

**For Office Use Only**

Signed Fee Agreement Received   
Start date: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_  
Discharge: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_  
Invoice:  both parents  
 Parents A only  
 Parents B only  
Registration Fee Paid



**REGISTRATION PACKAGE**  
**INFANT / TODDLER / PRESCHOOL PROGRAMS**

LATCHKEY PROGRAM: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_

BIRTHDATE: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_ HEALTH CARD NUMBER: \_\_\_\_\_

CHILD RESIDES WITH:  BOTH PARENTS  PARENT A  PARENT B  GUARDIAN  
 STEPFATHER  STEPMOTHER

**LEGAL PARENT/ GUARDIAN INFORMATION – SECTION 1**

**PARENT A**

FULL NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day / Month / Year

Marital Status: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_

Workplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

**PARENT B**

FULL NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day / Month / Year

Marital Status: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_

Workplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

**CUSTODY INFORMATION – SECTION 2**

Name(s) of Custodial Parent(s) / Guardian: \_\_\_\_\_

Can child be released to non – custodial parent?     YES     NO

Is there a court order outlining custody conditions?     YES     NO

- **IF yes, a copy of the court order must be attached to this registration.**

Date when copy of court order received at Latchkey: \_\_\_\_\_

Do we have your permission to verbally release progress and development information about your child with a non-custodial Parent?     YES     NO    please initial beside the appropriate box.

**Note: Childcare staff will make every effort to release children to only CUSTODIAL PARENTS  
Visits by non-custodial parents will not be allowed at the program.**

**EMERGENCY AND RELEASE CONTACTS – SECTION 3**

Emergency Contacts and Authorization for Pick up List (not including parents/guardians)

In the event of an emergency and we are unable to contact you please provide contact persons whom you authorize to pick up your child from the program. Please list these people in the order that you wish us to contact them.

I, \_\_\_\_\_ give consent/authorization for the following people to pick my  
 (name of parent/guardian)  
 child, \_\_\_\_\_. I understand that any person whose name appears  
 (name)  
 Below will be required to present picture identification prior to the child being released. I also understand that  
 if their name does not appear on this list the child/children will not be released.

It is the responsibility of the parent/guardian to notify the Supervisor of changes made to this list

NAME OF PERSON	RELATIONSHIP	PHONE NUMBER

**AGENCY INVOLVEMENT – SECTION 4**

**AGENCY**

**CONTACT PERSON**

Children First

\_\_\_\_\_

John McGivney Children’s Centre

\_\_\_\_\_

Windsor Essex Children’s Aid Society

\_\_\_\_\_

Are there any other professionals involved in your child’s life (therapist, allergist, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO EXCHANGE INFORMATION**

I, \_\_\_\_\_, hereby authorize the Latchkey Day Care and Learning Centre to exchange information with the above mentioned agency(ies) relating to all aspects of my child’s developmental progress.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Supervisor or Designate)

\_\_\_\_\_  
Date

**HEALTH INFORMATION – SECTION 5**

NAME OF DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

If your child has any allergies to food / medication / animals / dust / insect bites or food restrictions, please complete the following:

Allergies/Food Restrictions	Allergic Reaction(s)	Recommended Treatment

Identify and explain any other health concerns your child is experiencing:

- asthma      hay fever      bronchitis      vision
- speech      heart condition      seizures      hearing
- diabetes      tubes in ears      ear infections      high fevers
- other, please specify \_\_\_\_\_

Does your child take any medication on a regular basis?    Yes    No

If yes, please identify and explain:

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Please provide any history of communicable disease and/or conditions requiring medical attention.

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**Parents must provide a copy of your child’s immunization card with a record of up to date immunizations.**

**Should your child not be immunized, proper documentation for reason/s must be included with this record.**

Immunization Record Received.    Supervisor Signature: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY TREATMENT**

If your child becomes ill or has an accident while attending our program, we will immediately inform you. If you are unavailable we will contact your designated emergency contact. In all situations every effort will be made to contact you. However the well-being and comfort of your child will be our first priority.

In the event of a medical emergency I understand first aid may be applied, and my child may be transported to a hospital through the use of an emergency vehicle.

In the event that I cannot be reached, I hereby give permission to the Program Supervisor / Designate where my child is enrolled to arrange to have \_\_\_\_\_ transported to the nearest medical facility.  
(Name of Child)

**\*\*Any medical expenses incurred will be the responsibility of the child’s family.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Supervisor or Designate)

\_\_\_\_\_  
Date



**GUIDANCE AND BEHAVIOUR – SECTION 6:**

Would you judge your child to be:

- easily managed
- fairly easily managed
- difficult to manage?

Do you have any concerns about your child’s present behaviour?

- Yes
- No

Does your child experience difficulty with any of the following?

- Biting
- Bladder Control
- Bowel Problems
- Sleeping
- Nightmares
- Other, please specify \_\_\_\_\_
- Listening
- Eating
- Language
- Nervous Habits
- Shyness
- Separation Anxiety
- Attention Span
- Temper Tantrums
- Clumsiness
- Cooperativeness

Please explain any of the above \_\_\_\_\_

When your child is upset, s/he has a tendency to:

- cry
- hide
- throw things
- Other, please explain \_\_\_\_\_
- scream
- run away
- hit
- withdraw
- bite
- have a tantrum
- scratch

**CONSENT FORM – SECTION 7:**

**SUNSCREEN**

I understand that program staff will follow safe sun practices. I will apply sunscreen before my child(ren) arrive each day. I give permission for the Centre staff to apply sunscreen on an as needed basis for the remainder of the day which I have provided.

*Parent or Guardian Initials Required*      Yes \_\_\_\_\_ No \_\_\_\_\_

**INSECT REPELLENT LOTION**

I grant permission to Program staff to apply insect repellent lotion, which I have provided for my child.

*Parent or Guardian Initials Required*      Yes \_\_\_\_\_ No \_\_\_\_\_



**MEDIA RELEASE**

I understand that program staff frequently take photos/videos of children engaged in activities around the program as part of their documentation. I understand that these photos/videos will be used for educational and or child care related purposes, for the classroom bulletin boards, photo albums, and displays regarding the program.

I grant permission for Latchkey Day Care and Learning Centre to take my child’s photo/videos of my child.

*Parent or Guardian Initials Required*      Yes\_\_\_\_\_ No\_\_\_\_\_

**OFF-SITE ACTIVITIES**

I give permission for my child to take part in neighbourhood walks and other off site program activities in the walking vicinity of the program. I understand that my child will have the opportunity to participate in walks on a spontaneous basis. I will be notified in advance if any outing involves transportation.

*Parent or Guardian Initials Required*      Yes\_\_\_\_\_ No\_\_\_\_\_

**ILLNESS**

I will not send my child to the program if he/she is ill. If my child is absent I agree to immediately notify the program and advise them of the absence. If my child becomes ill while at the program, I will arrange to pick him/her up as soon as possible. I will notify the program immediately of any communicable disease that my child has contracted. If my child has been given prescription medication they cannot return until they have been on the medication for 24 hours.

*Parent or Guardian Initials Required*      Yes\_\_\_\_\_ No\_\_\_\_\_

**PEANUT AND NUT AWARENESS**

Latchkey Day Care and Learning Centre cannot and does not guarantee that the program environment will be free from nuts or other possible allergens, but will use its best effort to reduce allergy risks by creating an allergy-aware environment.

I understand that this program does not permit peanuts, peanut products and/or nuts on the premises. I agree that my child will not attend with above stated products.

*Parent or Guardian Initials Required*      Yes\_\_\_\_\_ No\_\_\_\_\_

**SPECIAL NOTES**

It is essential to keep the program Supervisor updated as changes occur that may affect the physical and emotional well-being of your child.

I understand that it is my responsibility to inform the program Supervisor in writing of any changes that should be made to my child’s registration form. For example: change of pick up persons, new allergies, new address or phone number, etc.

*Parent or Guardian Initials Required*      \_\_\_\_\_

I understand that if in the opinion of the program Supervisor, if group care at the Centre proves to be too stimulating for my child and he/she cannot cope, I may be requested to seek alternate care for my child.

*Parent or Guardian Initials Required*      \_\_\_\_\_



**REGISTRATION INFORMATION**

**\*I have clearly indicated my selection on this consent form. I understand that it is my responsibility to advise the program Supervisor should my above noted preferences change.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Supervisor or Designate)

\_\_\_\_\_  
Date

I hereby consent to the collection; use and disclosure of my child's information by the program for the purposes of providing child care services. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Thank you for choosing Latchkey Day Care & Learning Centre

## FEE AGREEMENT

### REGISTRATION

There is a **\$30.00** non-refundable annual registration fee per family due every **September**. A non-refundable tuition deposit of **\$100.00** is required in order to confirm a space in the program. This deposit will be deducted from your first month's tuition fee.

Please note who will be invoiced. Your selection will be reflected on your monthly statement as well as your annual income tax receipt.

both Parents     Parent A only     Parent B only

### **TUITION – Infant Program (0 – 18 months)**

Full Day Rate	1 Child = \$44.00	2 Children = \$84.00
Half Day Rate (less than 5 hours AM or PM)	1 Child = \$33.00	2 Children = \$62.00

### **TUITION - Toddler Program (18 months – 2.6 years)**

Full Day Rate	1 Child = \$39.00	2 Children = \$74.00
Half Day Rate (less than 5 hours AM or PM)	1 Child = \$28.00	2 Children = \$52.00

### **TUITION - Preschool Program (2.6 years – 4 years)**

Full Day Rate	1 Child = \$35.00	2 Children = \$68.00
Half Day Rate (less than 5 hours AM or PM)	1 Child = \$23.00	2 Children = \$44.00

### **TUITION PAYMENTS**

Payment for all scheduled days for each month is required in advance by postdated cheque dated for the 1st of the month.

All fees for the full day or half day program are required in advance are nonrefundable unless you provide notification in writing, at least four weeks in advance, of changes in your schedule.

*Parent or Guardian Initials Required* \_\_\_\_\_

### **SCHEDULES**

Attending at least 3 full days per week is beneficial for educational experiences and opportunities. Priority will be given to families with children attending 5 days per week.

Please mark the days and times you require services below:

AM (drop off time) \_\_\_\_\_ PM (pick up time) \_\_\_\_\_

Monday            Tuesday            Wednesday            Thursday            Friday

*Parent or Guardian Initials Required* \_\_\_\_\_

### **SCHOOL BREAKS, PD DAYS/ STATUTORY HOLIDAYS**

The program will operate during Christmas, March Break, PD days and summer, if there is sufficient demand for child care during these times. Please speak to the Latchkey Day Care Supervisor to plan for these days and times in advance.

All Latchkey Day Care & Learning Centre programs will be closed on the following statutory holidays:

- |                    |                        |
|--------------------|------------------------|
| * Labour Day       | * Good Friday          |
| * Thanksgiving Day | * Easter Monday        |
| * Christmas Day    | * Victoria Day         |
| * Boxing Day       | * Canada Day           |
| * New Year's Day   | * August Civic Holiday |
| * Family Day       |                        |



**NON-SUFFICIENT FUNDS**

All cheques returned to the Corporation as Non-Sufficient funds (NSF) will have a charge of \$35.00. All other bank charges or fees acquired as a result of returned items will be passed on to the Parent/Guardian accordingly. All monies will be paid within FIVE (5) days of notification, including the \$35.00 NSF fee, in the form of a certified cheque, money order, or cash. In the event that a second cheque should come back as NSF, all child care fees from that day forward will be paid by certified cheque, money order or cash.

**LATE FEES**

There will be a severe late penalty for any child who is not picked up by 6:00 p.m. Between 6:00 p.m. and 6:15 p.m., there will be a \$10.00 late fee per child and \$1.00/child for every minute after this. **IF YOU ARE LATE ON 3 OCCASIONS, YOU WILL BE ASKED TO FIND ALTERNATIVE DAY CARE ARRANGEMENTS.**

**ARRIVAL AND DEPARTURE**

Children are to be escorted into the building using the designated entrance. The child shall be signed in and out by an escort, someone 16 years or older. No child shall be released to a person not authorized by a parent. We must have written or verbal consent for changes in this respect.

**ANNUAL GENERAL MEMBERSHIP MEETING AND BOARD MEMBERS**

Parents are required to attend or be represented by proxy, at the Annual General Membership Meeting held each April.

**FUNDRAISING**

During the year a number of fundraising events are held in order to purchase games, toys, books and recreational equipment. Please let us know if you have an idea for an event. This will help to keep parent fees down. In lieu of participation of the fundraiser events donations are accepted and an income tax receipt will be given.

**SPECIAL NOTES**

The Board of Directors reserves the right to make changes to fees at their discretion. Notice of 30 days will be given informing parents of any changes.

*Parent or Guardian Initials Required* \_\_\_\_\_

Accounts not paid according to the outlined agreement will result in suspension of care until payment is secured. All accounts that are 45 days past due will be forwarded to a collection agency.

*Parent or Guardian Initials Required* \_\_\_\_\_

Latchkey Day Care does not issue credits for sick days, vacation days, or any unexpected centre closures.

*Parent or Guardian Initials Required* \_\_\_\_\_

Repeated behavioral difficulties and lack of Parental/Custodial support may deem it necessary to discontinue a child's enrollment in the program

*Parent or Guardian Initials Required* \_\_\_\_\_



I have read and fully understand the entire Parent handbook. I have also completed the enrollment application in FULL and have attached the necessary information.

*Parent or Guardian Initials Required* \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Supervisor or Designate)

\_\_\_\_\_  
Date

**Thank you for choosing Latchkey Day Care & Learning Centre**