

LITTLE HANDS DAYCARE CENTRE



Registration Package

Location #1: 824 Thompson Road, Milton, ON L9T 2X5
Telephone Number: 905-864-6629 Fax: 905-864-6632
Email: centre1@littlehandsmilton.ca

Location #2: 824 Thompson Road, Milton, ON L9T 2X5
Telephone Number: 905-864-6635 Fax: 905-864-6675
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
 - Waitlist Policy and 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
 - Sleep Time
 - Activities off Premises
 - Sunscreen
- Other Important Information
 - Video Surveillance
 - Clothing and Personal Belongings
 - Parent-Teacher Interviews
 - Transportation
 - Transportation Behaviour Policy
 - Child Protection
 - Behaviour Guidance
 - 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

Special Instructions regarding Diet, Rest, or Exercise: _____

Record of past illnesses, communicable diseases, conditions requiring medical attention: _____

Is your child toilet trained? Yes No

Does your child have a nap? Yes No If yes, how long? _____

Does your child have a bottle? Yes No

Does your child use a soother? Yes No

What words does your child use for toileting, soother, nap, etc.? _____

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? _____

How does your child react when they are angry? _____

Describe how you comfort and reassure your child: _____

Is there anything that frightens your child? _____

Does your child have a pet? _____

Care Required

Days Required:

Monday Tuesday Wednesday Thursday Friday

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

I give permission for monthly newsletters and all memos to be emailed to the address I've listed below. I understand that I will still receive hard copies of any financial statements (invoices, tax receipts, etc.), and anything that requires my signature.

Email Address: _____

Guardian's Signature: _____



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 understand that these photo's or video's will not be used for promotional advertising in the community, 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: _____

Supervisor's Name: _____ Supervisor's Signature: _____

Date: _____

FOB Deposit Paid On: _____



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Date: _____

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Little Hands Children's Learning Centre Inc.
#1: 824 Thompson Road (OCB), Milton ON, L9T 2X5.
Tel: 905-864-6629
#2: 824 Thompson Road (CYC), Milton ON, L9T 2X5.
Tel: 905-864-6635

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:

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Branch Transit Number:

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 Financial Institution Number:

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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 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: _____