



Registration Form

CHILD INFORMATION

Child's Full Name:

Last _____ First _____ Middle _____

Date of Birth: _____

Child's Gender: Male Female

Home Address: _____

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

Parent / Guardian:

Name: _____ Occupation: _____

Work Address: _____

Work Telephone: _____ Cell Phone: _____

Home Address (if different from above) _____

Email: _____

Parent/ Guardian:

Name: _____ Occupation: _____

Work Address: _____

Work Telephone: _____ Cell Phone: _____

Home Address (if different from above) _____

Email : _____



Approximate Drop of time:

Approximate pick up time:

Family Physician/Pediatrician: _____

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

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

Telephone: _____

Allergies/Food restrictions:

Dentist information: _____

Name: _____

Address: _____

Telephone: _____



Child's full name: _____ Date of Birth: _____

Parent/Guardian: Name _____

Home Address: _____

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

Work Address: _____

Work Telephone: _____ Cell Phone: _____

Parent/Guardian: Name _____

Work Address: _____

Work Telephone: _____ Cell Phone: _____

First Emergency Contact Information (to whom child may be released if guardian is unavailable):

Name of person: _____ Relationship to child: _____

Telephone Home _____ Work _____ Cell Phone: _____

Second Emergency Contact Information:

Name of person: _____ Relationship to child: _____

Telephone Home _____ Work _____ Cell Phone: _____

Family Physician/Pediatrician: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone: _____



Parent/Guardian consent and agreement for Emergencies

As parent/guardian, I consent to have my child receive first aid by PLL centre and, if necessary, be transported to hospital to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and updated this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature:

Date:



OFFICE USE ONLY

Date of Admission: _____ **Date of Withdrawal:** _____

Classroom: _____

Fee: _____ **Registration Paid:** _____

Deposit Paid: _____



HEALTH HISTORY

Child's Full Name: _____

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

Has your child had any of the following?

- Chicken Pox Mumps Scarlet Fever
- Measles Rheumatic Fever Whooping Cough
- German Measles RSV Fifth's Disease
- Frequent Colds Bronchitis Tonsillitis
- Middle Ear Infections Pneumonia

Special needs (please state medical diagnosis and treatment as well as any Individual

Program Plan and agencies involved):

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throats, nose bleeds, other?

Has or does your child have any known health problems? () yes () no If yes, please describe:

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

Special dietary requirements:

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



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 _____

First person; Name of person: _____

Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Second person; Name of person: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____



MEDICAL / ACCIDENT EMERGENCY

I hereby grant permission to The PLL 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 PLL, the Director, Supervisor, or Staff is hereby authorized to take my child, _____ for immediate medical treatment. Transportation may include use of an ambulance.

I, on behalf of my child and myself, do release and discharge The PLL, 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 PLL 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



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
- Easter Monday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving Day
- Boxing Day
- Christmas Eve
- Christmas Day
- New Years Eve

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

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
- Flood
- Water leakage from ceiling or pipes
- Severe Snow Storm



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 PLL. I hereby, on behalf of my child, myself, our successors and assigns, release and discharge The PLL, 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 PLL. I understand that parental consent forms will be issued when the excursions involve the use of chartered school buses.

Parent/Guardian Signature

Date



SECURITY CODE AGREEMENT

The 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



PHOTOGRAPH CONSENT FORM

I, _____ give permission for photographs/video recording of my
Child for both publicity material used in The PLL 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, labeled and not expired.

Parent/Guardian Signature

Date



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

***Statutory Holidays are included in the monthly price and days are not reimbursed should your child's day fall on a statutory 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 \$140.00, non-refundable, one-time administration fee charged for each child.

Security Deposit:

There is a two a (2) week deposit required for every child based on the age group monthly fee. 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.

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.

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 pm. 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 \$140.00, plus a security deposit of two (2) weeks of fees as calculated by your child's program schedule. There is a two (2) week deposit required for every child based on the rates noted on the fee sheet. The purpose of this fee is similar to first and last payment. Please be aware that 4 (four) months prior to starting date this fee will be collected if we are not notified that starting day has been changed or cancelled. If any changes in childcare intentions, parents must notify us 4 months before starting day of the care.

Only Children with complete registration packages, including all signatures, completed forms, immunization record, and post dated cheques will be permitted in our program.

2. Withdrawal:

We ask that you give 1 (one) month notice prior to child's discharge. Less than one month notice will result in full payment for the next month. This notice must be in writing.

3. Discharge

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 PLL 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 \$1200.00 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 honored 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 / part time fees are based on 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 Play Laugh Learn 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 \$140.00 plus two (2) weeks security deposit.**
- **☑ six (6) months of post-dated cheques.**