LITTLE HANDS DAYCARE CENTRE

Registration Package

Location #1: 824 Thompson Road, Milton, ON L9T 9H2
Telephone Number: 905-864-6635 ext. 1
Email: centre1@littlehamdsmilton.ca

Location #2: 824 Thompson Road, Milton, ON L9T 9H2
Telephone Number: 905-864-6635 ext. 2
Email: centre2@littlehandsmilton.ca

PARENT HANDBOOK READ AND REVIEW

By signing below, signifies that you have read, reviewed, and understand the Parent Handbook which was provided to you upon registering with Little Hands Daycare Centre. Please see the list of items which are contained in the Little Hands Daycare Centre Parent Handbook below:

- Program Statement
- Inclusion Within The Centre
- Our Program
    - Services Offered
    - Waitlist Policy & Procedure
    - Admission and Discharge
    - Payment of Fee's
    - Vacation Policy
    - Vaccinations
    - Illness
        - Medication
    - Hours of Operation
    - Centre Closures
        - Statutory Holidays
        - Snow/Bad Weather Closures
    - Arrivals and Departures
    - Nutrition
        - Anaphylaxis
        - Children with Medical Needs
    - Sleep Time
    - Activities off Premises
    - Sunscreen
    - Parent Issues & Concerns Policy and Procedure
- Other Important Information
    - Video Surveillance
    - Clothing and Personal Belongings
    - Parent-Teacher Interviews
    - Transportation
        - Transportation Behaviour Policy
    - Child Protection
    - Behaviour Guidance
    - Emergency Management & Evacuation
    - Parent Volunteers and Students in the Centre
    - Serious Occurrence Notification Form Posting

Please note that all families will be provided with any changes of policies or procedures which may occur during your child's enrollment with Little Hands Daycare Centre

I, __________________ and __________________ have read and fully understand the Parent Handbook and agree to follow all Policies, Procedures and Requests outlined by Little Hands Daycare Centre.

Signature of Guardian #1: ______________________________ Date: ______________
Signature of Guardian #2: ______________________________ Date: ______________
Signature of Supervisor on Date of Registration: __________________ Date: ______________

REGISTRATION FORM

Child's Information

Full Name of Child: ____

Date of Birth: ____________________ Gender: ☐ Male ☐ Female

Home Address: ______________________________ ____________ ____________
Street City Postal Code

Home Telephone Number: ____________________

Who Does Child Reside With? __________________

Do both parents have access to the child? ☐ Yes ☐ No

If no, please explain: ____
____
____

Does your child have any special needs? If yes, please explain: ____________________
____
____

Does your child have any allergies? If yes, please explain: ______________________
____
____

Guardian #1

Full Name: ____

Full Home Address if different from Child:

______________________________________ ____________ ____________
Street City Postal Code

Occupation: _____________________ Place of Work: __________________

Full Business Address: ________________________ ____________ ____________
Street City Postal Code

Business Phone Number: __________________ Hours/Days of Work: ___________

Cell Phone Number: _____________________

Guardian #2

Full Name: ____

Full Home Address if different from Child:

____ ______________ ____________
Street City Postal Code

Occupation: _________________________ Place of Work: _____________________

Full Business Address: ___________________________ ______________ ____________
Street City Postal Code

Business Phone Number: ____________________ Hours/Days of Work: _____________

Cell Phone Number: ________________________

Emergency Contacts

List below those persons allowed to pick up your child, or to call in case of emergency if both parents are not able, or unreachable. (Please ensure to have at least one contact recorded):

1. Name: ____________________________ Relationship: ______________________

Telephone #1: _________________________ Telephone #2: _____________________

2. Name: ____________________________ Relationship: ______________________

Telephone #1: _________________________ Telephone #2: _____________________

3. Name: ____________________________ Relationship: ______________________

Telephone #1: _________________________ Telephone #2: _____________________

4. Name: ____________________________ Relationship: ______________________

Telephone #1: _________________________ Telephone #2: _____________________

Pediatrician or Family Doctor

Doctor's Full Name: ____

Full Address: _________________________________ ______________ ____________
Street City Postal Code

Telephone Number: _____________________________

Health Card Number: ☐☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐

CHILD'S BACKGROUND INFORMATION

Food Allergies: ____,

Special Restrictions regarding diet (i.e. Halal, vegetarian, vegan, dairy free, gluten free etc.): ____
____.

Medication/Environmental Allergies: ____.

Special instructions regarding sleep: ____.

Special instructions regarding Exercise: ____.

Record of past and/or current illnesses, communicable diseases, conditions requiring medical attention: ____
____
____
____
____

Are there other children or adults living at your home (i.e.) Grandparents, Extended Family, etc.
☐ Yes ☐ No If yes, who? ____
____
____

Language(s) Spoken at home: ____

What is your families nationality? ____
____

Are there other special considerations which you would like the staff to be aware of (i.e. customs, traditions, etc.)? ____
____
____

Has your child attended a childcare centre before? ☐ Yes ☐ No

How does your child react to new situations? ______________________________________
____
____

How does your child get along with other children? _________________________________
____
____

Does your child have a pet? ____
____
____

Care Required

Days Required (please check which schedule applies to your child):

_____ Full Time (Monday-Friday _____ Mon/Wed/Fri _____ Tues/Thurs

Hours Required:

Drop Off Time: ______________________ Pick Up Time: _______________________

Signature of Guardian #1: ____________________________ Date: _____________

Signature of Guardian #2: ____________________________ Date: _____________

NOTE: In order to hold accommodation for your child, a Registration Fee of $70 for 1st child and $35 for every child following is required in advance. Due to the demand for Infant Care, we require that half of the first months fee's be paid in advance along with the Registration Fee.

EMAIL CONSENT

Please write below the email(s) you would like to receive all memo's and other items to be emailed to. Please check the box beside the person/email you would like to receive monthly invoices & tax receipts to. Please note that only 1 email can receive the invoice & tax receipts.

☐ Guardian #1: Email Address: ____

Guardian's Signature: ____

☐ Guardian #2: Email Address: ____

Guardian's Signature: ____

**Please check the box you would like to receive monthly invoices to. Please note that only 1 email can receive the monthly invoice. **

CONSENT FOR PHOTO RELEASE

As a form of documentation, we like to take photo's and/or short videos of your child during active play to show families what your children complete and accomplish during their time with us here at Little Hands Daycare Centre.

I agree

I, ___________________ grant permission for Little Hands Daycare Centre staff to take photographs and/or video tapes of my child, ___________________, while in attendance at the child care centre. I understand that these photo's or video tapes may be used for educational and/or childcare related purposes within the centre (i.e.) classroom bulletin boards, photo albums and displays regarding our programs for our families. I also understand that in choosing this option, my child may be included in group photo's or photo's with other children which can be sent to other families in the *Sandbox Parent Portal* newsfeed.

I understand that these photo's or video's will not be used by Little Hands for promotional advertising in the community or any Little Hands social media platforms, unless written permission is granted.

I understand that if my situation changes in the future, and I would prefer not to have my child photographed or video taped, I will inform Little Hands Daycare Management immediately.

I do not agree

I, __________________ do not grant Little Hands Daycare Centre to take any photo graphs and/or video tapes of my child, ______________________, while in attendance at the child care centre.

Signature of Guardian #1: ____________________________ Date: _____________

Signature of Guardian #2: ____________________________ Date: _____________

OFFICE USE ONLY:

Date Admitted: _____________________ Date Withdrawn: _____________________

Date Registration Fee Paid: _____________________ Amount Paid: _____________

Signature of Supervisor on Date of Registration: __________________________________

KEYLESS ENTRY/FOB SECURITY SYSTEM POLICY

To enhance the security of our facility, we have installed a Keyless Entry System, where only authorized adults will be able to enter the child care area of the building. The only way to get access into the doors with this system installed is with the use of a FOB. Each FOB will be programmed for one specific person, to provide further records of those entering and exiting the building.

For those who do not hold a FOB to have access to the area, a video phone will be installed in the entrance foyer, and be linked directly to the Daycare Office and the Church Offices for those at Centre 1. This provides controlled access, and will only be allowed into the children's area through visual verification. If the visitor's identity is unknown to the employee answering the video call, the employee will meet the visitor in the front foyer before being let into the child care area of the building.

FOB Holder Requirements

1. A $20.00 deposit has been given to the office. Once the FOB is returned upon withdrawal, or if it is no longer needed, the $20 deposit will be returned. If the FOB is lost, or is not returned upon withdrawal, the deposit will remain with the centre.
2. Each FOB will be programmed for one specific person, so we ask that FOBS are never shared. Anyone without a FOB will have access to the area through video phones installed in the entrance foyer, and be linked directly to the Daycare Office and the Church Offices for those at Centre 1, as mentioned above.
3. The doors with the system installed are to remain closed at all times. Once you have let yourself in, please make sure to close the door behind you. We ask for you to not allow any other adult and/or child into the building.

Child(ren) Enrolled: ____

FOB Holder's Name: _______________ FOB Holder's Signature: _______________

Date: __________

<u>OFFICE USE ONLY</u>:

FOB Code: ______________________ FOB Deposit Paid On: ______________________

Supervisor's Name: ______________ Supervisor's Signature: _____________

Date: __________________________

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Child(ren) Enrolled: ____

FOB Holder's Name: ______________ FOB Holder's Signature: ______________

Date: __________

OFFICE USE ONLY:

FOB Code: ____________________ FOB Deposit Paid On: ____________________

Supervisor's Name: _____________ Supervisor's Signature: _____________

Date: ________________________

Little Hands Children's Learning Centre Inc.
#1: 824 Thompson Road (OCB), Milton ON, L9T 9H2.
Tel: 905-864-6635 ext. 1
#2: 824 Thompson Road (CYC), Milton ON, L9T 9H2.
Tel: 905-864-6635 ext. 2

Pre-Authorized Debit (PAD) Plan Agreement

1. Customer Information (Please Print Clearly)

Name: ____

Street Address: ____

City: ____________________ Province: __________________ Postal Code: _______________

Telephone Number: _________________________________

2. Bank Account Information

Deposit Account Number: | | | | | | | | | | | | |

Branch Transit Number: | | | | | | Financial Institution Number: | | | |

Financial Institution: Name: ____

Branch Address: ____

3. Pre-Authorized Debit (PAD) Details

You, the Payer; authorize Little Hands Children's Learning Centre Inc. to debit the bank account identified above for the full amount of services delivered to your specified account on the 1st business day of each month. Regular semi-monthly payments for half of the amount of services delivered will be debited to your specified account on the 1st business day of each month and then on the 15th or next business day thereafter. Little Hands Children's Learning Centre Inc. will provide a ten (10) day written notice of the amount of each regular debit, and will obtain your authorization for any other one-time debits. The authority is to remain in effect until Little Hands Children's Learning Centre Inc. has received written notification from you of any change due to termination. This notification must be received at least ten (10) business days before the next debit is scheduled for the address provided above.

These services are for (check one): ☐ Personal ☐ Business Use

I would like my account to be debited (check one): ☐ Monthly (1st or 15th. Circle one) ☐ Semi-Monthly

You, the Payer; have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit *www.cdnpay.ca*.

Signature of Account Holder(s): ______________________________ ______________________________

Name(s) (Please Print): ______________________________ ______________________________

Date: ____________________ ____________________