



Saint Mary's Daycare

Application Package

YEAR: 20.....

Child's Name:
First name - Last name



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1 Procedure Completion Checklist

- ☐ Interview
- ☐ Day-care tour
- ☐ Policy and payment methods clarification
- ☐ Complete registration package (Including Immunization record)
- ☐ Registration Cheque
- ☐ Twelve post-dated cheques for the first twelve months
- ☐ Epi-pen Consent form if applicable

Custody Status Proof if applicable:
A court view must be submitted to validate
The indicated custody status.

2 Initial Registration Information

Date of Registration:

Starting Date:

Registration fees
CAN 50:

Date Received:

Date of Discharge:

Reason for Discharge:

.....

.....

.....

Parent's/Guardian's
Signature:

Supervisor's Signature:

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



3 St. Mary's Day-Care Application for Child Care

3.1 CHILD'S DATA

Child's full name: Date of Birth:

Child's Nickname:

Program Applied for (Please check only one of the following:

☐ Toddler ☐ Preschool ☐ Kindergarten ☐ School Age

Name of School (If Applicable):

3.2 RESEDENTIAL DATA

Home Address:

Number: Street: Unit:

City: Province: Postal Code:

Home 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:

Work Place: Hours at this location:

Work Place Address:

Number: Street: Unit:

City: Province: Postal Code:

Phone Number: Extension:

Custody Status: Effective only if court decision is submitted

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:
Work Place: Hours at this location:

Work Place Address:

Number: Street: Unit:
City: Province: Postal Code:
Phone Number: Extension:

Custody Status: Effective only if court decision is submitted

3.4 EMERGENCY INFORMATION AND CONSENTS

3.4.1 EMERGENCY HEALTH INFORMATION

Care Card Number:

Family Doctor/Clinic Name: Doctor/Clinic Phone:

3.4.2 CONSENT FOR EMERGENCY CARE

I authorize the staff at the child care Centre to call a medical practitioner or ambulance / transport child to emergency medical care, in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.

☐ Yes

☐ No

3.4.3 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	Relationship	Telephone	Authorized to pick up	Authorized to call in an emergency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONS(S) WHO ARE NOT PERMITTED ACCESS TO MY CHILD

Name	Relationship	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3.4.4 CONSENTS

All the information and communication related to my child could be enclosed to:

(1):

(2):



3.5 MEDICAL INFORMATION

(If you do not have a family doctor, please give us the nearest walk-in clinic you would use)

Physician's Name:

Phone #:

Address:

Previous Communicable Diseases:

Date:

Date:

Previous Illness or Injuries:

Date:

Date:

Special Medical Conditions or Known Allergies:

(If your child has an EPIPEN, please ask to fill out the required forms)

.....
.....
.....

Record for Immunization:

☐ I enclosed a copy of my child's "yellow card"

☐ I enclosed a document proving an immunization exemption for the following reason

(Please check one)

☐ Medical

☐ Religious

☐ Conscience

Medication Administered Regularly:

(Specify Details)

.....
.....
.....

Special Dietary Requirements:

.....
.....
.....

3.6 CONSENT

☐ I (Signed below) have read and understand the Parents' Handbook of St. Mary's Daycare. My signature constitutes an acceptance of the terms/conditions/policies stipulated in the parents' manual.

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

Signature	Print Name	Date
-----------	------------	------

NOTE: Saint Mary's Authority Licensing staff may review this information as per legislation

Supervisor's Signature:

Date of Admission:



4 Additional Information (Optional)

4.1 INFORMATION SHEET 1

4.1.1 GROUP EXPERIENCES

What is/are your child's favourite toy(s) / activities:

Has your child had previous playgroup experience?

☐ Yes☐ No

If yes, how did he/she adapt?

How does your child behave toward other children?
(e.g. seeks others out, feels shy)

4.1.2 EMOTIONAL

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

Does your child have any particular fears? (Biting, fears, finger sucking, tantrums, etc.) Please describe

What suggestions do you have that would help staff make your child's transition into this program easier?

Family

What would you like to see your child accomplish while at the day care?

Is there anything else that we should know about your child to help us make his/her daycare experience the best it can be, such as: habits, favourite activities, likes, dislikes, etc.?

4.1.3 FAMILY AND GENERAL HOUSEHOLD INFORMATION

Please list the names of the significant people in your child's life (e.g. siblings, grandparents, etc.)

Are there any other children or relatives in your home?
(Relationship to your child)

Does your child have other playmates and/or pets?

Please describe the guidance and discipline methods used at home

Are there any home circumstances you feel we should know about, to help us had better understand your child?
(Premature birth, adoption, death, divorce, single parent, recent move, new baby, etc.)

Please Describe your child's language development.



Primary language spoken in the home Other languages

Name of English speaking person Telephone

4.1.4 EATING AND NUTRITION

List your child's favourite food

List any disliked food

Are there any religious or ethnic observances related to foods?

4.1.5 SLEEPING

Nap Time: How long to settle? Time of waking:

Does your child take a favourite comforter (e.g. blanket or toy) to bed?

☐ Yes ☐ No What is your child's mood upon waking?

4.1.6 TOILETING

Is your child toilet trained? ☐ Yes ☐ No

What "special" word does your child use for? Urination Defecation

Describe assistance needed for toileting

Does your child has any problem with toileting? (Please explain.)

4.2 INFORMATION SHEET 2

We are very fortunate at St. Mary's Daycare to have a multicultural mix of children who attend. In order to enrich the program we value parental participation in sharing their talents, customs and interests with the children and teachers.

If you celebrate special holidays or festivals, would you be willing to share them with us? Please give the names and dates of holidays so we may incorporate them in our program.

Do you have any hobbies, pets, talents, etc. which you would like to share with the children?

Would you like to come to the daycare on occasion to participate in activities with the children?

Please share with us any circumstances that arise, regarding your child during the year.



5 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:

5.1 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 _____ up to and including _____ must be submitted upon registration.
 - c. **Late cheques** will be subjected to late fees of 1 % of the value of the due cheque.
 - d. A 05.00 CAD charge will apply for cheques **returned due to non-sufficient funds**.
 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 labour 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 05:30 PM



▪ **Fees:**

Class	Age	Monthly Fees	Daily Fees	Remarks
Toddlers	1 to <2.5 years	1250 CAD	62.5 CAD	
Pre-school	2.5 to < 4 years	1000 CAD	50 CAD	
Kindergarten	4 to <6 years	500 CAD	25 CAD	PD days and March breaks included
School Age	6 to 12 years	440 CAD	22 CAD	PD days and March breaks included

▪ **The daycare is closed during the following statutory holidays:**

- | | |
|-------------------|--|
| a. New year's day | f. Canada Day |
| b. Good Friday | g. Civic Holiday |
| c. Family day | h. Labour Day |
| d. Easter Monday | i. Thanksgiving |
| e. Victoria Day | j. Half day on Christmas Eve & on New Year Eve |

- Daily rate applies during statutory holidays, illness, planned and unplanned absence for children in all programs.

5.2 CHILD'S RECORDS

8. 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
9. 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: _____

Name: _____

Relationship: _____

5.3 HEALTH & SAFETY

10. 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
11. 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.



- 12.** 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
- 13.** 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
- 14.** I will obey parking regulations at SAINT MARY'S DAYCARE at all times.
- 15.** 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.

5.4 LATE ADMINISTRATION CHARGES AND OVERDUE ACCOUNTS

- 16.** 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.
- 17.** 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.

5.5 TERMINATION OF SERVICES

- 18.** 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.

5.6 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.

SAINT MARY'S DAYCARE
Supervisor signature:

Date:

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.

6 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 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.



7 Emergency Consent Form

Child's full name: (First / Family Name): Date of Birth:

Address:

Child lives with:

Mother's Name: Cell phone:

Mother's Phone: (Work) Home:

Father's Name: Cell phone:

Father's Phone: (Work) Home:

Emergency Contact: Phone:

Child's M.D.: Phone:

1) Allergies:

2) Medications:

Child's Dentist: Phone:

Care Card #: Date effective:

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.
- Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the center immediately. 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.

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

**Child's
Picture**

Signature of Parent / Guardian

Date



8 General Release

I hereby expressly acknowledge that my child, _____, here in after "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.

Parent/Guardian signature:

Date:

MM-DD-YYYY

9 Medical Release

I hereby expressly 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.

Parent/Guardian signature:

Date:

MM-DD-YYYY

e-mail:

10 Photo Consent Form

Dear Parent, Saint Mary's Daycare would like your consent to use pictures of your child to showcase "Fraser Montessori Daycare" on our website, mailing cards and our Facebook page. Please check the following boxes to indicate that you give "Fraser Montessori Daycare" permission to use your child's images:

- ☐ Saint Mary's Daycare Website
- ☐ 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

Declaration I give permission to use images of my child in the above-mentioned formats.

Child's Name: (First / Family Name) _____

Parent's Name: (First / Family Name) _____

Parent/Guardian signature:

Date:

MM-DD-YYYY



11 Field Trip Permission Slip

Parents will be notified 1 week in advance as to the nature and cost, if any, of the field trip.

Field trips may include the following:

- Local Libraries
- McDonald's
- Grocery Store
- Movie Theatre
- All other field trips
- Museum
- Local Fire Department
- Farm
- Local Police Station

Declaration

I give permission to Saint Mary's Daycare to take my child on field trips.

Child's Name: (First / Family Name) _____

Parent's Name: (First / Family Name) _____

Parent/Guardian signature:

Date:

MM-DD-YYYY

12 Drop-off and pick-up confirmation

Dear Parents/Guardians: We would like to ask for confirmation of your child's drop of and pick up time.

Please indicate it below:

Drop-off time _____

Pick-up time: _____

Please note that it is very important to be consistent.

Parent/Guardian signature:

Date:

MM-DD-YYYY

13 Before And After School Care Drop-Off and Pick-Up Permission Slip

Declaration

I give permission to Saint Mary's Daycare to transport my child on the school bus.

Parent/Guardian signature:

Date:

MM-DD-YYYY

14 Off property confirmation

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.

Parent/Guardian signature:

Date:

MM-DD-YYYY



15 Christian education waiver consent

Dear Parent, Saint Mary's Daycare would like your consent for the following:

- 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 :
☐ Yes ☐ No

Declaration I give permission to apply the above-mentioned formats for my child.

Child's Name: (First / Family Name) _____

Parent's Name: (First / Family Name) _____

Parent/Guardian signature: _____

Date:

16 Sunblock waiver consent

Dear Parent, Saint Mary's Daycare would like your consent for the following:

- I authorize the use of sun block on my child :
☐ Yes ☐ No

Declaration I give permission to apply the above-mentioned formats for my child.

Child's Name: (First / Family Name) _____

Parent's Name: (First / Family Name) _____

Parent/Guardian signature: _____

Date:

17 Emergency medications consent

Dear Parent, Saint Mary's Daycare would like your consent for permission for 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

☐ I authorize the use of "children's Tylenol" or "Children's Advil" for my child

☐ **I do not** authorize the use of "children's Tylenol" or "Children's Advil" for my child

Declaration I give permission to apply the above-mentioned formats for my child.

Child's Name: (First / Family Name) _____

Parent's Name: (First / Family Name) _____

Parent/Guardian signature: _____

Date:



18 Movement to the next program in the Daycare

Declaration

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.

Parent/Guardian signature:

Date:

MM-DD-YYYY

19 Policy regarding the placement of students in the daycare

Declaration

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.

Please sign below to indicate that you understand that your child may be observed by one of the above-stated students, while in your child's program, as approved by the Program Supervisor.

Parent/Guardian signature:

Date:

MM-DD-YYYY

20 Nutrition

20.1 LUNCH BAG POLICY FOR KINDERGARTEN AND SCHOOL AGE PROGRAMS

1. (See section 21.3- Page 21).

Examples of recommended food items are:

- | | | |
|--|---------------------|-------------|
| ▪ Raw vegetables: (carrots, celery, broccoli, cauliflower, turnip, peppers, etc) | | |
| ▪ Fruit juice: not "drinks" or "punch" | | |
| ▪ Fruit | ▪ Milk | ▪ Cheese |
| ▪ Whole grain crackers | ▪ Whole grain bread | ▪ Cold Meat |
| ▪ Granola | ▪ Hard boiled eggs | |

Please do not include items which are low in nutritional value and/or high in sugar content including:

- Chocolate bars
- Soda pop
- Candy

2. Parents must ensure that their child's lunch is nutritious and meets the guidelines of the Canada Food Guide (Potato chips

NB: In special occasions such as Birthday's cake, cupcakes, etc. are permissible.

3. Lunch container must be clearly labeled with the child's name or initials.
4. Food allergies are posted in the room where the lunch program takes place. We ask parents to keep us updated in writing regards your child's food allergies or sensitivities.



5. This program is a nut restricted environment. Lunches that are labeled "May contain traces of nuts", "Processed in an environment where nuts are processed" or such labels are strictly forbidden. The staff will send the lunch home.
6. Upon arrival at the program, children's lunches are to be refrigerated until lunchtime.
7. If you require your child's lunch to be heated, please place a visible note for the teacher outside the lunch bag (Clothes pin, ribbon, etc.). The teacher does not have time to check every lunch.
8. Generally, the program provides no food items for child's lunch. There are exceptions, however, when such as when a lunch is forgotten at home, or in the case of the child bringing in-appropriate or non-nutritional food. The staff may provide alternate items for the child's lunch.
9. This program will supply all snacks in the morning and afternoon.
10. Parents should also include utensils.
11. Parents should send lunches fully prepared (staff will microwave heat up lunches)
12. Parents must sign a letter of agreement to these policies and abide by them. (See: 21.3 Lunch bag Waiver Form attached: Page 21)

20.2 LUNCH BAG WAIVER FORM FOR KINDERGARTEN AND SCHOOL AGE PROGRAMS

- A bag lunch, provided by me, is to be served to my child: _____ (Child's name) at Saint Mary's Daycare Program, as a noon hour meal.
- I have been provided with information about the types of food items which must be included in the lunch, as well as those which are not to be included due to their low nutritional value and/or high sugar content.
- I understand that it is my responsibility to ensure that the lunches provided meet the requirements for high quality and that the staff will bring concerns in this regard to my attention.
- I understand and agree that my child may be given an alternate lunch in the event that he/she does not have a lunch or that the lunch does not contain the appropriate foods.
- I understand and agree that I will not send any items that may contain nuts or actual or possible traces of nuts.
- Repeated failure on my part to abide by this policy may be grounds for dismissal of my child from the program.

Parent/Guardian signature:

Date:

MM-DD-YYYY

THANK YOU FOR REGISTERING WITH
SAINT MARY'S DAYCARE