



Where Learning Is Fun

11130 Yonge Street
 Richmond Hill, ON L4S 1H9
 Tel: 905-787 1502
 earlyyears@rogers.com
www.EarlyYearsDayCare.ca

Registration Form

(Please Print Clearly)

Child's First Name: _____

Child's Last Name: _____

Date of Birth (M/D/Y) _____

Registration Date: _____ Start Date: _____

Part time (days) _____ Full time

Reg. Fee: \$150.00 _____

For Office Use Only

Class entering: Infant Toddler Pre-School JK/SK School Age Summer Camp

Deposit to be paid: _____ Deposit returned: _____

Date of withdrawal: _____ Notice given on: _____

If Subsidized: Daily Parental Contribution Amount _____ as of _____

<u>Paid:</u>	<u>Enrollment Fee</u> <input type="checkbox"/>	<u>First Cheque</u> <input type="checkbox"/>	<u>Deposit Cheque</u> <input type="checkbox"/>
<u>Amount:</u>			
<u>Date:</u>			

Enrollment Policy

Registration Requirements

Registration forms must be fully filled out and complete prior to the child’s first day at The Early Years Daycare and Learning Centre. Immunization card copy and payments should be attached to the registration form prior to the child’s first day.

Withdrawal

If a parent decides to withdraw his/her child out from the daycare, The Early Years Daycare and Learning centre needs to receive 30 days-notice to the last day. All withdrawals must be done via e-mail containing the child’s last day at the centre or you may fill out a withdrawal form at the office between the hours of 9am to 5pm.

PLEASE NOTE: The Early Years Daycare and Learning Centre reserves the right to terminate services if policies are not followed, fees are not paid or if the program is unsuitable for the child (i.e. in such instances that a child’s behaviour is repeatedly disruptive to the program or threatens the safety of other children and staff). Every effort will be made to amend unacceptable behaviour prior to dismissing the child from the program.

Tuition

The first and last month’s fee must be paid as a deposit prior to the first day of day care. Upon registration, please provide ten post-dated cheques dated for the first day of each month, plus first and last month, which has to be provided amongst registration. Please make all cheques payable to The Early Years.

For families that have more than one child registered at The Early Years will need to provide a deposit for each child, and separate monthly payments must be provided.

All cheques returned from the bank classified as NSF (non-sufficient funds) will be returned back to the parent with a charge of NSF \$35. Fees not received on schedule date will be subject to a \$20.00 per day late charge.

Late pick-ups (after 6:00) \$1.00 per minute/child, payable upon pick up to the staff in charge CASH ONLY!

Days in which the child is sick or is taking holidays including statutory holidays will always be payable.

PLEASE NOTE: The monthly fees cover these days regardless of how many days the centre is open or how many days are in the month.

Days of Operation of the Centre

The Early Years Daycare and Learning Centre are open from 7:00 am to 6:00 pm from September to June and 7:00 am to 6:00 pm in July and August. We will observe all statutory holidays as recognized by the public sector. All children must be in their classroom no later than 9:15 am as it interrupts the routines of the classroom. If a child arrives after 9:15 am, they will not be allowed in the classroom. Any child who arrives after their classrooms lunch due to an appointment must be fed prior to coming to the centre as it disrupts the children’s sleep time.

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ New Year’s Day ▪ Family Day ▪ Good Friday ▪ Victoria Day ▪ Canada Day | <ul style="list-style-type: none"> ▪ Civic holiday ▪ Labour Day ▪ Thanksgiving ▪ Christmas Day ▪ Boxing Day |
|---|--|

Child Information	
Full name:	
Child's Address:	
Birth date (Month/Day/Year):	Male _____ Female _____

Parent/Guardian (Mother)	
Full name:	Cell Phone:
Home Address:	Email Address:
Employer:	
Employment Address	

Parent/Guardian (Father)	
Full name:	Cell Phone:
Home Address:	Email Address:
Employer:	
Employment Address	

Medical information		
Child's Physician	Phone:	
Address :		
OHIP Number:	Expiry:	
Other health professionals involved with your child	Profession	Contact number
In case of emergency, I authorize the staff of to call an ambulance or take my child to the nearest hospital. I understand that should such an emergency arise I will be notified immediately. I understand that all costs incurred are the responsibility of the parents/guardian.		
Guardian signature	Date:	
Guardian signature	Date:	

Emergency contact

Provide the names, contact and relationship of two individuals that we may contact in the event that both Parent/Guardians cannot be reached

Name	
Relationship to child	Phone:
Name	
Relationship to child	Phone:

Authorized Pick Up

The individuals (over the age of 18) listed below are authorized to pick up the child, in the event that the parents/guardians are unable to pick up the child. Parents/Guardians will provide the centre notice, in the event that one of the authorized individuals will be picking them up.

Name	Address
Relationship to child	Cell
Name	Address
Relationship to child	Cell
Name	Address
Relationship to child	Cell

Unauthorized Pick Up

Below listed are individuals are NOT permitted to pick up your child.

Name:	Relation:
Name:	Relation:

Personal Information

Does your child live with both parents? Yes No If no (please fill in the section below)

With whom does the child live?

Has there been a court order or custody agreement (attach copy)?

Has your child had any communicable diseases?	yes no
List	
Does your child have any allergies	yes no
List:	
EpiPen Required?	yes no (If yes an Anaphylaxis Plan must be filled out prior to care commencing)
Does your child take any special medication?	yes no
If yes, which medication and for what:	
What are your child’s dietary needs/ Food Restrictions (does your child eat meat, dairy, no pork, etc.)?	
Has your child been diagnosed with any special needs? (Please list)	
(If School age) School Attending	Busing required? Yes/ No

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Childs Name: _____

Please complete the chart below, has your child had any of the following in the past:

Communicable Diseases	YES	NO
Measles (Red Measles/Roseola)		
Mumps		
Rubella (German Measles)		
Hepatitis A		
Chicken Pox		
Diarrheal Disease (commonly: Rotavirus, Giardia Lamblia)		
Pertussis (Whooping Cough)		
Rhinoviruses (Common Cold)		
Hand, Foot and Mouth Disease (Coxsackie)		
Head Lice		
Fifth Disease (Slapped Cheek)		
Pertussis (Whooping Cough)		
Pinworms		
Scabies		
Conjunctivitis (Pink Eye)		
Impetigo		
Scarlet Fever/Febrile Seizures (if yes please circle)		
Any other illnesses not mentioned (please list):		

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Permission to bring food from home

My child _____ will bring a lunchbox containing an ice pack and items and/or containers clearly labelled with my child’s name. I am aware and compliant to send food with my child which is pork free, peanut and tree-nut free. I am responsible for keeping the food inside at a safe temperature.

The reason why my child needs additional food/drink is because:

Parent/Guardian Signature

Date

Supervisor’s Signature



Permission for community walks and outings



I, _____ hereby allow my child _____ to take part in outings, supervised by the staff of the Early Years Day Care. I understand that parental consent forms will be issued when the excursions involve the use of chartered school buses.

Parent’s signature: _____ Date: _____

Photograph Consent Form



I, _____ give permission for photography/video recordings of my Child, _____ for publicity materials used in The Early Years Day Care facility including printed publications and/or our website. Names and ages will not be used.

Parent’s signature: _____ Date: _____

Permission to Apply

Parents are required to provide their own sunscreen, diaper rash cream etc., these are to be labelled with the child’s name. Expired cream/lotions etc. will be returned and new must be provided.

I, _____, give permission for the employees of Early Years Day Care to apply any cream or over the counter skin product that I provide to the centre, to my child.

Parent’s signature: _____ Date: _____



Tuition as of January 2022

Program	Schedule		
	Full Time	Part Time* 3 days/week (Monday, Wednesday and Friday)	Part Time* 2 days/week (Tuesday and Thursday)
Infant (3 months to 18 months)	\$1690/monthly	\$1160/Monthly	
Toddler (18 months to 30 months)	\$1440/monthly	\$957/Monthly	\$660/Monthly
Preschool (30 months to 48 months)	\$1370/monthly	\$844/Monthly	\$622/Monthly
Kindergarten (4 years to 6 years)	\$1155/monthly	\$708/Monthly	\$485/Monthly
Before School (Grade 1 – Grade 5)	\$340/monthly		
After School (Grade 1 to Grade 5)	\$465/monthly		
Before and After School	\$650/monthly		
March Break, Winter Break (JK to Grade 5) 8:30 am to 4:00 pm 7:00 am to 6:00 pm	\$310/weekly \$350/weekly		P.A Days \$65.00/day
Difference of \$45 for Afterschool Children will be added			
Summer Camp Program (JK to Grade 5) 8:30 am to 4:00 pm 7:00 am to 6:00 pm	Minimum 2 weeks registration \$310/weekly \$350/weekly	Minimum 2 weeks registration \$825/monthly \$875/monthly	N/A
Casual Days (JK to Grade 5)	\$ 90,--/day based on availability		

**Fees are payable to The Early Years Daycare Ltd.*

** Part time spaces are subject to availability and office approval only.*

- Tuition fees are due at the first of each month (if the first falls on a weekend or holiday, the fees must be received before the first of the month)
- Fees that are not received by the first of the month are subject to a late fee of \$20 for each day they are not received.
- A one month security deposit is required at the time of enrollment. This will cover the last month of child care, upon withdrawal from the program.

Please Note:

- If your child will be late (arriving after 9:00am) kindly advise our office prior to that time.
- Late pick-ups (after 6/6:30pm) will be charged \$1.00 per minute, payable upon pick up to the staff in charge- the late fee must be paid in cash.

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Initial: _____

Information for Infants (12 months and younger)

Child's Name: _____ Date of Birth: _____

My child has _____ nap(s) at day, typically from (please list time and typical duration, how do they typically fall asleep):

My child eats (list food they currently are eating and times of feeding): _____

Is your child able to feed him/herself? Yes _____ No _____ Some _____

Please, list food/formula that you will be bringing in (only infants 12 months and younger will be permitted to bring in food outside of the centre. Formula will be accepted beyond 12 months):

Other information that you think will be helpful for us to know: _____

Parent's Signature

Date

Parent Handbook Receipt

I have received, read and understood parent responsibilities and policies outlined in the Parent Hand Book and initial the right corner of the box below.

- The Early Years Mission Statement
- General Policies
- Enrollment Policies
- Child Information
- Copy of Immunization Record
- History of Communicable Disease Form
- Child Illness/Injuries
- Allergies
- Application Form
- Parent Permission Form
- Administration of prescribed medicine
- Up to date contact information
- Hours of Operation
- Field Trip Procedure and Regulations
- Arrivals and Departures
- Withdrawals
- Late Pick up of Children
- Food
- Release Authorization Form
- Medical Release Authorization Form
- Absences
- First Day Checklist

Initial: _____

I, _____, have received the information guide and understood all policies and procedures implemented at The Early Years Daycare Ltd.

The Director of the centre reserves the right to terminate service if failure to comply with these policies occurs.

Parent/Guardian Signature

Date

First Day of Daycare Belonging Checklist

Please bring the following on the prior to your child's first day:

- Registration Form Package –completed (no blank spots)
- Copy of Immunization Record
- First Month Fee
- Last Month Fee (Deposit)
- Registration Fee
- 10 Post-dated cheques (dated for the first of each month)
- Infants (12 months and under only- Infant feeding schedule; Signed)

Please bring the following on your child's first day:

- Extra set of Clothes (2 sets)
- Clothing for outdoors (seasonally appropriate; no scarves please)
- Sunscreen
- Blanket
- Indoor Shoes and Outdoor Shoes
- Diapers/Pull-ups and wipes (if applies)
- Diaper Rash Cream (if applies)
- Cup with lid for water/milk bottle (if needed)
- Family Pictures, so they can have their family with them always

Kindly label all your child's belongings.

Please note we are not responsible for stolen or lost items.

The Early Years terms of use with HiMama



Participation Agreement to:
e-mail and/or publish my child’s work, photographs or videos via **HiMama**

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior. In the interest of safety and security we require parent permission for the publishing of children’s work, photographs or videos through a software program called **HiMama** (the “Program”). By signing this form you grant permission for us to photograph or video your child for the purpose of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child’s Name: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Email: _____

Phone: _____ Signature: _____ Date: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Email: _____

Phone: _____ Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.