

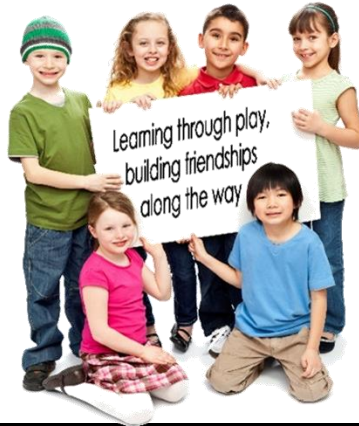
**VICTORIA PARK
CHILD CARE CENTRE**

172 Queen Street
Cobourg, Ontario K9A
5P6

Phone: 905-372-2143

Fax: 905-372-2441

vic.park@cooksdaycare.ca



OFFICE USE ONLY

() New Application

() Renewal Application

Start Date:

(D) _____ (M) _____ (Y) _____

Withdraw Date:

(D) _____ (M) _____ (Y) _____

APPLICATION

ANNUAL ADMINISTRATION FEE: SEE CURRENT FEE GUIDE FOR CHILD OR FAMILY RATE
(Added to the 1ST Pre-Authorized Debit & Every January 1ST Thereafter)

SCHOOL-AGE SUMMER ACTIVITY FEE: see current fee guide (Added to June 1st /15th Pre-Authorized Debit)

FAMILY INFORMATION

Child's Surname:	Child's First Name:	Sex: M or F
Child Lives With:	Date of Birth :(D) ____ (M) ____ (Y) ____	
Parent / Guardian		Parent / Guardian
Name:	Name:	
Address Street, R.R. #, Apt:	Address Street, R.R. #, Apt:	
Town, Province:	Town, Province:	
Postal Code:	Postal Code:	
Telephone: () -	Telephone: () -	
Cell Phone: () -	Cell Phone: () -	
Email Address:	Email Address:	
Employer/School	Employer/School	
Address (Street, Town):	Address (Street, Town):	
Telephone: () -	Telephone: () -	
Department/Extension:	Department/Extension:	
School Program Name:	School Program Name:	

Custody Arrangements

If applicable, a copy of the CURRENT court document, outlining custody and/or visiting arrangements, must be submitted to the office to ensure your child/ren's safety.

CUSTODY DOCUMENT PROVIDED? YES NO NOT APPLICABLE

IN CASE OF EMERGENCY and RELEASE OF THE CHILD

Other than Parent / Guardian. MUST BE LOCAL. This space cannot be left blank.

Name:	Name:
Phone # () ____ - _____	Phone # () ____ - _____
Alternate #: () ____ - _____	Alternate # () ____ - _____
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	Name:
Phone # () ____ - _____	Phone # () ____ - _____
Alternate # () ____ - _____	Alternate # () ____ - _____
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>

CHILD'S HEALTH HISTORY

Child's Physician:	Physician's Telephone:	() -
Physician's Address (Street, Town):		
List all symptoms / reactions that indicate that your child is feeling unwell:		

Allergies / Food Restrictions - List all allergies / restrictions or limitations below

Food Allergies (Items to be omitted)	Food Restrictions (Items to be limited)	Environmental Allergies (Medication, insect bites, etc.)

Check this box if parent / guardian providing menu items with written feeding and food storage instructions.

List all sign/symptoms/reactions that are observed if your child has contact with the source of the allergy:

Has medical attention been obtained because of allergies/ongoing medical conditions or illness?

IS YOUR CHILD AT RISK OF ANAPHYLAXIS OR HAS A LIFE-THREATENING MEDICAL NEED?

Check here if an **Individual Emergency Response Plan** (IERP) accompanies this application. Examples: life-threatening allergic reactions, asthma, diabetes.

DOES YOUR CHILD HAVE AN INDIVIDUAL SUPPORT PLAN IN PLACE?

Check here if an **Individual Support Plan** (ISP) accompanies this application.

**What conditions and/or illnesses has this child experienced to date?
Please check beside any that apply.**

<input type="checkbox"/> Chicken Pox	Age:	<input type="checkbox"/> Scarlet Fever	Age:
<input type="checkbox"/> Mumps	Age:	<input type="checkbox"/> Measles	Age:
<input type="checkbox"/> Hepatitis	Age:	<input type="checkbox"/> Diabetes (first diagnosed)	Age:
<input type="checkbox"/> Other (specify)			Age:

May your child participate in physical exercise? **YES** **NO** If no, please comment.

Immunization

Proof of immunization or a written objection on a Ministry-approved form, **Statement of Medical Exemption for Child** or **Statement of Conscious or Religious Belief for Child** that excludes the child from being immunized **must be provided upon enrollment**. Families are required to provide proof of any further boosters if choosing to immunize the child once enrolled in the program.

The local Health Unit obtains a copy of the record from the agency office and will contact the family if any immunization information is lacking.

A child will be excluded from the program until the appropriate information is provided.

CHILD'S SCHEDULE

Indicate precisely the days of the week and the hours of care required on the **CHILD CARE SCHEDULE REQUEST FORM** available from the office or on our website www.cooksdaycare.ca. You are expected to submit the completed form to the office on or before the deadline date indicated on the form.

If you require a change to the schedule, it **MUST** be submitted to the office **at least two weeks (four weeks in July & August)** in advance of the change, using the form provided by Cook's School Day Care Inc.

Pre-Authorized Debit amounts are calculated directly from the schedules submitted to and approved by the Administration.

OVER THE COUNTER PRODUCTS

The following non-prescription items, I supply, may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off): Lotions

Diaper Creams/Ointment Lip Balm Hand Sanitizers Insect Repellent

Date (d) (m) (y) Parent/Guardian Signature _____

OTHER CHILDREN IN THE FAMILY

Name:	Date of Birth (d) (m) (y)
Name:	Date of Birth (d) (m) (y)
Name:	Date of Birth (d) (m) (y)

KINDERGARTEN / SCHOOL-AGED CHILDREN

Name of School my child will attend: _____

I understand that when my child reaches the age for school, Cook's may not have space in the School Age Program due to high numbers and limited spaces available.

Parent/Gaurdian Signature: _____

Schedule: Please check below the type of care required

<p>Non-School Days PA Days, School Holidays</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Before School</p> <p>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p><small>Escort to School/Bus by Child Care Means</small> No before school care at this time</p>	<p>After School</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><small>Escort to Child Care by Child Care Means</small></p>
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Transportation / Escort to and from School

I grant permission to Cook's School Day Care Inc to carry out the arrangements made for my child to be transported or accompanied to and/or from School according to the option checked below:

My child be escorted directly to and/or from school by Cook's Staff.



My child be escorted directly to and/or from the bus-stop by Cook's Staff where he/she may be transported to school or returned to the Child Care Centre. **No bus transportation at this time**



ALL PARENTS / GUARDIANS PLEASE NOTE

On days when the playgrounds are not suitable for use, the children may be taken for a walk off the day care property. If you have any questions, please contact the Executive Director, Sharon Welsh or the RECE Lead, Penny Marriott.

Parent/Gaurdian Signature: _____

ALL PARENTS / GUARDIANS – PLEASE COMMENT

How did you become aware of our service?

Why did you choose our service?

PARENT / GUARDIAN AGREEMENT

Please read and initial beside each of the following statements to confirm your acknowledgement

I have received and take responsibility to read my copy of the current Parent Handbook.

Your initials

I will access the website www.cooksdaycare.ca or request hard copies of:

- the Program Statement
- fees
- the menu
- policies (including Prohibited Practices, Self-Regulation Policy, Sleep & Rest)

Your initials

I understand and agree to abide by the financial arrangements.

Your initials

I understand that ALL FAMILIES must enroll in the Pre-Authorized Debit (PAD) payment program to pay child care fees. Payments are automatically withdrawn from my savings/chequing account.

Your initials

I am responsible for any applicable service charges if a payment is declined or does not clear the bank.

Your initials

I have fully completed the consent form and attached/included my account information (void cheque/savings account information).

Your initials

I understand I must submit each Child Care Schedule Request form to the office on or before the deadline date. My space is not guaranteed unless I submit my schedule on or before the date indicated on the form.

Your initials

I understand that regular fees are billed for ALL STATUTORY HOLIDAYS/DAYS OF CLOSURE - NO EXCEPTIONS. Your Parent Handbook includes a list.

Your initials

I understand that a fee of \$5.00 per minute is charged if my child is dropped off prior to 6:00am and/or picked up after 6:00pm
(According to the Child Care Centre clock).

Your initials

I understand that **two weeks written notice** is required if I plan to TEMPORARILY OR PERMANENTLY withdraw my child/ren from any Program of Cook's School Day Care Inc. I will be billed until Cook's School Day Care Inc receives my **written notice**.

Your initials

I understand and respect that bullying, harassment and violence are not tolerated toward any person in this workplace.

Your initials

Having read the current Parent Handbook, I understand the policy regarding Illness, Covid-19 protocols, and returning to care after illness.

Your initials

Parent/Guardian Signature

Date (d) (m) (y)

CHILD CARE ACCOUNT UPDATES

In an effort to reduce the amount of paper we use, we will not prepare a monthly statement of account unless the Parent/Guardian of a child in our care requests it.

Account updates must be picked up at the child care centre office – they are not mailed.

IN CASE OF SERIOUS ILLNESS OR INJURY TO MY CHILD WHILE ATTENDING THE CHILD CARE PROGRAM, I AGREE TO:

- The Child Care Centre calling an ambulance to transport my child to the hospital. I understand that Parents/Guardians are contacted and informed to go directly to the hospital when an ambulance is used.
- Assume responsibility of any resultant expense (I.e., ambulance costs).

Parent/Guardian Signature

Date (d) (m) (y)

CHARITABLE DONATIONS & PLEDGES

Fundraising profits help purchase program enhancements. **Each year ALL families are ENCOURAGED to help by participating in fundraising activities and DONATING an amount suitable for your family. Please indicate your choice below.**

- I choose to donate a single lump sum amount of \$_____ for the calendar year. I would like the amount included on the pre-authorized debit transaction on this month and date: _____ 1st or _____ 15th.
- I choose to donate \$_____ with **each** regularly scheduled pre-authorized debit transaction.
- I choose to not donate in this calendar year.

Any amount is appreciated. Thanks! A receipt will follow after December 31.

Parent/Guardian Signature

Date (d) (m) (y)

PROTECTION FROM THE SUN

Cook's School Day Care Inc purchases sunscreen in bulk to be applied to the children attending our program from May 1st to September 30th. You will be notified of the brand and strength before applications begin and if changes occur. Product labels are checked to ensure that no traces of nut/peanuts are contained in the ingredients.

We do not purchase individual containers for every child.

Although no fee is charged, a donation of the **same product being used** or cash to help offset the cost would be greatly appreciated. A tax receipt is issued for all donations.

Parents / Guardians are responsible for providing labelled sunscreen if:

- * You do not want your child to use the brand supplied by Cook's School Day Care Inc.
- * You want sunscreen applied to your child before or after the period stated.

It is important that sunscreen be applied for our outdoor activities. Please sign the agreement below to allow us to apply sunscreen to your child.

- I give permission for sunscreen **supplied by Cook's School Day Care Inc** to be applied as required for outdoor activities while my child is in attendance from May 1st to September 31st. I give permission for Cook's School Day Care Inc to apply the labelled sunscreen **I supply** prior to and after the period stated.
- I will supply** labelled sunscreen from May 1st to September 30th. I give permission for Cook's School Day Care Inc to apply the sunscreen supplied as required for outdoor activities while my child is in attendance. I give permission for Cook's School Day Care Inc to apply the labelled sunscreen I supply prior to and after the period stated.

Parent/Guardian Signature

Date (d) (m) (y)

PHOTOGRAPHY PERMISSION: Please check ALL that apply

- I give permission for my child's photo to be taken and displayed by Cook's School Day Care Inc in the following ways (check all that apply)
- Activity room learning story bulletin board
 - Posting in the centre
 - Learning story personal portfolio
 - In-house slide shows
 - In-house photo albums
 - Creative activities
 - Parent gifts

If my child appears in a group Learning Story photo, I consent to the photo being shared with the families of the children in the photo.

- Keeping in mind that only the first names of those in any photo are used in the description of the activity captured, I consent to photos of my child being:
- Posted on the Cook's website
 - Posted on Cook's Facebook group
 - Used in marketing materials with prior consent of each marketing activity.

I understand that photos posted on Facebook cannot later be entirely removed.

I give permission for my child to be included in class photos taken on-site by the professional photographer. I understand that class photos are available for all families to purchase.

I do not give permission for my child to be photographed by Cook's School Day Care Inc for any reason.

Parent/Guardian Signature

Date (d) (m) (y)

MEDIA RELEASE: Please check ONE statement

PERMISSION IS GRANTED for my child to be involved in media coverage involving Cook's School Day Care Inc. His/her name may accompany media photos.

PERMISSION IS DECLINED for my child to be involved in media coverage involving Cook's School Day Care Inc.

Parent/Guardian Signature

Date (d) (m) (y)

