

Family Name: \_\_\_\_\_

## Registration Package



January 2012

## Family Information

**Parent/Guardian's Name:** \_\_\_\_\_  
Guardian's Relationship to Child (if applicable) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_  
Cell Phone/Pager No. \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone No. \_\_\_\_\_  
Identification Information:  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M      D      Y

**Parent/Guardian's Name:** \_\_\_\_\_  
Guardian's Relationship to Child (if applicable) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_  
Cell Phone/Pager No. \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone No. \_\_\_\_\_  
Identification Information:  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M      D      Y

### Additional Household Family Members Information

Name: _____	Relationship: _____	DOB: ____/____/____ M      D      Y
Name: _____	Relationship: _____	DOB: ____/____/____ M      D      Y
Name: _____	Relationship: _____	DOB: ____/____/____ M      D      Y

Is your child(ren) or your family involved with another children's treatment agency or treatment centre? (If yes, please provide name of agency, agency contact and reason for the involvement.)

\_\_\_\_\_  
\_\_\_\_\_

Are you receiving any funding assistance for your child care fees? Yes: \_\_\_\_ No: \_\_\_\_

(If yes, please provide Caseworker's name, phone number, e-mail address and the file number.)

\_\_\_\_\_

Is there anything else we should know about your child(ren) or your family situation?

\_\_\_\_\_

## **Emergency Contact Information**

***(In the event that we are unable to reach the parents/guardians, the parents/guardians understand and agree that we can release their child(ren) to the persons indicated as Emergency Contacts listed below. Emergency Contacts must be at least 16 years old.)***

**Emergency Contact 1** – First person to contact in an emergency if parents/guardians are not available:

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

Address: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Wk No. \_\_\_\_\_

**Emergency Contact 2** – Second person to contact in an emergency if parents/guardians are not available:

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

Address: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Wk No. \_\_\_\_\_

**Emergency Contact 3** – Third person to contact in an emergency if parents/guardians are not available:

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

Address: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Wk No. \_\_\_\_\_

### **Individuals Authorized to Pick-up**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

***If any of the individuals stated above arrive to pick up your child and are not known to the staff, we will only release your child to them if a photo identification is presented and verified.***

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Child's Personal Information**  
**(First Child to be registered)**

**Child's Name:** \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle Initial) (Nickname)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ OHIP Card: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

Gender:  M  F

Has your child had previous childcare experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when and what type? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Does your child have any **allergies** or **special dietary** needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears, likes or dislikes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require a sleep during our scheduled naptime? Does she/he have a special toy or blanket?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific expectations relating to your child's care and early learning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Child's Medical Information

(First Child to be registered)

## Communicable Disease History (Dates)

Red Measles: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

German Measles: \_\_\_\_\_

Mumps: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

## Medical Conditions:

Asthma: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, was this in the last 6 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Diarrhea or Constipation a problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any concerns regarding their sleep habits? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

Is an Epi-Pen required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there anything else we should be aware of regarding your child's health or medical history? Does your child have now (or has your child ever had) any medical problem or behavior that would require special attention, medication or special diet? If so, please specify. \_\_\_\_\_

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## Immunization History

Child care providers are required to collect and submit to their Public Health Unit information on the immunizations of all children registered in the Centre. **Please attach a copy of your child's yellow immunization record to this form.** Please note that it is the parent's responsibility to provide this information to the child care agency and to keep it updated on a regular basis. Failure to do so could result in suspension of child care or termination.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Child's Personal Information**  
**(Second Child to be registered)**

**Child's Name:** \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle Initial) (Nickname)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ OHIP Card: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Gender:  M  F

Has your child had previous childcare experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when and what type? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Does your child have any **allergies** or **special dietary** needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears, likes or dislikes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require a sleep during our scheduled naptime? Does he/she have a special toy or blanket? \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific expectations relating to your child's care and early learning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Child's Medical Information

(Second Child to be registered)

## Communicable Disease History (Dates)

Red Measles: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

German Measles: \_\_\_\_\_

Mumps: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

## Medical Conditions:

Asthma: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, was this in the last 6 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Diarrhea or Constipation a problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any concerns regarding their sleep habits? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

Is an Epi-Pen required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there anything else we should be aware of regarding your child's health or medical history? Does your child have now (or has your child ever had) any medical problem or behavior that would require special attention, medication or special diet? If so, please specify. \_\_\_\_\_

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## Immunization History

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### ***Arrival & Departure of Children***

Parents/Guardians are responsible to:

- sign their child in and out using the computer at the reception desk
- attend to the child's needs such as removing/putting on outdoor clothes, changing shoes/boots etc.
- escort their child to the appropriate classroom/from the classroom
- ensure that the teacher is aware of the child's arrival or departure

### ***Authorized Persons/ Releasing a Child***

Children must arrive and depart the centre with an authorized person. Authorized persons include:

- Parents/Guardians
- Any person over the age of 16 years designated in the child's file as an authorized contact
- Any person between the ages of 12 to 15 years of age, designated as an authorized person be a signed parental release form in the child's file
- Any person verbally designated by a parent/guardian as an alternate authorized person in the event of an emergency. The alternate person will be required by staff to complete a release form and present **photo identification** when picking up.

### ***Evacuation Plan for the Main Centre (3 Lions Rd. location)***

The children at the Main centre location will evacuate to **Bobier Villa** if there is an emergency. The Director will notify the parents that this has happened and confirm where to pick them up.

### ***Consent for Supervised Walks, Field Trips and Off-site Activities***

As part of our regular child care program, the children occasionally leave the Centre property to go on walks in the neighbourhood and to participate in field trips. During these outings employees of the Centre continuously supervise the children and all Dutton Child Care policies apply.

**I give permission** for my child to participate in supervised walks and field trips outside of the child care center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Serious Occurrence Notification***

In the event that a serious occurrence was to take place at the Dutton Child Care Centre, a notification form will be posted for parents to view. The notification will provide a brief overview of the serious occurrence that occurred and will remain up for 10 business days. This form will not include the names of those involved.

### **Consent to Photograph, Videotape or Website**

From time to time we will take pictures of the children to post in the classroom, on our website or for promotional purposes. Please put "yes" or "no" beside each.

\_\_\_\_\_ **I give permission** for Dutton Co-Operative Child Care to take pictures or videotape my child in the **classroom.**

\_\_\_\_\_ **I give permission** for Dutton Co-Operative Child Care to take & post pictures of my child on their **Website.**

\_\_\_\_\_ **I give permission** for Dutton Co-Operative Child Care to take pictures of my child for **promotional purposes.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Food Restrictions**

For health and safety reasons, no outside food is permitted beyond the administration area at the main centre. For allergy reasons, we ask that parents do not bring food(s) into the centre.

Bagged Lunch policy is in effect for the Before & After School Program. Your child's lunch bag **must be labeled with your child's name.**

We are a **NUT FREE** centre at both locations.

### **FOOD CHART (print one food chart for each child)**

Please indicate with a check mark the foods that your child has tried at home. If your child has or develops any food allergies or sensitivities, please inform us as soon as possible. **All foods must be tried twice.**

#### **Meat**

Beef \_\_\_\_\_  
Pork \_\_\_\_\_  
Chicken \_\_\_\_\_  
Fish \_\_\_\_\_

#### **Milk and Milk Products**

Homogenized \_\_\_\_\_  
2% \_\_\_\_\_

#### **Vegetables**

Tomato \_\_\_\_\_  
(sauces, salsa) \_\_\_\_\_

#### **Eggs**

Whites \_\_\_\_\_  
Yolks \_\_\_\_\_

#### **Fruits**

Kiwi \_\_\_\_\_  
Pineapple \_\_\_\_\_  
Oranges \_\_\_\_\_

For allergy reasons, staff **will not** introduce new foods. Parents are encouraged to check daily menus. Staff will introduce food at the child care after they have tried it at home at least twice.

### ***Permission to provide Emergency Medical Care***

Dutton Co-Operative Child Care will make every attempt to protect the children in our care from injury or illness. In the event of an accident or illness affecting my child, I authorize the Director and or Designate to provide Emergency treatment and arrange for transportation to the Hospital should it be necessary. It is understood that transportation to the Hospital will only occur when immediate contact with the undersigned cannot be made or it is deemed essential for care and well being of the child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Illness***

Control of the spread of illness is a vital concern in the Centre. The Centre has specific policies and procedures that determine if a child may be permitted to attend if ill. Please refer to the Parent/Guardian Handbook for additional details on the signs and symptoms of illness that could result in a child's exclusion from the program.

Our policies are within the guidelines of the local Public Health Unit and are designed to maintain a safe and healthy environment for all of the children, while recognizing the impact illness has on a parent's schedule. You are expected to abide by these policies at all times that your child is enrolled in the Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Medications***

The administering of prescription and non-prescription medication to any child in the Centre is very tightly controlled and regulated. The Child Care Centre has specific policies that determine if a particular medicine may be administered to a child, how each medication is to be stored, who is authorized to administer a medication to a child, and the procedures required of a parent before a medication may be administered. Our policies are within the guidelines of the local Public Health Unit and are designed with the best welfare of the child in mind. You are expected to abide by these policies at all times that your child is enrolled in the Centre.

Please note:

- It is the parent's/guardian's responsibility to notify the Child Care Centre if the child is taking any prescription or non-prescription medication;
- It is the parent's/guardian's responsibility to hand any prescription or non-prescription medicine directly to a staff member, so that it can be safely stored out of reach of the children and in the proper lock box.
- All medication must be in the **original container**, clearly labeled with the child's name, the name of the medication, the dosage to be given, the date of purchase, and instructions for storage and administration of the medication.
- It is the parent's/guardian's responsibility to fill in the required information on the **Authorization for Prescription and Non-Prescription Medication** form, date and sign it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Media Viewing Policy***

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Dutton Co-Operative Child Care Centre Inc. will maintain a valid license under the Canadian Copyright Act to show educational and age appropriate movies to the children of the Dutton Co-Operative Child Care Centre Inc.

### ***Procedure:***

All movies shown during programming hours must be of an age appropriate and educational nature, rated G. Movies may be shown only once a month after outside play, or during extended periods of inclement weather that prevents outside play. The movie must not run for longer than 30 to 45 minutes. All other centres must be offered to the children and children are not to be made to sit and watch the movie if they would prefer to be involved in another activity. The movie must be included in the weekly programming, the monthly calendar and must be recorded in the daily log. A list of movies shown throughout the year will be presented to the parents and parental consent must be obtained prior to the showing of any movie. Movies are not to be shown at any other time during the day without permission from the Director, Program Supervisor or Designate.

### **Parental Consent to watch movies:**

The Ministry of Community and Social Services and the Ministry of Child and Youth Services are our licensing agencies requiring the Dutton Co-Operative Child Care Centre Inc. obtain written consent for any movies shown at the centre. Movie afternoons may be offered once a month to the children. Only educational and age appropriate movies are offered for viewing. Other activities are provided during movie time and children do not have to watch the movie. Movies are shown after outside play in the late afternoon and on occasion during long periods of inclement weather when children cannot get outside to play. All movies shown will be posted on the monthly calendars, or on your child's classroom whiteboard located in the cubby area. All movies will be recorded in the classroom's daily log. Parental consent is required for your child to watch any movie offered by the staff during the above mention times.

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### **I give consent for my child to watch movies at the Dutton Child Care Centre:**

Parent/Guardian's Name and Signature: \_\_\_\_\_,

Child's Name: \_\_\_\_\_

### **I DO NOT give permission for my child to watch any movies at Dutton Child Care Centre:**

Parent/Guardian's Name and Signature: \_\_\_\_\_,

Child's Name: \_\_\_\_\_

## **BAGGED LUNCH POLICY**

Dutton Co-Operative Child Care Centre Inc. is dedicated to ensuring that children attending the full-day School-Aged Programs are receiving nutritious and healthy foods. DCCCCI is asking that lunches packed for a full-day program follow Canada's Food Guide recommendations.

### *Recommended Number of Food Guide **Servings** per Day*

<b><i>AGES IN YEARS</i></b>	<b>CHILDREN</b>	
	<b><i>4-8 YRS.</i></b>	<b><i>9-13 YRS.</i></b>
Vegetables & Fruit	5	6
Grain Products	4	6
Milk And Alternatives	2	3-4
Meat And Alternatives	1	1-2

Having the amount and type of food recommended will help contribute to your child's overall health and vitality. DCCCCI will provide nutritious AM & PM snacks that meet the Canada's Food Guide requirements.

Lunches are **NOT** to contain peanuts or nut products or products that have been produced in a facility that may have come in contact with nuts.

Bagged lunches should contain:

- At least one serving of fruit or vegetable
- Beverages that are either water, white or chocolate milk or fruit juice
- A meat or substitute
- A whole grain or enriched bread or substitute

\*\*A copy of "Eating Well with Canada's Food Guide" will be included in the School Age Registration Package.

Your child's bagged lunch should be in an insulated lunch bag with a freezer pack to keep foods safe (hot foods should be kept hot in an insulated thermos).

Your child's lunch bag **MUST BE LABELLED WITH YOUR CHILD'S NAME.**

\*Please keep in mind that pre-packaged treat items have little nutritional value. We strongly encourage parents to consider this when packing lunches.

If your child has forgotten their bagged lunch or it contains peanut or nut items, DCCCCI will provide a nutritious replacement for your child. The fee for this lunch will be \$5.00 and it will be charged to your account.

Staff will be monitoring the bagged lunches and will take appropriate actions when there are concerns regarding the nutritional adequacy of the lunches.

For children in Preschool, Kindergarten and Before & After School Programs, “0” Tolerance will be practiced in conjunction with the Aggressive Behaviour by a Child at the Centre policy. When the parent is contacted to pick up their children, they will be given a copy of the Aggressive Behaviour Policy and the step being enforced will be highlighted so the parent is aware of the policy guidelines and what the next step will be should the parent be contacted again.

“0” Tolerance Infractions:

- Slapping – to strike sharply with an open hand or with something flat
- Fighting – to engage with another in an attempt to defend oneself or to impose harm, hitting a teacher
- Kicking – a vigorous blow with the feet or to strike with the foot
- Biting – to grip or hold with the teeth
- Verbal Abuse – to use abusive anger, criticism, name calling, swearing, threats or to blame
- Spitting – to eject saliva from the mouth or to express hatred, contempt by or as if by ejecting Saliva or food from the mouth
- Destruction of Property – to willfully or intentionally destroy the centre’s, staff’s or children’s property
- Throwing Objects – to propel or cast in any way, especially to project or propel from the hand by a sudden forward motion or straightening of the arm and wrist
- Possession of a non prohibited weapon or replica of a prohibited weapon
- Running away from the program

If the child has an occurrence which is a “0” tolerance infraction:

1. Parents/Guardians will be contacted. Depending on the degree of intensity of the infraction and the safety of the children and the staff, the parent maybe asked to pick up their child immediately if he/she is unmanageable (needing the supervision of one staff and leaving the program inadequately supervised).
2. A copy of the “Aggressive Behaviour by the Child at the Centre” form will be given to the parent and if:
  - **FIRST INFRACTION – Step 1** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent
  - **SECOND INFRACTION – Step 2** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 1 of the Plan will be highlighted
  - **THIRD INFRACTION – Step 3** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 2 of the Plan will be highlighted
  - **FOURTH INFRACTION – Step 4** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 3 of the Plan will be highlighted
  - **FIFTH INFRACTION – Step 5** of the “Aggressive Behaviour by the Child at the Centre” will be highlighted and sent home with the parent **plus** a copy of the Behaviour Management Plan and Step 4 of the Plan will be highlighted

## Dutton Child Care Fee Agreement

Thank you for enrolling your child/children in our Child Care Centre. Please note that your child care fees may change as a result of an increase in our fees or due to changes in your child's/children's enrollment.

Hours of operation are Monday to Friday

Main centre 7:00 am – 6 pm

PD days & camps 7:00am – 6pm

**Effective January 1, 2012**, the fees for child care are as follows:

PROGRAM	FULL-TIME 5 DAYS/WK	PART-TIME FULL DAYS	½ DAY W. LUNCH 7 AM – 12:30 PM	½ DAY NO LUNCH 12:30 PM – 6 PM
INFANT RATIO 1:3	\$ 200 <input type="checkbox"/>	\$ 46 <input type="checkbox"/>	\$ 29.50 <input type="checkbox"/>	\$ 25 <input type="checkbox"/>
TODDLER RATIO 1:5	\$ 195 <input type="checkbox"/>	\$ 43.50 <input type="checkbox"/>	\$ 28.50 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>
PRESCHOOLER RATIO 1:8	\$ 165 <input type="checkbox"/>	\$ 37.25 <input type="checkbox"/>	\$ 26.25 <input type="checkbox"/>	\$ 22 <input type="checkbox"/>
KINDERGARTEN (JK/SK) RATIO 1:8	\$ 165 <input type="checkbox"/>	\$ 37.25 <input type="checkbox"/>	\$ 26.25 <input type="checkbox"/>	\$ 22 <input type="checkbox"/>

**Please indicate with a check mark the program you will be enrolling in.**

Subsidy may be available through St. Thomas-Elgin Ontario Works. Contact a child care assessment worker at 1-800-265-4362 extension 122.

There is a non-refundable **registration fee** of \$25 per child upon enrollment.

There is also a \$25 **membership fee** per family upon enrollment and on your anniversary date each year.

**How did you find out about Dutton Child Care Centre? E.g. internet, friend, family, phone book.**

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### **CHILD CARE SCHEDULING CALENDARS**

Child care scheduling calendars are to be handed in on the indicated date of the previous month's calendar. You are required to fill in the days you need care and you will be responsible to pay for these scheduled days. You will not be given credit for days canceled after the child care calendar due date has passed. Child care calendars secure your child care space for that month. Late calendars will not guarantee child care spaces.

## PAYMENT PLAN

**Fees – You are required to pay fees in advance of care.** For your convenience, we offer two payment options. Fees may be paid in full at the 1<sup>st</sup> of each month, or 50% payment at the 1<sup>st</sup> of the month and 50% payment by the 15<sup>th</sup> of each month. Payment may be made by VISA, Mastercard, debit card, cash or personal cheques.

**Enrollment in the Child Care Centre is conditional on full and timely payment of all fees.** It is your responsibility to keep your account balance current. When amounts owing are **15 days past due**, we will send you a letter notifying payment to be made immediately and apply a **\$25 late charge** to your account. At **30 days past due**, the family will be notified that care can no longer be provided & your child's name will be placed at the bottom of the waiting list.

\*\*There is a **\$25.00** service charge on all NSF cheques.

\*\*\* 2% interest will be charged on accounts over 30 days.

If you leave the Centre with an outstanding balance owing, we will use any and all measures available to us to collect the balance.

## STAT FEES & ABSENCES

You are required to pay fees for any day on which your child is scheduled to be at the Child Care Centre regardless whether they are in attendance or not. This includes all statutory holidays and days your child is away due to illness or absent due to inclement weather. No rebate or reduction can be given for these absences.

**FULL- TIME:** children enrolled in a program 5 full days/week

**PART- TIME:** children enrolled in a program 4 or less full days/week

## VACATION

Each full time child enrolled will be allocated **10 days/year to be used for scheduled time off or vacation**. The 10 days will be renewed on January 1 of each year. No unused days will be rolled over. When you have used all your 10 days, you will pay for any scheduled time off or vacation days.

## WITHDRAWAL

We require **two weeks written notice** when withdrawing your child(ren) from the Centre. Full tuition for the two week period is payable if inadequate notice is given.

## TAX RECEIPTS

Tax Receipts for all accounts that are not outstanding will be available for **pick up** at the Centre by the end of February of each year. If you have withdrawn part way through the year, your tax receipt will be mailed to you.

***Please sign below, acknowledging that you have read, understood and agree to comply with all the terms and conditions outlined in the Dutton Child Care Fee Agreement. Thank you.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Nipissing District Developmental Screening Tool

The Dutton Co-Operative Child Care Centre would like to inform the parents that we will be using the "Nipissing District Developmental Screen" in the upcoming months here at the centre. This Developmental Screening Tool will provide the staff with an easy method of recording the development and progress of the children in their classrooms.

Our goal is to use this checklist before a child transitions to another classroom to monitor that the child has reached definitive developmental milestones. The staff may also use this tool during other times of your child's development as well.

Once your child's teacher has completed this checklist, the checklist will be shared with you at a time that is convenient for both you and your child's teacher.

Samples of the Nipissing District Developmental Screen are available upon request. If you have any questions or concerns about this tool, please speak with either your child's teacher or the Program Supervisor.

Below you will find a consent form for you to fill out and sign providing us with permission to complete this assessment with your child while in our care.

This form will be kept in your child's file.

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I \_\_\_\_\_ being the parent /guardian of \_\_\_\_\_  
(parent/guardian) (child's name)

acknowledge and understand that the Nipissing District Developmental Screen will be used at the centre as an on-going practice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DUTTON CO-OPERATIVE CHILD CARE CENTRE  
PARENT PARTICIPATION AGREEMENT**

As a member of the Dutton Co-Operative Child Care Centre Inc., I have read and fully understand my commitment to, and agree to comply with the Parent Participation Agreement as outlined below.

**Between now and 1 year from signing of this agreement, I agree that I am responsible for:**

**A. Work 1 Bingo per family per year**

I agree to work 1 bingo or \$75 will be charged to my account. (This money will help cover for a worker to go in my absence.)

**B. Annual General Meeting (AGM) – held annually in May**

I agree to attend the AGM or I must work 1 additional bingo or \$50 will be charged to my account.

**Upon withdrawing your child from the program:**

- If you **withdraw** from the centre with the **first 30 days**, you will not be held to your Parent Participation Agreement.
- If you **withdraw after 30 days**, you will have to work your bingo or **\$75** will be charged to your account.
- If you **withdraw before your anniversary date**, you will not have to attend the Annual General Meeting.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signing Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

\*\*\*\*\*  
Office Use:

Bingo Date: \_\_\_\_\_ Attended AGM: \_\_\_\_\_