



## PRESCHOOL & Out of School Care Admission Process

Thank you for your interest in C&S Child Care Inc. To apply for admission, please fill out the enclosed Registration package:

### **Complete the following top 6 items to start the registration process**

- Have you read the Parents Handbook (online [www.cschildcare.ca](http://www.cschildcare.ca))
- Did you sign the Permission form and Parent/Guardian Agreement
- Did you complete and sign the Registration form
- Did you bring the Immunization Records for your child
- Did you fill out the Emergency Card including Care Card number
- Did you bring a recent photo of your child

### **Complete the remaining 2 items once you have been offered a position**

- Have you submitted your Payment Authorization Document (PAD), the \$50 Non-refundable Registration Fee will be charged upon receipt of the PAD.
- Did you fill in the Electronic Funds Transfer (EFT) Agreement  
(If starting part way through the year your first and Program Deposit will be charged together).

Please have the first 6 items complete prior to handing in your registration information. Your child's placement will only be reviewed once the top items are received by C&S Child Care Inc. All the forms you need to complete are included below. Please print them off and bring them to the centre once complete. This form should also be included.

I \_\_\_\_\_ have completed the top 6 items listed above to start the registration process and I agree to submit the remaining 3 items once my child is offered a position

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION FORM and PARENT/GUARDIANS AGREEMENT**

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to take part in hearing and vision tests \_\_\_\_\_, nature walks \_\_\_\_\_ and class photo \_\_\_\_\_

I give permission for my child's photo to be used on the C&S website. Yes / No

I give permission for my child's photo to be used on the C&S FaceBook page. Yes / No

Do you have any customs or religious belief that you feel we should be aware of? \_\_\_\_\_

I agree to submit the PAD and EFT forms, once my child's position been confirmed. I understand that the Non-refundable \$50 registration fee, will be charged once my forms are handed in. **Int.[ ]**

I understand that payments will be debited from my account on the 1<sup>st</sup> of each month, and that failure to provide my child's childcare fee by the 1<sup>st</sup> of each month will result in a \$5.00/day late fee. Fees not received by the 10th of each month will result in my child being unable to attend until outstanding fees are paid. **Int.[ ]**

I understand that my August payment is a Program Deposit and is Non- refundable after May 31. **Int.[ ]**

The monthly childcare fee at time of enrolment is \$ \_\_\_\_\_ per month. Fees are due September through to May. I understand that there will be fee changes from time to time. **Int.[ ]**

I also agree to give one full calendar month's notice of withdrawal of my child from C&S Child Care Inc., in writing. I understand that the monthly childcare fee is to be paid out in full regardless of sickness, school holidays or family vacation. **Int.[ ]**

I understand that there will be no reimbursement of fees if I withdraw after March 1st. **Int.[ ]**

I also understand that I will need to go through the registration process each year (Sept to June) in the Preschool or School Age programs. **Int.[ ]**

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance.

If possible, the hospital will be \_\_\_\_\_ or the physician's office will be (include physician's name and address) \_\_\_\_\_.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Once your child has been offered a placement in a program then a non-refundable **\$50.00** registration fee is required to hold that placement for your child, as well as your EFT and PAD Forms.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## C&S Child Care Inc. Registration Form

**Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Name child responds to: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M [ ] F [ ]

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Person(s) whom the child lives with: \_\_\_\_\_

Child's first language: \_\_\_\_\_ Second language: \_\_\_\_\_

Language(s) Spoken in the home: \_\_\_\_\_

**MOTHER's name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FATHER's name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CARE CARD personal health number:** \_\_\_\_\_

**Allergies/illness/treatment:** \_\_\_\_\_

**Emergency contacts other than parent/guardian:**

Name	Relationship to child	Home Phone	Work Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD FROM C&S Child Care Inc.**

Name	Relationship to child	Home Phone	Work Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

IF THERE IS A CUSTODY AGREEMENT, PLEASE GIVE DETAILS

### Child and Immunization History

FAMILY: Sibling(s): \_\_\_\_\_ Names and Ages: \_\_\_\_\_

Pets: \_\_\_\_\_

What are your child's:

Favourite activities? \_\_\_\_\_

Previous group experience? \_\_\_\_\_

Reactions to separation? \_\_\_\_\_

Type of guidance methods used at home? \_\_\_\_\_

What do you hope your child will gain from this childcare group? \_\_\_\_\_

Is your child subject to:

Ear/Nose/Throat Infections \_\_\_\_\_ Urinary Tract Infections \_\_\_\_\_

Bleeding noses \_\_\_\_\_ Skin Problems \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Learning Disabilities: Y/N \_\_\_\_ If YES, Does your child require extra support at school, for example with an Education Assistant? Y/N \_\_\_\_ If YES, How many hours of support does your child receive? \_\_\_\_\_. Does your child have an IEP or Care Plan in place? Y/N \_\_\_\_ If YES, please note that these items will need to be reviewed before a position can be granted, to allow us time to seek out additional support should we feel that it would be in the best interest of your child, as well as the other children and staff.

### IMMUNIZATION HISTORY

DATE DATE DATE DATE DATE

Diphtheria/Pertussis/Tetanus \_\_\_\_\_

HIB (Meningitis) \_\_\_\_\_

MMR \_\_\_\_\_

**\* PLEASE ATTACH A COPY OF IMMUNIZATION RECORD TO THIS FORM \***

## Health and Developmental History

Describe any difficulties or serious illnesses at birth, if any:

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Describe your child's general health (ex. recurrent colds, ear infections, stomachaches, etc.)

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If your child is taking any medication, what medication and what is it for:

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Has your child ever been to the dentist:      YES [ ]      NO [ ]

If your child has any dental problems, please describe:

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Describe how your child communicates:

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How would you describe your child's emotional, physical, and social growth, and development to this point:

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Describe your child's diet (include types of food and fluids he/she is now taking):

Foods/Beverages: \_\_\_\_\_

Solids: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Has your child eaten peanut butter at home:      YES [ ]      NO [ ]

Diet restrictions (cultural, religious):

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Describe any particular concerns you have about your child's diet and/or eating habits:

### Toileting (PRESCHOOL and Kindergarten ONLY)

Is your child toilet trained? YES [ ] NO [ ] In the process of [ ]

Age toilet training began: \_\_\_\_\_

Independent? YES [ ] NO [ ]

Needs reminder to use the toilet? YES [ ] NO [ ]

Any other help needed? YES [ ] NO [ ]

Explain: \_\_\_\_\_

### Program Information (Office Use Only)

EFFECTIVE SEPT. 2019	PROGRAM	SCHOOL CLOSURE FEE	5 DAYS A WEEK	4 DAYS A WEEK	3 DAYS A WEEK	2 DAYS A WEEK
Kindergarten & Grade 1	AM & PM		\$ 630.00	\$ 504.00	\$ 432.00	\$ 288.00
	PM ONLY		\$ 536.25	\$ 429.00	\$ 351.00	\$ 234.00
	AM ONLY		\$ 438.75	\$ 351.00	\$ 292.50	\$ 195.00
		\$ 50.00				
GRADE 2 TO GRADE 7	AM & PM		\$ 540.00	\$ 432.00	\$ 378.00	\$ 252.00
	PM ONLY		\$ 487.50	\$ 390.00	\$ 321.75	\$ 214.50
	AM ONLY		\$ 390.00	\$ 312.00	\$ 263.25	\$ 175.50
		\$ 45.00				
EFFECTIVE SEPT. 2019	PROGRAM	DAILY DROP IN	FULL TIME	4 YEAR OLDS (MON/WED/FRI)	3 YEAR OLDS (TU & TH)	
PRESCHOOL	9AM-1PM	\$ 30.00	\$ 495.00	\$ 275.00	\$ 220.00	

Attending on M T W R F (circle)

Registration Deposit: **\$50.00** PAID: YES [ ] NO [ ]

Registration Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

EFT (Electronic Funds Transfer): YES [ ] NO [ ]

PAD (Payment Authorization Document): YES [ ] NO [ ]

Parents Email address for Newsletters:

\_\_\_\_\_

**I HAVE READ and AGREE WITH THE C&S CHILD CARE PARENT HANDBOOK.**

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_



# C&S Child Care Inc.

## Emergency Consent Card

Child's name		Picture
Birth date		
Address		
Mother's name		Witness
Work phone	Home phone	
Father Name		Child lives with
Work phone	Home phone	
Emergency contact	Phone	
Child's M.D.	Phone	
1) Allergies		
2) Medications		
Care Card #	Date Effective	

### Consent form

- 1) It is the policy of C&S Child Care 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 child to the nearest emergency service.
- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child \_\_\_\_\_ when ill to be taken to the nearest emergency centre by the Care Facility staff when I cannot be contacted.
- 4) I hereby give consent for my child \_\_\_\_\_ to receive medical treatment.

Signature of Parent / Guardian \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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