

HARMONY CHILDCARE CENTRE

APPLICATION FORM – Please Print

PARENT AND FAMILY BACKGROUND INFORMATION

CHILD'S NAME:				Male <input type="checkbox"/>	Female <input type="checkbox"/>
DATE OF BIRTH:	DAY	MONTH	YEAR	SUBSIDIZED CARE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
APPLYING FOR ENTRY INTO:	PRE-SCHOOL ROOM <input type="checkbox"/>	JK/SK EXTENDED DAY <input type="checkbox"/>	SCHOOL-AGE ROOM <input type="checkbox"/>		
DESIRED START DATE:	DAY	MONTH	YEAR		
PRE-SCHOOL OPTIONS:	5 FULL DAYS <input type="checkbox"/>	4 FULL DAYS – M, T, W, TH, F <input type="checkbox"/>	3 FULL DAYS – M, T, W, TH, F <input type="checkbox"/>		
	5 HALF DAYS <input type="checkbox"/>	4 HALF DAYS – M, T, W, TH, F <input type="checkbox"/>			
JK/SK OPTIONS:	B&A w. Lunch <input type="checkbox"/>	B&A w/o Lunch <input type="checkbox"/>	BS w. L <input type="checkbox"/>	AS w. L <input type="checkbox"/>	BS w/o L <input type="checkbox"/> AS w/o L <input type="checkbox"/>
SCHOOL-AGE OPTIONS:	B&A w. Lunch <input type="checkbox"/>	B&A w/o Lunch <input type="checkbox"/>	BS w. L <input type="checkbox"/>	BS w/o L <input type="checkbox"/>	AS w. L <input type="checkbox"/> AS w/o L <input type="checkbox"/>

GUARDIAN INFORMATION

Relationship to Child: Mother Father Stepmother Stepfather Other _____

NAME: _____ CUSTODIAL: Yes No

HOME ADDRESS: _____ CITY/POSTAL CODE: _____

HOME TELEPHONE #: _____ E-MAIL: _____

PLACE OF BUSINESS: _____ TELEPHONE #: _____

ADDRESS/CITY/POSTAL CODE: _____

WORK E-MAIL: _____ CELL NUMBER: _____

GUARDIAN INFORMATION

Relationship to Child: Mother Father Stepmother Stepfather Other _____

NAME: _____ CUSTODIAL: Yes No

HOME ADDRESS: _____ CITY/POSTAL CODE: _____

HOME TELEPHONE #: _____ E-MAIL: _____

PLACE OF BUSINESS: _____ TELEPHONE #: _____

ADDRESS/CITY/POSTAL CODE: _____

WORK E-MAIL: _____ CELL NUMBER: _____

Please Note: JK/SK program Lunch option... depends on space availability to run this part of the program.

BACKGROUND INFORMATION

All information will be kept confidential. It is only to assist our staff in communicating with and understanding your child's special needs.

CHILD'S PREFERRED FIRST NAME: _____

(how your child would like to be addressed)

CUSTODY AND/OR LIVING ARRANGEMENTS:

Both parents have custody

Is child adopted? _____

Mother has custody

Age of adoption? _____

Father has custody

Does the child know? _____

(If custody has been determined by a court of law, Harmony Childcare Centre will need a copy of the court order to be kept on file.)

SIBLINGS:

Name _____ Age _____ Sex: [] M [] F

Name _____ Age _____ Sex: [] M [] F

Name _____ Age _____ Sex: [] M [] F

OTHER MEMBERS OF THE HOUSEHOLD INCLUDE:

Name _____ Relationship _____

Name _____ Relationship _____

Is another language spoken at home? [] Yes [] No

If yes, which language? _____

Does child have his/her own bedroom? [] Yes [] No

If not, who does child share room with? _____

Any known fears? _____

Does child have previous experience in a childcare setting, drop-in or nursery?

[] Yes [] No Where? _____ When? _____

MEDICAL AND HEALTH CARE INFORMATION

Name of Child – as it appears on the Health Card:

Date of Birth: DAY _____ MONTH _____ YEAR _____

Name of **Family Doctor** (Please print clearly):

Address/Floor/Room #: _____

City / Postal Code: _____

Telephone Number: _____

Name of **Pediatrician** – if different from Family Doctor (Please print clearly):

Address/Floor/Room #: _____

City / Postal Code: _____

Telephone Number: _____

Medications:

The centre staff will administer only prescription medication as required. All medication must come in the original container with the prescription label. Parents must sign their consent for the administration of such medication. In addition, the centre will document all medication on the Administration of Medication Form.

Allergies to Medication _____

Other allergies (i.e. dust, animals, hay fever) _____

Anaphylactic Allergy: No [] Yes [] to _____

IF YES, PLEASE NOTIFY DIRECTOR – A MEETING WILL BE SET UP TO DEVELOP AN EMERGENCY PLAN FOR YOUR CHILD

Will you be supplying an Epipen: No [] Yes []

(An epipen will be required to be on site and/or on all excursions while the child is in our care. It is the parent's/guardian's responsibility to provide an Epipen for their child and to replace prior to expiry date).

Other Health Concerns / Daily Medication Required _____

(for asthma, please fill out Harmony's Asthma Information Sheet)

Special Instructions / treatment to be provided _____

Special Diets:

Is your child on a special diet? No [] Yes []

If "yes", proceed to the following question.

Reason for special diet:

a) Food allergy No [] Yes [] Food Sensitivity No [] Yes []

List all the foods to be avoided _____

What action should be taken if child accidentally received food?

b) Medical (e.g. diabetic) No [] Yes []

List all the foods to be avoided _____

Special written instructions must be obtained from parent, preferably from attending physician or dietician-nutritionist explaining the details of the health related food restriction. This must be kept in the child's file and updated when there is a change or request and reviewed annually

Doctor's letter on file: No [] Yes []

Parent Signature: _____

c) Personal Observance (e.g. religious) No [] Yes []

List all the foods to be avoided _____

**PARENT CONSENT FOR MEDICAL TREATMENT
WHILE IN THE CARE OF
HARMONY CHILDCARE CENTRE**

Name of Child – as it appears on the Health Card:

Date of Birth: DAY _____ MONTH _____ YEAR _____

NOTE:

If at any time due to such circumstances as accident, sudden illness, or emergency where medical treatment is required, this may be given, including anesthetic, if necessary, by a private physician or hospital.

Special Considerations (i.e. allergies, medical problems)

This authority is valid for the duration of the child's participation in our program and may be terminated with written notice by the undersigned.

Parent / Legal Guardian Signature

Date: _____

Director's Signature

Date: _____

HARMONY CHILDCARE CENTRE - AUTHORIZATIONS

NAME OF CHILD: _____

PERMISSION TO RE-APPLY SUN PROTECTION LOTION

I, _____, parent of the above named child, will supply HARMONY CHILDCARE CENTRE with sun protection cream / lotion for my child and give consent to the staff of Harmony Childcare Centre to re-apply the cream / lotion on my child when needed for outdoor activities. *During the summer months, my child will arrive to the Day Care **with sun protection cream / lotion already applied.***

Parent / Legal Guardian Signature

_____ Date: _____

AUTHORIZATION FOR CONSENT FOR NEIGHBOURHOOD OUTINGS

I hereby consent to have my child leave the premises of HARMONY CHILDCARE CENTRE to participate in trips or outings in the area of the childcare centre. I understand that my child will be escorted and supervised by the staff of HARMONY CHILDCARE CENTRE while participating in these activities.

Parent / Legal Guardian Signature

_____ Date: _____

AUTHORIZATION FOR CONSENT FOR TAKING PICTURES / VIDEOS

I, _____ parent/ guardian of above named child, GIVE CONSENT FOR:

My child's pictures to be taken and displayed for educational purposes

I GIVE CONSENT _____ I DO NOT GIVE CONSENT _____

Participation in the taking of videos (for centre use only).

I GIVE CONSENT _____ I DO NOT GIVE CONSENT _____

Participation in videos for educational purposes in the field (i.e. Colleges).

I GIVE CONSENT _____ I DO NOT GIVE CONSENT _____

Parent / Legal Guardian Signature

_____ Date: _____

Director's Signature

_____ Date: _____

CONSENT FOR INFORMAL & ONGOING SHARING OF INFORMATION

Guiding Principles:

1. Consent for information sharing among professionals involved in a child's day enhances educational, child care and family support experiences.
2. Consent for information sharing is a necessary legal and ethical practice and must be obtained prior to the sharing of any information.
3. Consent for information sharing acknowledges the parent or legal guardian as having the authority to grant permission for the sharing of relevant information with another party regarding their child for an identified purpose.

In order to best serve children's needs, there are times when it is appropriate for the School, Child Care Centre and/or Family Support Program to exchange information about children participating in two or more of the above mentioned programs.

The kind of information shared may include, but it not limited to, matters involving attendance, illness, transportation or behavior. Procedures for sharing information are explained to parents and are followed consistently.

In the event that it is necessary to refer to clinical records, developmental reports and/or Ontario Student Record (OSR) documents, parents will be asked to sign appropriate consent forms before such information is disclosed.

Your consent will give permission for the exchange of information between the School, the Child Care and/or the Family Support Program while your child is registered in these programs.

I/we **do not give permission** to HARMONY CHILDCARE CENTRE for the reciprocal exchange of information about my child.

I/we **give permission** to HARMONY CHILDCARE CENTRE and ST. CLARE ELEMENTARY SCHOOL and / or _____ (Family Support Program / City of Toronto Resource Educator) for the reciprocal exchange of information about my child.

NAME OF CHILD (Please print)

DATE OF BIRTH (DD/MM/YY)

NAME OF PARENT/GUARDIAN (Please print)

SIGNATURE OF PARENT/GUARDIAN

WITNESS (Director of Childcare Centre)

DATE (DD/MM/YY)

COPY TO: School, Childcare Centre, Family Support Program

Authorizing person(s) may cancel/change the above authorization in writing at any time, unless action has already been taken on the basis of the authorization.

SMOKE-FREE ONTARIO ACT

HARMONY CHILDCARE CENTRE'S SMOKE-FREE POLICY POLICY AND PROCEDURES

Controls Relating to Smoking Tobacco

Legislation: No person shall smoke tobacco or hold lighted tobacco in any enclosed public place or enclosed workplace.

No person shall smoke or hold lighted tobacco in the following places or areas:

- A day nursery within the meaning of the Day Nurseries Act

Intent: The intent of the Act is to help protect the health of all Ontarians by prohibiting smoking in all enclosed workplaces and public places. Under the Act, smoking is prohibited at all times in a day nursery....whether or not children are present.

POLICY – Smoking is prohibited within all areas of Harmony Childcare Centre.

Harmony Childcare Centre prohibits all staff, students, volunteers and/or parents and relatives/friends of the children enrolled at the day care to enter the premises and/or remain on premises with a lit or unlit cigarette or holding a pack of cigarettes (where they are visible to the children in our care). This will also be enforced in and around all areas where children play – i.e. playground.

Any person entering or in or around the day care or playground, whether or not children are present, with a lit or unlit cigarette or holding a pack of cigarettes will be asked to leave.

- Refusal to follow this directive and/or policy will result in possible withdrawal of childcare services. The Director of the childcare centre will notify the Board of Directors.
- "Enforcement of the *Smoke-Free Ontario Act* is the responsibility of tobacco control inspectors from local public health units. **Local public health units will carry out inspections and investigate complaints in day nurseries** and private-home care locations in order to enforce the Act.

I, _____ parent of _____, have read and fully understand Harmony Childcare Centre's Smoke-Free Policy and agree to abide by the policies and procedures set out within.

Parent / Legal Guardian Signature

Date: _____

Witnessed on Behalf of Harmony Community School Centre

Director's Signature

Date: _____

PARENT AGREEMENT TO FEE PAYMENT

NAME OF CHILD: _____

Fees are set according to the on-going costs of operation. No reduction of fees or refunds are provided for absent, sick, vacation and/or holiday days. Fees can be paid with cash, cheque or money order. A charge of \$25.00 will apply to all NSF or returned cheques. The centre will then only accept cash, money order or certified cheque in the event of a NSF cheque.

Please make all cheques payable to “**Harmony Childcare Centre**”.

If you wish to pay your child’s fees monthly or bi-weekly, fees are due the first week of that period.

For income tax purposes, the Director will provide a record to all parents before the end of February of the following year. *Fees receipts will not be issued until all outstanding fees and penalties are paid.*

AGREEMENT:

I, _____ (mother) parent / guardian of and /or I,
_____ (father) parent / guardian of the above-mentioned child,
agree to pay a one-time, **non-refundable administration fee of \$75.00**. I and/or we also agree to pay the weekly childcare fees by Wednesday of the same week my child is receiving childcare. The fees paid are set out in the fee schedule which I received upon registration and are based on the age group my child is enrolled. According to policy, I understand I will incur a \$10.00 late payment charge should my fees not be submitted by Wednesday of the same week my child is receiving care.

I understand that if my weekly fee payments are not made on a regular basis, childcare services for my child(ren) may be withdrawn.

Parent / Guardian Signature:

Parent / Guardian Signature:

Date:

Director Signature:

Date:

Note: We recognize that sometimes families experience short-term financial problems that may interfere with regular fee payment. Please speak to the Supervisor if you are unable to make a payment. A **short-term** repayment schedule can be arranged.

**AGREEMENT BETWEEN
HARMONY COMMUNITY SCHOOL CENTRE
AND PARENTS**

I, _____ parent of _____, have read and fully understand Harmony Community School Centre's Policies and Procedures.

I agree to abide by these Policies and I understand that neither the Day Care Centre nor Staff can accept responsibility for the loss of any personal belongings my child may have or bring with him/her to the childcare centre.

I, the undersigned, also hereby consent to my child's participation in activities related to the program including excursions and field trips, provided that such activities are supervised by qualified staff. This consent includes all activities conducted as a regular part of the program – library visits, walks, field trips, etc.

PLEASE NOTE: All staff is required to go on field trips or excursions to meet Ministry ratio requirements. If you decide that your child will not attend, you must make alternate arrangements for their care on that day. Day Care fees still apply. Thank You.

Parent / Legal Guardian Signature

_____ Date: _____

Witnessed on Behalf of Harmony Community School Centre

Director's Signature

_____ Date: _____



To be filled out by the Director upon registration into the program.

Child's Name: _____

Date of Entry: Day _____ Month _____ Year _____

Date of Withdrawal: Day _____ Month _____ Year _____

IMMUNIZATION INFORMATION FORM

CHILD'S NAME: _____ SEX: M [] F []
 (as it appears on the Health Card)

ADDRESS: _____
 (Street Number, Street Name, Apt. Number, City, Province and Postal Code)

HOME TELEPHONE NUMBER: _____ **CELL NUMBER:** _____

DATE OF BIRTH: Day _____ Month _____ Year _____

PHYSICIAN'S INFORMATION (full address & telephone number) **or** **STAMP:** _____

IMMUNIZATION DATES – copy of yellow immunization card is acceptable

Please update the day care with updated immunizations, 2 yr., 4 yr. needles, etc....

TYPE	1 st	2 nd	3 rd	Booster
Diphtheria				
Poliomyelitis				
Tetanus				
Pertussis				
MMR Shot				

PREVIOUS ILLNESSES – must be filled out by indicating yes / no

Answer yes or no & if yes, provide date:	Tonsillitis
Chicken Pox	Epilepsy
Mumps	Rheumatic Fever
German Measles	Poliomyelitis
Smallpox	Tuberculosis
Diphtheria	Reaction to Bites or Stings:
Asthma	Allergies:
Pertussis	1. Type:
Scarlet Fever	Reaction:
Chorea	2. Type:
Bronchitis	Reaction:
Pneumonia	Urinary Problems:

Hospitalized? Yes [] No [] If Yes, why? _____

When? _____ Physician Signature: _____

HARMONY CHILDCARE CENTRE
124 Northcliffe Blvd.
Toronto, ON M6E 3K4
416-656-8902 Fax. 416-656-0448
harmonycc@on.aibn.com
www.harmonychildcarecentre.ca

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FEE PAYMENT POLICY FOR ALL PROGRAMS

Dear Parents and Legal Guardians, following are the fee policies that determine the continuation of care for your child at Harmony Childcare Centre:

REGISTRATION FEE:

1. A one-time only registration fee of \$75.00 / child applies to all children enrolling in our centre.
2. JK/SK Extended Day – a deposit of \$100 is required to secure your child's spot - will be applied to 2nd months fees
3. If your child has been withdrawn from our centre for more than one (1) year, you will be required to re-register and provide a new registration fee.

GENERAL FEE PAYMENT:

1. We recommend a series of post-dated cheques for your child's program fees – this helps in preventing the \$10.00/week late payment of fee charges. Fee payment (in the form of cheque or cash) may be dropped off to any program staff. Cheques should be made payable to Harmony Childcare Centre.
2. Full fees are due for all registered children regardless of whether your child attends or not.
3. If paying for the whole month, fees are due the first week of that month. Fees not paid by the 15th will be considered past due. If fees are not paid by this date, notice will be given and you will have one week to settle the account in full or childcare services will be terminated.
4. It is not our policy to grant refunds regardless of circumstances. However, when two weeks' notice is given and a child is withdrawn from our program, and the account is paid in full, any post-dated cheques will be returned to the family.

OVERDUE ACCOUNTS:

1. You will have until the third week of the month (if paying your fees in full) or three weeks past the date the original fees are due to correct the status of your unpaid fees. If fees are not received by the last day of this period, and you have not made payment arrangements with the Director, you will be notified of termination of services and your child (ren)'s space will be considered open. You will not be permitted to bring your child back to day care unless fees are paid in full. Continued reoccurrence of late and overdue payment of fees will result in immediate withdrawal of services – we will not extend the three week courtesy. Immediate withdrawal of services and your child cannot return to the day care until fees are paid in full (including all late payment fees).
2. Overdue accounts will be issued a notice to withdraw and the overdue account will be listed with a collections agency.
3. If you have difficulty making your payments, please contact the Director to discuss alternate arrangements. The Director will review each situation on a case by case basis.

NSF CHEQUES:

1. You will be notified of any NSF cheques and will be asked to replace the fees plus a \$25.00 NSF charge. Should the replacement cheque be returned NSF, fees in future will need to be paid in cash.

SCHEDULE CHANGES, WITHDRAWAL NOTICE:

1. Changes in your child's schedule which affect fees or withdrawal require 14 days' notice in writing.

2. Harmony will request information from you regarding your child's attendance for PA days, March Break and Summer Program. This is an organizational planning tool for staffing and activities. You will be required to pay the March Break and Summer fees during this time – regular fees are due if your child does not attend.

REGULAR SCHEDULED DAYS OF ATTENDANCE THAT FALL ON DAYS OF ILLNESS or GENERAL ABSENCE:

In order to cover regular operating costs, we still require payment of the following:

1. Regular scheduled days that your child is not in attendance due to illness, or general absence are still considered payable.

VACATION CREDIT / REDUCTION IN FEES

1. A pre-set two week vacation credit is granted to children who attend our program. The pre-set mandatory weeks are the second week of the two week Christmas Break and the first week of July (cleaning week). No fees are due during these weeks. You cannot switch, alternate or pick your own vacation time. These are the only two weeks where fees are not paid. Any other vacation time you take is payable. A retaining fee may be used for extended time away (vacation / illness) – please refer to that Policy in your Parent Handbook.
2. Harmony does not issue credits for sick days, vacation days or any unexpected centre closures. Some examples could include but are not limited to snow days, black out days, all natural disasters, any situation when closure is necessary because centre / school / surrounding area is considered unsafe, etc.

SCHOOL NOT IN SESSION DAYS – PA Days

Please refer to the Parent Handbook for the policy regarding PA Days and the fees due on these days.

HOLDING FEE

1. If you wish to maintain your child's space, fees (or retaining fee) must be paid regardless of attendance.

RECEIPTS:

1. Official Receipts for income tax purposes will be issued on an annual basis before the end of each February. We ask that parents pick up receipts from their respective programs.
2. Official Receipts will not be issued for accounts that are in arrears.
3. Programs will provide unofficial receipts at the time of payment if so required.

I am the legal guardian of this child and have the authority to enter into this agreement. I have read, understood and agree to abide by the above policies.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Director's Signature

Date

Your Child (ren's) Name

Parent Received a copy: yes no

Date: _____

Staff Signature: _____