



Registration Package

Centre 1

11130 Yonge Street, Unit #2
Richmond Hill, Ontario
Tel: 905-787-1502
earlyyears@rogers.com

Centre 2

11300 Yonge Street, Unit #1,
Richmond Hill, Ontario
Tel: 905-884-7272
earlyyears1@rogers.com

Centre 3

163 King Road
Richmond Hill, ON
Tel: 289-234-2700
earlyyears3@rogers.com

www.EarlyYearsChildcare.com

CHILD INFORMATION

Child's Full Name: _____
Last First Middle

Date of Birth: _____ **Health Card #:** _____
M / D / YR Version

Child's Gender: Male Female

Home Address: _____

City: _____ **Province:** ____ **Postal Code:** _____ **Telephone:** _____

Mother:

Name: _____

Employer _____

Work Address: _____

City: _____ Postal Code: _____

Work Telephone: _____

Cell Phone: _____

E-Mail: _____

Father:

Name: _____

Employer: _____

Work Address: _____

City: _____ Postal Code: _____

Work Telephone: _____

Cell Phone: _____

E-Mail: _____

Family Physician/Paediatrician: _____

Address: _____ (Print full address including City and Postal Code)

City: _____ Province: ____ Postal Code: _____ Telephone: _____

Allergies/Food Restriction: _____

First Emergency Contact Information

Name of person: _____

Relationship to child: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Other Phone: _____

Second Emergency Contact Information

Name of person: _____

Relationship to child: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Other Phone: _____

OFFICE USE ONLY

Date of Admission: _____ Date of Withdrawal: _____ Classroom: _____

Weekly Fee: _____ Registration Paid: _____ Deposit Paid: _____

HEALTH HISTORY

Child's Full Name: _____

*** Immunization Record required (please attach a photocopy of original card) ***

Does your child have any of the following?:

Special needs (please state medical diagnosis and treatment as well as any Individual Program Plan and agencies involved):

Allergies to food, medication, animals, precautions and care:

Special dietary requirements:

Ongoing administration of medication (ie. Puffers, Epi pen, etc.):

For additional information, please contact York Region Public Health Department

INFORMATION FOR INFANTS

Child's Name _____ D.O.B. _____

My Child sleeps at _____ to _____ _____ to _____

My Child eats at _____ _____ _____

Please list the food/formula that you will be bringing in and what temperature it would need to be heated:

Please give any helpful information on how your child sleeps:

Please give any helpful information on how your child eats:

Other any important information that we need to know:

Parent's Signature

Date

AUTHORIZATION FOR PICK-UP

Please provide the names of anyone who will be responsible for picking up your child other than the parents/guardians. All authorized persons must be 18 years of age or older, unless otherwise designated by written (by hand or email) parental consent. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian. Note that photo ID will be required to release the child.

The following is a list of people authorized to pick up _____:
Child's Full Name

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Parent / Guardian Signature

Date

MEDICAL / ACCIDENT EMERGENCY

I hereby grant permission to The Early Years and their staffs to take whatever steps are necessary to gain emergency medical care for my child, if and when it is necessary.

These steps may contain, but are not restricted to:

1. Activation of 911 for all medical emergencies.
2. Administration of first aid.
3. Transporting the child to the nearest hospital.
4. Contacting the parent/guardian or emergency contact.

In all situations, every effort will be made to contact the parent. However, the well-being and comfort of the child will be the first priority.

I hereby agree that if I cannot be contacted at the time of illness of accident, or that the emergency is such that time does not permit such contact, The Early Years, the Executive Director, Supervisor, or Staff is hereby authorized to take my child, _____ for immediate medical treatment. Transportation may include use of an ambulance or private vehicle.

I, on behalf of my child and myself, do release and discharge The Early Years, its owners and staff from any and all claims, actions, causes of action arising from any accident or loss caused by the above mentioned treatment or transportation.

The Early Years will not be responsible for any incident that may occur as a result of false, misleading or missed information that is given or omitted at the time of enrolment or any time thereafter.

Parent/Guardian Signature

Date

PERMISSION TO PARTICIPATE

I, being the parent/guardian of _____ do hereby approve to the participation of my child in activities related to the program offered by The Early Years. I hereby, on behalf of my child, myself, our successors and assigns, release and discharge The Early Years, its owners and staff, from any and all claims, actions and causes of action arising from any accident or loss cause by the participation of the child named during any activity held at this location, or any location where the program is held or on route to any such activity.

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

Parent/Guardian Signature

Date

For Insurance:

This section must be signed by the parent/guardians of **all** children participating in the program.

Should an emergency happen and we are not capable of contacting you, please give the name, telephone number and relationship of the person who is assigned to take responsibility for your child.

Name: _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____

Parent/Guardian Signature

Date

SECURITY CODE AGREEMENT

The inner front door will be locked at all times throughout the day. This door is equipped with a locking mechanism controlled by key pad codes.

A code has been issued for families and employees alike.

The code is used to enter the facility and is implemented for security purposes. It is your responsibility to remember this code as it will serve as your means of entering the centre to pick up and drop off your child.

This code will be issued to the parent(s) of the child only. We ask that you do not give this code out to any other family members or authorized person for your child's pick up.

The Directors of the centre have the right to remove the access codes to any on caught misusing this privilege. This is important for the child's safety while in the care of our daycare centre.

Please make sure to keep the door closed. We work very hard at keeping your children safe, please work with us to keep it a safe environment for all.

I have read and understood the Security Code agreement and agree to comply with these stipulations.

Parent Signature

Date

Parent Signature

Date

I, _____, have read and understood all policies and procedures implemented at The Early Years Daycare Centre.

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

Parent/Guardian Signature

Date

PHOTOGRAPH CONSENT FORM

I, _____ give permission for photographs/video recording of my child for both publicity material used in The Early Years and childcare training materials including printed publications and our website.

Name of Child: _____ Date: _____

Signature of Parent/Guardian: _____

PERMISSION TO APPLY SUNSCREEN

Parents are required to provide their own sunscreen, labelled and not expired. However, if you choose not to provide sunscreen, a \$15.00 fee will apply and the centre will provide a sunscreen of their choice.

Parent/Guardian Signature

Date

Centre Hours

Centre Hours:	7:00 a.m. – 6:00 p.m. MON-FRI
Full Day Academic Programs:	9:00 a.m. – 4:00 p.m.
Part Time Academic Programs:	9:00 a.m. _ 12:00 p.m.
Before and After School:	7:00 a.m. – 8:00 a.m. / 3:30 p.m. – 6:00 p.m

The centre will be offering extended hours during the winter season for parents who need it for a minimal fee.

School Calendar:

We will run our Academic Program so that it corresponds with the public school system. Our centre is open throughout the year. We will offer Winter Break and March Break Camps as well as Summer Camps for the months of July and August which is already included in your fees.

Centre Closures (as a result of holidays):

We will observe all statutory holidays as recognized by the public sector.

- New Years Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving Day
- Boxing Day
- *Christmas Eve
- Christmas Day
- *New Years Eve

**On Christmas Eve and New Years Eve the Centre will remain open till 12:00 p.m. **

Actual dates and timing of closures will be posted on the information board one week prior to closing.

P.A Days:

The centre will be closed the 2 days prior to Labour Day weekend. (These days are not re-imbursed)

Centre Closures (as a result of emergency):

(These days are not re-imbursed)

Directors, Supervisor and Staff will make every effort to contact parents when the centre has to shut down due to unforeseen reasons such as:

- Fire Evacuation
- Power Failure
- Heating System Failure

CODE OF CONDUCT WITHIN THE CHILDCARE CENTRE

- Parents/Guardians must employ respect to all teachers and its employees within the facility at all times.
- The relationship between parents/guardians and all employees should not impact any policy and procedure within the facility or of personal value and belief.
- Appropriate voice levels must be used by all parents/guardians upon entering and during their presence within the facility.
- Inappropriate **conduct** towards any person affiliated within The Early Years will not be tolerated and be asked to leave the premises immediately.
- Inappropriate **language** towards any person affiliated within the Early Years will not be tolerated and be asked to leave the premises immediately.
- Parents/Guardians who have questions with regards to policy and procedure are encouraged to approach the office.
- Private issues are to be spoken to and dealt with privately between the patron, the facilitators and management.
- Parents/Guardians who choose to use derogatory comments towards any persons employed by the Early Years or its programming will be asked to leave immediately.
- Parents/Guardians unwilling to comply with the above or use inappropriate mannerism both within the facility and on premises will be asked to leave.
- Parents/Guardians who refuse to leave when asked will be escorted off the premises either by management or of higher legal authority.
- The Early Years management reserves the legal right to dismiss, escort or take alternative measures with discretion and where deemed necessary to ensure the safety and well being of all children and employees.

Parent's Signature: _____

Date: _____

FEES

Payments:

The rates charged by the daycare take into account the expenses incurred, the time spent by each child in the daycare, the age group and the quality of care. All prices are based in year round.

Infant 3-18 months	\$1340.00/ month or \$70.00/day
Toddler 18 months – 2.6years	\$1150/month or \$60.00/day
Preschool 2.6 years-3.8years	\$910/month or \$50.00/day
JK/SK 3.8 years -6 years	\$865/month or \$50.00/day
JK/SK alternate program	\$540.00/month
3 full days/week (18months and up)	\$675.00/month
2 full days /week (18months and up)	\$500.00/month
Everyday half day 9-12 from 18 months to 6 years	\$650.00/month
Before school program	\$60/week or 13.00/day
After school program	\$80/week or 17.00/day
Before & After school Program	\$90.00/week or \$20.00/day
Transportation	\$8.00 each way/day
PA Days	\$40.00/day
March Break	\$40.00/day or \$200.00/week
Winter Break	\$40.00/day or \$200.00/week
School Age Camp Kinetic 6-12 years	\$560/2 week session

** Please note: part-time students are not permitted to change OR substitute their scheduled days for any reason (ie. medical, holidays, etc.).*

**Parents who need childcare for short term have to pay bi-weekly.*

**Stat. Holidays are included in the monthly price and days are not re-imbursed should your child's day fall on a stat. Holiday*

**Fees change according to age and not classroom*

Vacation / Sick Days / Absent Days / Statutory Holidays

There is no exemption from fees due to vacation, illness, absence or statutory holidays. Clients are responsible for fees for every day their child is enrolled in the Centre. All families planning extended vacation breaks must inform the Executive Director or Supervisor prior to leaving. Fees for the break must be paid in full prior to leaving in order to ensure your space is reserved. If you withdraw your child, a space cannot be guaranteed when you return. In this case deposits will be used to cover any unpaid fees. (Re-registration require reg. Fee)

The centre reserves the right to change, remove or alter any program it offers without notice.

Registration Fee:

There is a \$100.00, non-refundable, one-time administration fee charged for each child. This fee does not guarantee a placement. However, we will make every effort to ensure that a spot will be available for your child on his/her anticipated start date.

Security Deposit:

There is a two (2) week deposit required for every child based on the rates noted above. The purpose of this fee is similar to first and last payment.

*** There is a \$35 processing fee for all returned cheques. Any outstanding fees will be charged at 1% every fifteen (15) days after the due date. ***

Discounts:

A 10% discount is offered when a second sibling is registered. This discount is applied to the student who pays the lesser amount of tuition. A 5% discount is offered for all other siblings registered, provided that all children are of the same parents and registered for full day programs.

A 5% discount is offered to parents who choose to make a lump-sum payment of 12 months in advance for any full-time program.

Receipts:

"Child Care" tax receipts for tuition fees received by December 31st (less the registration fee) will be issued by February 28th of the following year.

Refunds:

1. There are no refunds or credits given for a child's absence for any reason. Furthermore, part-time students will not be permitted to substitute days for any reason.
2. There is no refund of the registration fee.
3. With a minimum of thirty (30) days written notice of the intended withdrawal (partial or total) all unearned tuition fees after these thirty days will be returned less any part of the security deposit that may or may not have been used up.
4. With respect to those parents who paid a lump sum fee in advance and received the 5% discount, the refund upon early withdrawal will be calculated on a full fee scale and the discount will be invalidated.

Late Pick-Up Fees:

If you are late to pick up your child, a \$1.00 fee will be charged per minute beginning from 6:00 p.m. If you are aware in advance of possible lateness, please make alternate arrangements with your authorized pick up person.

All policies and procedures for the centre are available to read through at any time. Please ask the supervisor or operators to obtain these.

Parent / Guardian Signature

Date

REGISTRATION

Procedures:

1. Please submit the completed registration forms with your non-refundable, one-time administration fee of \$100.00, plus a security deposit of two (2) weeks of fees as calculated by your child's program schedule.
2. Acceptance at The Early Years is conditional upon the completion of the remaining forms and the payment of the remaining school fee, paid by twelve (12) months of post-dated cheques before the child begins school.
3. The Director reserves the right to dismiss a family who fails to reach the standards expected by the daycare in either work or behaviour or if parents refuse to work with The Early Years to help their child/ren reach their self improvement.
4. By signing below, I acknowledge that I have read and understood the preceding pages concerning the Centre's philosophy, goals, programs, curriculum, general information and fees.
5. A \$1000.00 collection fee will be applied to all accounts that are in default of this agreement and/or require litigation
6. All agreements between the parties are contained within this agreement and no verbal agreements have been made or will be honoured outside of this written agreement.
7. The clauses and paragraphing contained in this agreement are intended to be read and construed independently of each other. If any term, covenant, condition or provision of this agreement is held by court of competent jurisdiction to be invalid, void or unenforceable, it is the parties intent that such provision be reduced in scope by the court only to extent deemed necessary by that court to render the provision reasonable and enforceable and the remainder of the provisions of this agreement will in no way be affected, impaired or validated as a result.

The full time fees are based on part time/monthly rates and absent days or holidays will not be deducted from the rate. Thirty (30) days written notice is required for termination of care.

There may be additional fees for textbooks, fieldtrips, etc.

Parent / Guardian Signature

Date

Payment of Fees:

Cheques are to be made payable to The Early Years Ltd with the child's name printed clearly on the front of each cheque.

The total fees must be paid **before** the child starts school:

- ✓ The administration fee of \$100.00 plus two (2) weeks security deposit.
- ✓ Twelve (12) months of post-dated cheques.
- ✓ A lump-sum payment of 12 months in advance taking into account the 5% discount.