

**Application Package
For
Sunnyside Day Care**

2009/2010

**Sunnyside Day Care
(1546361 Ontario Ltd.)**

General Information

1. Start Date as requested by parents: _____
2. Number of days of required care: _____
3. Preferred days: _____
4. Additional Information: _____

How did you find our about our daycare? _____

**ENROLLMENT CONTRACT
For**

Child's name: _____

Enrollment Date: _____ Discharge Date: _____
(completed by staff)

A: Consent:

1. I/we consent to have my child/children leave the daycare premises to take part in neighbourhood visits to the local parks, libraries or on walks of interest. I/we understand that the staff members will be accompanying the children on such excursions and that every precaution will be taken for the safety of my/our child/children. I/we agree to hold Sunnyside Day Care (1546361 Ontario Ltd), its employees and Directors harmless from any and all liability with respect to any accidents, injuries or other incidents, which may occur during these outings. Parents will be notified and requested to consent to larger field trips on an individual basis as they are scheduled.
2. We understand that in the event we choose not to sign a consent form allowing our child to participate in scheduled field trips or events, we are still responsible for making payment to the daycare for any such day, and agree to make alternative arrangements for our child's care.

B: Fees:

3. We agree to provide one (1) complete month's notice (this means from the 1st of a month until the 30th/31st of that same month) in the event we choose to withdraw our child from Sunnyside Day Care for any reason. Fees for that month of notice will be charged even in the event of an earlier withdrawal.
4. We agree to pay the appropriate monthly fees as outlined below:
 - a) 5 day per week care per child: \$600.00 every 15th and 30th of each month (\$675.00 per installment for Infant care)
 - b) 4 day per week care per child: \$485.00 every 15th and 30th of each month

- c) 3 day per week care per child: \$370.00 every 15th and 30th of each month
 - d) 2 day per week care per child: \$255.00 every 15th and 30th of each month
 - e) Kindergarten AM care (7.45am – 12pm): \$255.00 every 15th and 30th of each month
 - f) Kindergarten AM care (8am– 12.45pm): \$305.00 every 15th and 30th of each month
 - g) Kindergarten PM care (11.30 – 6.00pm): \$400.00 every 15th and 30th of each month
5. Any additional days which may be requested in the event of available space from time to time, must be paid for separately at a fee of \$55.00 per day.
 6. In the event we fetch our child past closing time at 6.00pm, we agree to pay the overtime fee of \$1.00 for each minute that we are late.
 7. NSF cheques are charged a \$20.00 fee for each occurrence.
 8. I/we understand that we make payment for every day in every week including statutory holidays, and including any days where our child is absent due to illness or vacation.
 9. I/we understand that full daily fees are applicable regardless of the length of time of stay for each day. Full daily fees are also applicable for phase-in periods.

C: General:

Sunnyside Daycare has the right to immediately request a child’s temporary or permanent withdrawal from the daycare if:

- a) the child displays consistent unreasonable or unacceptable behavior that is to the detriment of other children, or
- b) the child contracts a long term communicable medical condition that may endanger the health of other children or the caregivers, or
- c) the child develops a disability that the daycare is not equipped to provide adequate care for.

I/We have been made aware of the conditions for enrolment and the daycare’s policies and procedures and have been given a personal copy. We acknowledge and agree to all the terms and conditions outlined in these documents and in this agreement.

Parent 1 (Name & Signature)

Date:

Parent 2 (Name & Signature)

Date:

Director’s Signature for
1546361 Ontario Ltd.

Date:

Medical Information

Your Child's Information:

Full Name (as it appears on Child's Health Card): _____

Date of Birth: day _____ month _____ year _____

Child's Health Card number (incl. letters): _____
(providing health card # is optional)

Name of Child's Family Doctor: _____

Doctor's Address: _____

Doctor's Office Telephone: _____

Child's Medical History:

Any Existing Medical Conditions: _____

Medications Used for Conditions: _____

Any Previous Communicable Diseases: _____

Any Previous Conditions Requiring Medical Attention: _____

Any Allergies or Special Dietary Considerations: _____

Please note, for children with severe allergies, a Medical Alert bracelet or necklace MUST be worn at all times.

Any Additional Helpful Information in the Event of an Emergency:

My signature below verifies that the child named on this form has received all immunizations as required by the local medical officer of health. Additionally, my signature authorizes Sunnyside Home Care to provide emergency medical treatment as needed for my child named above, in the event that neither myself, my spouse nor an appointed guardian can be reached within reasonable time.

Parent 1 Name: _____

Parent Signature: _____

Parent 2 Name: _____

Parent Signature: _____

A current copy of your child's immunization record must be attached and returned with this form.

Parent Contact Information

Parent Information:

Mother's Name: _____

Father's Name: _____

Home Address: _____

(Please provide both if father and mother do not reside together)

Home Telephone: _____

(Please provide both if father and mother do not reside together)

Mother's Work Telephone: _____

Mother's Cel/Pager: _____

Mother's Work Address: _____

Father's Work Telephone: _____

Father's Cel/Pager: _____

Father's Work Address: _____

Designated Guardian:

In the event neither of you can be reached, please designate a guardian for your child.

Name of Guardian: _____

Home Telephone: _____

Work Telephone: _____

Guardian Cel/Pager: _____

Guardian Address: _____

To Whom May We Release Your Child?

A) Please list all the family and friends who may fetch your child from our care. Please note, they will be required to show photo identification if they are unfamiliar to the Sunnyside caregivers. We reserve the right to refrain from releasing a child without adequate proof of identification.

B) Please list any individuals to whom we may not release your child:

C) Please provide a recent head and shoulders photograph of your child for both our birthday board and our emergency contact binder. Thank you.