

# 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
APPLYING FOR ENTRY INTO:	PRE-SCHOOL ROOM <input type="checkbox"/> JK/SK EXTENDED DAY <input type="checkbox"/> SCHOOL-AGE ROOM <input type="checkbox"/>
PRE-SCHOOL OPTIONS:	5 FULL DAYS <input type="checkbox"/> 4 FULL DAYS – M, T, W, TH, F 3 FULL DAYS – M, T, W, TH, F 5 HALF DAYS <input type="checkbox"/> 4 HALF DAYS – M, T, W, TH, F
JK/SK <input type="checkbox"/> and SCHOOL-AGE OPTIONS <input type="checkbox"/> – please indicate your care choice:	
B&A w. Lunch <input type="checkbox"/> B&A w/o Lunch <input type="checkbox"/> BS w. Lunch <input type="checkbox"/> BS w/o Lunch <input type="checkbox"/> AS w. Lunch <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 & SA 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 \_\_\_\_\_

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**(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 \_\_\_\_\_

\_\_\_\_\_

Director Initial's: \_\_\_\_\_

**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: \_\_\_\_\_

<p style="text-align: center;"><b>PERMISSION TO RE-APPLY SUN PROTECTION LOTION</b></p>
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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: \_\_\_\_\_

<p style="text-align: center;"><b>AUTHORIZATION FOR CONSENT FOR NEIGHBOURHOOD OUTINGS</b></p>
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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: \_\_\_\_\_

<p style="text-align: center;"><b>AUTHORIZATION FOR CONSENT FOR TAKING PICTURES / VIDEOS</b></p>
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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). DO NOT GIVE CONSENT \_\_\_\_\_

I GIVE CONSENT \_\_\_\_\_ I DO NOT GIVE CONSENT \_\_\_\_\_

Participation in videos for educational purposes in the field (i.e. Colleges). DO NOT GIVE CONSENT \_\_\_\_\_

I GIVE CONSENT \_\_\_\_\_ I DO NOT GIVE CONSENT \_\_\_\_\_

Parent / Legal Guardian Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature

\_\_\_\_\_ Date: \_\_\_\_\_

# HARMONY CHILDCARE CENTRE

## 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: \_\_\_\_\_

## IMMUNIZATION INFORMATION FORM

**IMMUNIZATION DATES – we need a copy of the yellow immunization card or a printout of all immunizations, vaccinations as provided by a doctor / care facility**

Please update the day care with updated immunizations, 2 yr., 4 yr. needles, etc....  
Your child may be removed from care / school if this information is not up to date.

**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:** \_\_\_\_\_

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

<b>Answer yes or no &amp; if yes, provide date:</b>	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: \_\_\_\_\_

## 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. If two of your payments are returned NSF, the centre will then only accept cash, money order or certified cheque for fees.

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

Please follow the Fee Schedules for your child’s care option and payment due dates provided on our website, [www.harmonychildcarecentre.ca](http://www.harmonychildcarecentre.ca).

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, \_\_\_\_\_ parent/guardian of and/or I, \_\_\_\_\_ parent/guardian of the above-mentioned child, agree to pay a **non-refundable deposit** once a spot has been confirmed for my child. It is understood that this amount will be applied to the first two weeks of care. I and/or we also agree to pay childcare fees by the dates set out in the Fee Schedules. Fees due are set out in the Fee Schedule which I received upon registration and are based on the age group and care option my child is enrolled in. According to policy, I understand I will incur a \$10.00 late payment charge should my fees not be submitted by the due dates.

**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 Director if you are unable to make a payment. A **short-term** repayment schedule may 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 \_\_\_\_\_

**HARMONY CHILDCARE CENTRE**  
124 Northcliffe Blvd.  
Toronto, ON M6E 3K4  
416-656-8902 Fax. 416-656-0448  
harmonycc@on.aibn.com  
[www.harmonychildcarecentre.ca](http://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:**

1. Upon accepting a spot at Harmony for your child, you will be required to pay the first bi-weekly payment for the option of care you have chosen. This payment is non-refundable. It will be applied to the first two weeks of care once your child starts at Harmony.
2. If you decide to withdraw your child from Harmony but think you may need future care, you will have to place your child back on the wait list. Once a spot becomes available, you will be required to re-register.

### **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 charge. Fee payment in the form of a cheque (made payable to Harmony Childcare Centre) may be dropped off to any program staff. Cash payments will be accepted by Susie or Cathy only and a cash payment receipt will be issued.
2. Full fees are due for all registered children regardless of whether your child attends or not.
3. Follow the Fee Schedule for the option of care that you have chosen for your child. Fee schedules can be found on our website. Fees are due bi-weekly or monthly. If fees are not paid by the dates listed, notice will be given, a late-payment charge applied and you will have one week to settle the account in full or childcare services will be terminated (refer to Overdue Accounts) by the Friday of that week.
4. It is not our policy to grant refunds regardless of circumstances. However, when two weeks' notice is given of a child being withdrawn from our program, any post-dated cheques or payments made in advance that cover weeks not used, will be returned to you.

### **OVERDUE ACCOUNTS:**

1. You will have until the date listed on your Late Fee Notice to correct the status of your unpaid fees. If fees are not received by this date, and you have not made payment arrangements with the Director, you will be notified of termination of services and your child's spot will be considered open. You will not be permitted to bring your child back to day care unless all outstanding fees are paid in full and the spot is still available. Continued reoccurrence of late and overdue payment of fees will also result in immediate withdrawal of services.
2. Overdue accounts will be issued a notice of withdrawal of services 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:**

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 or certified cheque.

### **SCHEDULE CHANGES, WITHDRAWAL NOTICE:**

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

- 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, lunches 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:

- 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**

- 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.
- 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 the 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 / RETAINING FEE – we no longer offer this**

If you wish to maintain your child's space, full fees must be paid regardless of attendance.

**REQUESTS FOR LETTERS:**

Any requests for letters, besides confirmation of your child's enrolment start date and weekly fee, will result in a \$25.00 fee/letter. Some examples are letters for lawyers, Revenue Canada, addition of weekly fee payments, etc. Letters will be issued within two weeks of the e-mailed request.

**RECEIPTS:**

- 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.
- Official Receipts will not be issued for accounts that are in arrears.
- Programs will provide unofficial receipts for cash payments at the time of payment.

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

\_\_\_\_\_  
Your Child's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Parent Received a copy:  yes  no

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_