



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: (2023)

Child's Name:
First Last



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1 Procedure Completion Checklist

- ☐ Interview
- ☐ Day-care tour
- ☐ Policy and payment methods clarification
- ☐ Complete registration package
- ☐ Registration Cheque
- ☐ Twelve post-dated cheques for the first twelve months
- ☐ Immunization Record
- ☐

Special Form(s)' Submission

- ☐ Individualized Plan for a Child with Medical Needs
- ☐ Allergy / Anaphylaxis / EpiPen Consent Form

2 Initial Registration Information

Date of Registration:

MM	DD	YYYY

Starting Date:

MM	DD	YYYY

Date Received:

MM	DD	YYYY

Date of Discharge:

MM	DD	YYYY

Reason for Discharge:

.....

Parent's/Guardian's Signature:

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Supervisor's Signature:

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



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

3.1 CHILD'S DATA

Child's First Name:	<input type="text"/>	Child's Last Name:	<input type="text"/>	Date of Birth:	<table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	MM	DD	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YYYY									
<input type="text"/>	<input type="text"/>	<input type="text"/>									
Program Applied for (Please check only one of the following: <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Age											
<input type="checkbox"/> Male <input type="checkbox"/> Female Name of School (If Applicable): <input type="text"/>											

3.2 RESEDENTIAL DATA

Home Address:

Number:	<input type="text"/>	Street:	<input type="text"/>	Unit:	<input type="text"/>	City:	<input type="text"/>	Province:	<input type="text"/>
Postal Code:	<input type="text"/>	Home Phone Number:	<input type="text"/>	cell Phone Number:	<input type="text"/>				

3.3 PARENTS' DATA

3.3.1 MOTHER'S / GUARDIAN'S DATA

Mother's First Name:	<input type="text"/>	Mother's Family Name:	<input type="text"/>						
Home Address: <input type="checkbox"/> Same as above mentioned residential address									
Number:	<input type="text"/>	Street:	<input type="text"/>	Unit:	<input type="text"/>	City:	<input type="text"/>	Province:	<input type="text"/>
Postal Code:	<input type="text"/>	Home Phone Number:	<input type="text"/>	cell Phone Number:	<input type="text"/>				
e-mail:	<input type="text"/>	Workplace:	<input type="text"/>	Work's Phone:	<input type="text"/>	Ext:			
Custody Status: (If applicable)		<input type="text"/>							

3.3.2 FATHER'S / GUARDIAN'S DATA

Father's First Name:	<input type="text"/>	Father's Family Name:	<input type="text"/>						
Home Address: <input type="checkbox"/> Same as above mentioned residential address									
Number:	<input type="text"/>	Street:	<input type="text"/>	Unit:	<input type="text"/>	City:	<input type="text"/>	Province:	<input type="text"/>
Postal Code:	<input type="text"/>	Home Phone Number:	<input type="text"/>	cell Phone Number:	<input type="text"/>				
e-mail:	<input type="text"/>	Workplace:	<input type="text"/>	Work's Phone:	<input type="text"/>	Ext:			
Custody Status: (If applicable)		<input type="text"/>							

3.3.3 CONSENTS

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

(1):

(2):



3.4 EMERGENCY INFORMATION AND CONSENTS

3.4.1 EMERGENCY HEALTH INFORMATION

Child's First Name: Child's Last Name: Date of Birth:

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Care Card Number: Family Doctor Name: Doctor/Clinic Phone: () -

Parents Information:

Name (First – Last)	Relationship	Cell Telephone	Having permitted access to my child	
	Mother	(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Father	(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

3.5 MEDICAL INFORMATION

	Yes	No	Details if applicable	Date if applicable
1. Previous Communicable Diseases:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. Previous Illness or Injuries:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. Special Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4. Known Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5. Medication Administered Regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
6. Special Dietary Requirements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
7. Does your child have an EPI-PEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- NB:
- If you answered yes to questions 3,4,5 and/or 7, you must fill separate individualized form(s) accordingly.
 - All children must provide a completed vaccination record with no exemption.

3.6 CONSENT FOR EMERGENCY CARE

- Consent for Emergency care: I, signed below, 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
- 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. (Please check one of the following)
☐ I received a digital copy of the parents' Handbook on my email ☐ I received a hard copy of the Parents' Handbook

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION		
Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Supervisor's Signature:

Date of Admission:

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>



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

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

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

- **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 |
| Added to what may be indicated by the government of Ontario. | 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: _____

Name: _____

Relationship: _____

4.3 HEALTH & SAFETY

1. 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

1. 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.

SAINT MARY'S DAYCARE Supervisor signature:

--

Date:

MM	DD	YYYY

Parent/Guardian's signature:

--

Date:

MM	DD	YYYY

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:
(Check all what applie(s))
- ☐ 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

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daily Outdoor activities (morning and afternoon for about 2 hours)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I wish to have my child participate in a prayer before lunch:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Moisturizing skin lotion: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Lip balm: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Insect repellent: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Diaper cream: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Hand sanitizer: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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:	<input type="text"/>	Pick-up time:	<input type="text"/>
----------------	----------------------	---------------	----------------------



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.

6.12 NUTRITION

☐ 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:

Date:

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**THANK YOU FOR REGISTERING WITH
SAINT MARY'S DAYCARE**