parent(s)/Guardian(s) return(s) all the required documents, completed and signed.

Saint Mary's Daycare 2 Canfield Rd, Nepean, ON K2H-5T1



| 3 St. Mary's Day-Care Application for Child Care | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 3.1 CHILD'S DATA | | | | | | | | | |
| MM DD YYYY | | | | | | | | | |
| Child's First Name: Date of Birth: Image: Child's Last Name: | | | | | | | | | |
| Program Applied for (Please check only one of the following: Toddler Preschool Kindergarten School Age | | | | | | | | | |
| Male Female Name of School (If Applicable): | | | | | | | | | |
| 3.2 RESEDENTIAL DATA | | | | | | | | | |
| Home Address: | | | | | | | | | |
| Number: Street: Unit: City: Province: | | | | | | | | | |
| Postal Code: Home Phone Number: () - cell Phone Number: () - | | | | | | | | | |
| 3.3 PARENTS' DATA | | | | | | | | | |
| 3.3.1 MOTHER'S / GUARDIAN'S DATA | | | | | | | | | |
| | | | | | | | | | |
| Mother's First Name: Mother's Family Name: | | | | | | | | | |
| Home Address: Same as above mentioned residential address | | | | | | | | | |
| Number: Street: Unit: City: Province: | | | | | | | | | |
| Postal Code: Home Phone Number: () - cell Phone Number: () - | | | | | | | | | |
| e-mail: Workplace: Work's Phone: () - Ext: | | | | | | | | | |
| Custody Status: (If applicable) | | | | | | | | | |
| | | | | | | | | | |
| 3.3.2 FATHER'S / GUARDIAN'S DATA | | | | | | | | | |
| Father's First Name: Father's Family Name: | | | | | | | | | |
| Home Address: Same as above mentioned residential address | | | | | | | | | |
| Number: Street: Unit: City: Province: | | | | | | | | | |
| Postal Code: Home Phone Number: () - cell Phone Number: () - | | | | | | | | | |
| e-mail: Workplace: Work's Phone: () - Ext: | | | | | | | | | |
| Custody Status: (If applicable) | | | | | | | | | |
| | | | | | | | | | |
| 3.3.3 CONSENTS | | | | | | | | | |
| All the information and communication related to my child could be enclosed to: | | | | | | | | | |
| (1): (2): | | | | | | | | | |

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| 3.4 EMERGENCY IMFORMATION AND CONSENTS | | | | | | | | | | | |
|---|--|------------|------------|------------------|--------------------------------|-----------|---------------|----------|----------|-----------|----------|
| 3.4.1 EMERGENCY HEALTH INFORMATION | | | | | | | | | | | |
| | | | | | | | | Г | ММ | DD | YYYY |
| Child's First Name: | | | Child's L | ast Name: | | | Date of Bi | rth: | | | |
| | | | | or Namo: | | | tor/Clinic Ph | | 1 | ١ | |
| Care Card Number: | | Falli | | or Name: | | DOC | | ione. | (|) | - |
| Parents Information: | | | | | | | | | | | |
| Name (First – Last) | | Relatio | | | Cell Telephone | | Having | | ted acce | ss to my | |
| | | Mot | her | () | - | | | Yes | | N | D |
| | | Fath | ner | () | - | | | Yes | | N | D |
| 3.4.2 EMERGENCY CONTACTS | 3.4.2 EMERGENCY CONTACTS (OTHER THAN PARENT(S) OR GUARDIAN(S)) | | | | | | | | | | |
| ALTERNATE PERSONS(S) AUTHORIZED TO PICK UP CHILD (other than parent/guardian listed above, include emergency pickup) Check all that apply | | | | | | | | | | | |
| Name | Rel | lationship | | | Telephone | Autho | orized to pio | k up | Autho | orized to | call in |
| | | attoriorip | | · · · · | | | • | n ap | an | emerge | ncy |
| | | | | () | - | | | | | | |
| | | | | | - | | | | | | |
| 3.5 MEDICAL INFORMATION | | | | | | | | | | | |
| | | Yes | No | Details i | fapplicable | | | Di | ate if a | pplicab | le |
| 1. Previous Communicable Disea | ases: | | | | | | | | | • | |
| 2. Previous Illness or Injuries: | | | | | | | | | | | |
| 3. Special Medical Conditions | | | | | | | | | | | |
| 4. Known Allergies: | | | | | | | | | | | |
| 5. Medication Administered Reg 6. Special Dietary Requirements | | | | | | | | | | | |
| 7. Does your child have an EPI-P | | | | | | | | | | | |
| | | questions | 3,4,5 and | d/or 7, you | must fill separate individuali | zed form | (s) according | ily. | | | |
| | | | | | cord with no exemption. | | | • | | | |
| 3.6 CONSENT FOR EMERGENC | V CARE | | | | | | | | | | |
| | | ned belov | v. autho | rize the st | aff at the child care Centr | e to call | a medical i | oractiti | oner or | ambula | nce / |
| transport child to emerg | - | | | | dent or illness of my child | | | | | | |
| reached. | | | Π, | | | | | | | | |
| Yes Isigned below have rea | d and und | lerstand t | | No nts' Handb | ook of St. Mary's Daycar | e. Mv si | gnature con | stitute | s an acc | eptance | of the |
| - | | | | | (Please check one of the | - | - | Stitute | | cptanet | , or the |
| I received a digital copy of | the paren | nts' Handb | ook on i | my email | I received | a hard o | copy of the | Parents | s' Handb | ook | |
| SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION | | | | | | | | | | | |
| Signature | 5.0 | | Print N | | | | Date | | | | |
| | | | | | | | | | | | |
| NOTE: Saint Mary's Authority Licer | nsing staff | may rovid | aw this is | oformation | as per legislation | 1 | | | | | |
| No L. Jaint Mary S Authonity Licer | ising stall | mayrevie | | | | | Г | мм | DD | | YYYY |
| Supervisor's Signature: | | | | | ·ח | ate of A | dmission: | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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| 4 Contract of Agreement | | | |
|--|--------|------------|--|
| This Agreement dated for reference the | day of | (Month) 20 | |

Between: Saint Mary's Daycare

And:

(Name of parent/guardian)

Whereas: Incorporated is a non-profit organization that provides a licensed daycare program, and the parties wish to set out terms of parental responsibilities and conditions of enrolment necessary for SAINT MARY'S DAYCARE to provide this care in the program. In consideration of mutual promises contained in this agreement, the parties agree to the following:

4.1 FINANCIAL:

- 1. In order to secure a space for my child at SAINT MARY'S DAYCARE, I will provide the following items to the administrator:
 - a. A non-refundable registration fee of CA\$50.00.
 - **b.** Twelve post-dated cheques for 25th of each month beginning ______u must be submitted upon registration.
 - c. *Late cheques* will be subjected to late fees of 1 % of the value for the twelve months required.
 - d. A 05.00 CAD charge will apply for cheques *returned due to non-sufficient funds*.
 - e. The deposit will be applied to the child's last month tuition with one calendar month written notice.
- 2. I will not be entitled to a refund for the time when my child is away from SAINT MARY'S DAYCARE Program due to a vacation, sickness, or other absences including labor disruptions.
- 3. I may withdraw my child effective the end of any calendar month. If I do not give one calendar month's written notice of withdrawal, I will forfeit one month's tuition fee to SAINT MARY'S DAYCARE For example, if I intend to withdraw my child effective the end of February,

written notice of my child's withdrawal must be provided to SAINT MARY'S DAYCARE no later than January 31st. There will be no exception to this rule. I consent to SAINT MARY'S DAYCARE taking payment of the one month's tuition fee from my deposit.

- 4. SAINT MARY'S DAYCARE may withdraw my child from the SAINT MARY'S DAYCARE program without any notice if I fail to comply with the terms of this agreement.
- 5. SAINT MARY'S DAYCARE will only issue a tax receipt once per fiscal year unless paid by cash.
- 6. I will obey SAINT MARY'S DAYCARE hours of operation and will pay an overtime fine of \$1.00 per minute within 24 hours if I do not pick up my child by the time required each day.
- 7. I will make all payments required under this agreement by cheque made payable to: Saint Mary's Daycare. And deliver all cheques to the administrator.
- Daycare hours: from 07:00 AM to 05:00 PM

| Class | Age | Monthly Fees | Daily Fees | Remarks | | | | |
|--------------|-----------------------------------|--------------|------------|-----------------------------------|--|--|--|--|
| Toddlers | 1 to <2.5 years | 590.60 CAD | 29.53 CAD | | | | | |
| Pre-school | 2.5 to < 4 years | 472.50 CAD | 23.63 CAD | | | | | |
| Kindergarten | 4 to <6 years | 240.00 CAD | 12.00 CAD | PD days and March breaks included | | | | |
| School Age | 6 to 12 years | 500 CAD | 25 CAD | PD days and March breaks included | | | | |

Fees: Please be noted that the following fees are not permanent and subject to change :

| • | The daycare is closed during the following statutory holidays: |
|---|--|
|---|--|

- a. New Year's Day
- b. Good Friday
- c. Family day
- d. Easter Monday
- e. Victoria Day

Added to what may be indicated by the government of Ontario.

- f. Canada Day
- g. Civic Holiday
- h. Labour Day
- i. Thanksgiving
- j. Half day on Christmas Eve & on New Year Eve
- k. Christmas day & boxing day
- Daily rate applies during statutory holidays, illness, planned and unplanned absence for children in all programs.



4.2 CHILD'S RECORDS

- 1. I have completed and will keep updating the following SAINT MARY'S DAYCARE forms:
 - ✓ Registration Form
 - ✓ Emergency Consent Card
 - ✓ General Medical Release Form
 - ✓ Waiver forms
- 2. I have listed all the names of persons below who are legally restricted from contact with my child due to a Court Order or Separation Agreement. I will attach a copy of the relevant Court Order of Separation Agreement to this Agreement. I will notify SAINT MARY'S DAYCARE staff immediately of any changes to the Court Order or Separation Agreement.

Name:

| Relationship: | | |
|---------------|------|--|
| Relationship: | | |

4.3 HEALTH & SAFETY

- To attend the SAINT MARY'S DAYCARE Program, my child must be well enough to participate in all aspects of the programs, including outdoor programs. If my child is unable to participate in all aspects of the programs I will not deliver my child to the care of SAINT MARY'S DAYCARE For the safety of others, children with a fever, any kind of infection, head lice or any contagious diseases cannot attend SAINT MARY'S DAYCARE
- 2. In order to safeguard the health and wellbeing of all children I will advise SAINT MARY'S DAYCARE staff members of any serious medical condition my child may have. I will advise SAINT MARY'S DAYCARE staff of any changes in my child's health and immediately update medical records when changes occur.
- 3. In order to safeguard the health and well-being of all children, SAINT MARY'S DAYCARE staff members have the rights to exclude my child from the program if he or she is ill. I will provide, upon a staff member's request, written medical clearance from a physician before my child can be readmitted to SAINT MARY'S DAYCARE
- 4. I will notify the staff immediately if someone other than those persons authorized on the Registration Form will be picking up my child from SAINT MARY'S DAYCARE
- 5. I will obey parking regulations at SAINT MARY'S DAYCARE at all times.
- 6. Due to requirements in the Child Care Licensing Regulation, I acknowledge SAINT MARY'S DAYCARE cannot instruct or otherwise coerce my child to eat where my child refuses to do so.

4.4 LATE ADMINISTRATION CHARGES AND OVERDUE ACCOUNTS

- I understand that if fees are not paid one week in advance by the 25th of the month, Late Administration fee will be charged as follows: a. If paid within 15 days past the due date, the late administration fee is \$30. b. If paid within 30 days past the due date, the late administration fee is \$60.
- 2. If payment is not received within 30 days past the due date, your child care space may be terminated and Saint Mary's Daycare will charge a 26.9% annually for the outstanding balance.

4.5 TERMINATION OF SERVICES

- 1. I understand that SAINT MARY'S DAYCARE may terminate this Agreement for any of the following reasons:
 - **a.** The fees for services are not paid according to the financial policies in the Parent Contract and suitable arrangements for payment cannot be agreed upon.
 - **b.** My family does not follow the terms and conditions of SAINT MARY'S DAYCARE contract and successful resolution of the differences is not achieved.
 - c. The child is no longer in the custody of the enrolling parent/guardian.



- **d.** A family member makes negative comments about our program to the staff or other parents, harasses, threatens or commits a violent act toward SAINT MARY'S DAYCARE staff, children or other families involved in the program.
- e. SAINT MARY'S DAYCARE is unable to satisfactorily resolve problems of late pickups of my child.

4.6 TERMS OF AGREEMENT

I acknowledge that conditions of enrolment may change from time to time and I further acknowledge SAINT MARY'S DAYCARE may set additional requirements that will form part of this Agreement upon written notice.

| | | MM | DD | YYYY |
|--|-------|----|----|------|
| SAINT MARY'S DAYCARE Supervisor signature: | Date: | | | |
| | - | | | |
| | | MM | DD | YYYY |
| Parent/Guardian's signature: | Date: | | | |
| | | | | |

All forms signed and completed along with the deposit, registration fee and 12 post-dated cheques. Cheques must be dated 25th day of the month. For example, the fee for February must be paid on January 25th.

5 Discipline Policy

Through the use of appropriate guidance, Saint Mary's Daycare provides an enriching, safe and educational environment for all of the

children. Our goal is to do our absolute best to help children to use self-control, strengthen their self-esteem, develop respect for others, and to

become physically and emotionally healthy as confident and successful individuals.

The following outlines our discipline strategies to guide and encourage appropriate behaviour:

- Set a good example, set limits and expectations for the children according to their level of development.
- Listen actively to encourage children to express their feelings.
- Negotiate to help children solve problems and conflicts.
- Model proper guidance techniques to set a good example for parents and guardians.
- Modify the classroom materials as often as needed to create an encouraging environment for children's interests and learning needs.
- Make children feel important and valued by recognizing good performance and wise choices.
- Redirect children's attention to different activities.
- Provide alternatives for inappropriate behaviour to the children.
- Provide children with natural and logical consequences for their behaviours.
- Use short, supervised periods of sitting with a teacher to watch other children work properly. One minute per age is used to calculate a child's sitting, excluding children that are under 2.5 years of age.

If a child still displays inappropriate behaviour and/or aggressive behaviour, and we are unsuccessful using the above-mentioned methods, we will implement the following action plan:

- 1. Identify underlying issues leading to inappropriate behaviour, for example: poor diet, watching television, playing video games, improper guidance outside of our daycare.
- 2. Meet with the parents/guardians to discuss a plan of action that both the parents/guardians and Saint Mary's Daycare Licensee agree to.
- 3. Meet as often as needed to discuss the child's progress.
- 4. Taking parent's permission i.e. consent form, to contact Program Providers to help and support with behavioural challenges such as C.I.S.S.
- 5. After exhausting all our resources, a child may be discharged from Saint Mary's Daycare.



6 Consents

| 6.1 GENERAL RELEASE | | | | | |
|---|--|--|--|--|--|
| I acknowledge that my child, upon being accepted as a student at Saint Mary's Daycare, is being accepted on a conditional basis. If at any time from the date of conditional acceptance, the staff form the opinion in their sole discretion that the parent(s) and/ or my child, by his/ her behaviour while present in the program, caused or created a disruptive effect on the discipline, education, conduct of the other students and staff, or is not suited for the program, then I hereby agree, without protest or complaint to Saint Mary's Daycare and other parents, or any court or government body, on the request of the staff, to withdraw my child from enrolment in the program. If I am asked to withdraw my/our child, my post-dated cheques will be returned to me. | | | | | |
| 6.2 MEDICAL RELEASE | | | | | |
| I authorize Saint Mary's Daycare staff, or any person authorized by Saint Mary's Daycare to act in their place, to administer to my child. While he/she is attending the program, Saint Mary's Daycare staff may administer any medication that is physician prescribed for my child, or administer any First Aid in the event of an accident or emergency involving my child, and expressly absolve and hold blameless Saint Mary's Daycare staff or any duly authorized person acting in their place, or Saint Mary's Daycare, including its owner the daycare, staff, from any legal liability or action or action which may arise directly or indirectly from the administration or any such First Aid to my child while attending the program. | | | | | |
| 6.3 PHOTO CONSENT | | | | | |
| I give permission to use images of my child in the following formats: No to all Yes to the following: Saint Mary's Daycare Website | | | | | |
| | | | | | |
| (Check all what applie(S)) Saint Mary's Daycare Facebook page | | | | | |
| Saint Mary's Daycare bulletin boards | | | | | |
| Saint Mary's Daycare Photo albums | | | | | |
| In sharing with the other Saint Mary's Daycare parents in group pictures | | | | | |
| 6.4 OFF-PROPERTY & FIELD-TRIP PERMISSION: | | | | | |
| I hereby expressly authorize Saint Mary's Daycare staff, or any person authorized by Saint Mary's Daycare to act in their place, to take my child to | | | | | |
| walk off daycare property to the playground across the street, a walk in our neighborhood, or the local park down the street. | | | | | |
| Field Trip Yes No | | | | | |
| Daily Outdoor activities (morning and afternoon for about 2 hours) Yes No | | | | | |
| 6.5 CHRISTIAN EDUCATION WAIVER CONSENT: | | | | | |
| I give permission to apply the following formats for my child. | | | | | |
| I wish to have my child receive Bible stories once a week during circle times: Yes No | | | | | |
| I wish to have my child participate in a prayer before lunch: | | | | | |
| 6.6 CONSENT FOR NON-PRESCRIPTION ITEMS: | | | | | |
| I consent to the following non-prescription items being administered on my child by an educator of the St.Mary's Day care: 1. Sunscreen: Yes No | | | | | |
| 2. Moisturizing skin lotion: Yes No | | | | | |
| | | | | | |
| 3. Lip balm: Yes No | | | | | |
| 4. Insect repellent: Yes No | | | | | |
| 5. Diaper cream: Yes No | | | | | |
| 6. Hand sanitizer: Yes No | | | | | |
| 6.7 DROP-OFF AND PICK-UP CONFIRMATION | | | | | |
| I am indicating that the following is the drop-off and pick-up time: (Please note that it is very important to be consistent) | | | | | |
| Drop-off time: Pick-up time: | | | | | |

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| 6.8 BEFORE AND AFTER SCHOOLCARE DROP-OFF AND PICK-UP PERMISSION SLIP | | | | | |
|---|--|--|--|--|--|
| I give permission to Saint Mary's Daycare to transport my child on the school bus. | | | | | |
| 6.9 EMERGENCY MEDICATIONS CONSENT I give permission to the staff of Saint Mary's Daycare to give my child, "children's Tylenol" or "Children's Advil" in order to reduce a | | | | | |
| high temperature. It is at the discretion of the staff to decide if a temperature is high and the child is in need of the medication. A | | | | | |
| parent or guardian will be contacted immediately if a fever is detected and if medication is administered: | | | | | |
| I authorize the use of "children's Tylenol" or "Children's Advil" for my child:: Yes No | | | | | |
| 6.10 MOVEMENT TO THE NEXT PROGRAM IN THE DAYCARE | | | | | |
| Due to a limitation of childcare spaces, Day Nurseries legislation and a large demand in all of our programs, | | | | | |
| I understand that St. Mary's Daycare may not be able to accommodate my child in the next program and childcare services may have to be terminated. | | | | | |
| 6.11 POLICY REGARDING THE PLACEMENT OF STUDENTS IN THE DAYCARE | | | | | |
| Saint Mary's Daycare is very involved in the development of the students at local educational institutions. Several times throughout the year, the Daycare approves the placement of the students in any or all the programs. This placement could be a one-hour placement or as long as eight weeks. It is a great learning opportunity for the children, the students and the staff. This is one of many ways that the students acquire new ideas and skills. At times, the students will be observing a child and recording his/her actions and reactions. The names of the children do not appear anywhere. The purpose is to help the student learn various observation techniques that they will use when they are in the field. The students are supervised at all times. I understand that my child may be observed by one of the above-stated students, while in your child's program, as approved by the Program Supervisor. | | | | | |
| | | | | | |
| I have read and agree on the two following policies that are included in the "Parent's Handbook": | | | | | |
| LUNCH BAG POLICY FOR KINDERGARTEN AND SCHOOL AGE PROGRAMS LUNCH BAG WAIVER FORM FOR KINDERGARTEN AND SCHOOL AGE PROGRAMS | | | | | |
| | | | | | |
| 6.13 EMERGENCY CONSENT FORM It is the policy of this center 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 take the child to the nearest emergency service (when needed). | | | | | |
| Please sign the consent below so that we can take appropriate action on behalf of your child We will take this consent with us to the | | | | | |
| emergency center. I hereby give consent for my child when ill to be taken to the nearest emergency center by the Care Facility Staff when I cannot be | | | | | |
| contacted. | | | | | |
| I hereby give consent for my child to receive medical treatment, injection, anesthesia, or surgery if indicated by the physician on duty. | | | | | |
| I hereby give consent for my child when ill to be taken to the nearest emergency center by the Care Facility Staff when I cannot be contacted. | | | | | |
| I hereby give consent for my child to receive medical treatment, injection, anesthesia, or surgery if indicated by the physician on duty. | | | | | |
| Declaration: | | | | | |

I (parent/guardian), signed below, give permission to apply all the above-mentioned formats for my child, regards al checked consents from 7.1 to 7.13, to be all applied on my child ______ (Child's Name (First-Last))

Parent/Guardian's Name (Printed):

| Parent/Guardian's |
|-------------------|
| signature: |

| | ММ | DD | YYYY |
|-------|----|----|------|
| Date: | | | |

THANK YOU FOR REGISTERING WITH SAINT MARY'S DAYCARE

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