**Angelgate Daycare LTD**

**REGISTRATION PACKAGE**

**PROGRAM INFORMATION**

|  |  |
| --- | --- |
| **Client Start Date:** | **Client Withdraw Date:** |
| **School Attending:** | **Program Enrolled:** |
| **Interview Date:** | **Handbook Sent Date:** |
| **Days Per Week:** | **Location: Runnymede / Jane** |

**CHILD INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Child’s Name:** | **Birthdate (YY/MM/DD):** | |
| **Address:** | **City:** | **Postal Code:** |

**PARENT/GUARDIAN #1**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Add:** | **City:** | **Postal Code:** |
| **Home/Cell Phone:** | **Work Phone:** | |

**PARENT/GUARDIAN #2**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Add:** | **City:** | **Postal Code:** |
| **Home/Cell Phone:** | **Work Phone:** | |

**\*Please ensure all addresses include postal code & medical records are submitted prior to enrollment\***

**EMERGENCY CONTACTS**

**EMERGENCY CONTACT #1**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**EMERGENCY CONTACT #2**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Address:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**OTHER PERSON FOR PICK-UP #1**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**OTHER PERSON FOR PICK-UP #2**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Address:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**\*Please ensure all addresses include postal code & medical records are submitted prior to enrollment\***

**CHILD’S HEALTH INFORMATION**

**FAMILY DOCTOR**

|  |  |
| --- | --- |
| **Name:** | **Phone:** |

**DOES YOUR CHILD HAVE ANY ALLERGIES?**

|  |
| --- |
| **Food Allergies: □ Yes □ No**  **Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Severity of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other Allergies: □Yes □No**  **Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Severity of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**DOES YOUR CHILD HAVE ANY HEALTH OR MEDICAL ISSUES SUCH AS?**

|  |
| --- |
| **□ Asthma □Vision □Skin Conditions □Special Medications □Hearing □Other**  **Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD**

|  |
| --- |
| (Appetite, Rest or Quiet time requests, Behaviour management techniques used at home, Developmental, etc.) |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Angelgate Daycare LTD**

**230 – 232 Jane Street Toronto ON M6S 3Z1**

**\*Please ensure to read before signing. By signing you comply that no exceptions will be made to the agreement\***

**Cheques Payable to “ANGELGATE DAYCARE LTD”**

I/We have paid the $250 registration fee and acknowledge that it is non-refundable, non-transferable.

I/We have paid the first month’s tuition in the amount of \_\_\_\_\_\_\_\_\_ and acknowledge that it is non-refundable, non-transferable.

I/We have been made aware of the conditions for enrollment and agree to follow these rules and regulations.

I/We agree that policies have been reviewed with us **prior** to admission of my/our child/children and I/We will be provided with a copy of the parent handbook and we agree to comply with these policies.

**If I/We decide to cancel daycare before the start date, I/We understand that the $250 registration fee and first month deposit paid at the time of registration will be forfeited and not returned to me/us. If I/We decide to change the start date to a later month, I/We will be required to pay all the months leading up to your new start date. I/We agree that a One Calendar month notice is required before withdrawing from the program (in writing). Failure to comply on mine/our part will result in sorting this matter in small claims court where I/We will be responsible for paying any additional occurring costs. Tax receipts will not be issued if my account is not up-to-date including last month’s payment.**

Initial: \_\_\_\_\_\_\_\_\_\_\_\_

\*We reserve the right to update our Parent Handbook. You will be sent a copy via email, the updated version (when applicable) and will be asked to sign for receipt of same. A copy will be added to your child’s file and kept on record\*

\*We reserve the right to upgrade the prices yearly (as needed) to reflect the cost of inflation and operating cost. This will be addressed in your fees for daycare (if required this will be on September 1st of each school year).

I/We acknowledge that we have read the terms of this agreement and consent to the same and warrant the same information set out above is correct.

Initial: \_\_\_\_\_\_\_\_\_\_\_\_

WE CARE

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Angelgate Daycare LTD**

**230 – 232 Jane Street Toronto ON M6S 3Z1**

|  |  |
| --- | --- |
| **REGISTRATION FEE** AT TIME OF BOOKING | **$250 NON-REFUNDABLE NON- TRANSFERABLE** |
| CQ# DATE RECEIVED: |  |
|  |  |
| **ALL PROGRAMS** \*BASED ON A 12 MONTH SCHEDULE **(withdrawal results in loss of spot)** | WHEN REGISTERING FOR PROGRAMS, 6 MONTHS OF POST DATED CHEQUES ARE REQUIRED IN ADVANCE. |
|  | **INFANTS** 5 DAY WEEK $1700 |
|  | 4 DAY WEEK $1505 |
|  | 3 DAY WEEK $1450 |
|  | 2 DAY WEEK $1050 |
| RATES STILL APPLY DURING CANCELLED OR SICK DAYS. |  |
| **JK/SK & GRADE SCHOOL BEFORE & AFTER PROGRAMS (12 month program includes summer camp @ Runnymede location)** | **JK/SK & GRADE SCHOOL BEFORE & AFTER PROGRAMS (10 month program no summer camp)** |
| 5 DAY WEEK $750 | 5 DAY WEEK $650 |
| **LUNCH PROGRAM AT RUNNYMEDE IS $200 EXTRA A MONTH** | **FOR JK/SK & GRADE SCHOOL MORNINGS ONLY PROGRAM 5 DAYS A WEEK $400/month** |
| **$10/month ADDITIONAL CHARGE FOR ALLERGIES/SUBSTITUTIONS** |  |

**Summer Camp (Available at our Runnymede location ONLY) is $60 Daily Pre-Paid. This does not include any additional admission fees. Please note that you are still responsible for paying the full fees for any days missed/cancelled during Summer Camp. NO EXCEPTIONS will be made. (Days not transferable or changeable)**

**\*$20 CHARGE** IF WE ARE NOT NOTIFIED ON GIVEN DAY BEFORE 1:00 PM THAT YOUR **CHILD WILL NOT BE JOINING US** AT DAYCARE.

PLEASE CHECK OUR WEBSITE AT [www.angelgatedaycare.com](http://www.angelgatedaycare.com) TO VIEW OUR MENUS AS WELL AS OUR SUMMER AND MARCH BREAK FUN CAMPS.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please ensure you have read the above. By signing, you comply that no exceptions will be made to the agreement\***

**Cheques Payable to “ANGELGATE DAYCARE LTD.**

**Angelgate Daycare LTD**

**230 – 232 Jane Street Toronto ON M6S 3Z1**

|  |  |
| --- | --- |
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| CQ# DATE RECEIVED: |  |
|  |  |
| **ALL PROGRAMS** \*BASED ON A 12 MONTH SCHEDULE **(withdrawal results in loss of spot)** | WHEN REGISTERING FOR PROGRAMS, 6 MONTHS OF POST DATED CHEQUES ARE REQUIRED IN ADVANCE. |
| **TODDLERS** 5 DAY WEEK $1500 | **PRESCHOOL** 5 DAY WEEK $1325 |
| 4 DAY WEEK $1308 | 4 DAY WEEK $1200 |
| 3 DAY WEEK $1250 | 3 DAY WEEK $1075 |
| 2 DAY WEEK $850 | 2 DAY WEEK $675 |
| RATES STILL APPLY DURING CANCELLED OR SICK DAYS. |  |
| **JK/SK & GRADE SCHOOL BEFORE & AFTER PROGRAMS (12 month program includes summer camp @ Runnymede location)** | **JK/SK & GRADE SCHOOL BEFORE & AFTER PROGRAMS (10 month program no summer camp)** |
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Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please ensure you have read the above. By signing, you comply that no exceptions will be made to the agreement\***

**Cheques Payable to “ANGELGATE DAYCARE LTD.**

**Angelgate Daycare LTD**

Diaper Medication Permission Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **give** the staff of Angelgate Daycare LTD permission to apply medicated **or** non-medicated diaper cream/lotion/spray to my child’s body during the daily diapering routine.

\*Please note, in any case Angelgate Daycare Inc does not supply these products.

OR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **do not give** the staff of Angelgate Daycare LTD permission to apply medicated or non-medicated diaper cream/lotion/spray to my child’s body during the daily diapering routine.

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Angelgate Daycare LTD**

**Permission Form – Sunscreen**

Enrolment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to Angelgate Daycare LTD. To apply

sunscreen to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when doing outdoor activities.

OR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do not give permission to Angelgate Daycare LTD to

Apply sunscreen on my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when doing outdoor activities.

(Please check off one of the following)

Parents Provide Sunscreen \_\_\_\_\_\_\_\_\_\_\_\_\_

Angelgate Daycare LTD Provides Sunscreen \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Angelgate Daycare LTD**

**Sleep Policy**

It is the requirement of the Ministry of Education that all childcare centers that operates for more than 6 hours provide a rest period for all the children within the program. For **Angelgate Daycare LTD. (ADL)** this period is provided between 12:30pm to 2:30 pm. We are aware that children come with their individual sleep patterns and as such **ADL** will try to meet these patterns while getting them into the daycare’s routine. Upon enrollment into the childcare centre the parents will provided with a copy of the sleep policy. Additionally, if there are observances of any changes in sleep patterns this will be communicated to the parents, and any necessary changes will be discussed and modifications made on an ongoing basis.

1. Nap is offered daily following lunch and the length of the rest period is child dependent. Each child sleeps for different lengths of time and **ADL** tries to facilitate these various sleep lengths by offering quiet activities for children that are awake prior to the end of nap periods or those who do not wish to sleep. Parents will be consulted regarding the child’s sleep habits upon enrollment, before transitioning to another program or upon a parent’s request for any changes or where any observation of the staff would require changes to be made.
2. Each room has an **ADL** staff member who supervises the nap period. The staff will be conducting periodic visual checks (**every 15-20 minutes for toddlers and every 20-30 minutes for preschoolers**), looking for any indicator of distress or unusually behaviour within the nap period. The staff will document any change in sleep pattern on the sleep observation sheet and communicate the changes noted to the parent upon arrival at pick -up. This will include information on what changes were seen and how often this change was observed during sleep, noting the specific times observed.
3. The staff will ensure that there is sufficient light in the sleep room to facilitate their direct visual checks.
4. Each child in **ADL** is assigned their own cot for use during nap for the duration of their time in each of the centres room.
5. Blankets, Sleep Toys and other items of comfort may be brought from home for use during nap time as this assists in the child’s adjustment to the centre. Note however, that if the child does not have these items they will be provided by the daycare.
6. Children are placed on their tummy or side initially to provide staff with the ability to assist them to fall asleep. Once asleep the children are left to find the position that best suits their sleeping needs.
7. Children who have outgrown sleep or are simply not sleepy will be moved to a table to complete a quiet activity of their choosing while the other children rest.

Toddler Sleep Chart

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | Sleep Time | Visual Checks | | | | |
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Preschool Sleep Chart

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name | Sleep Time | Visual Checks | | | |
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