

Please print clearly with blue or black ink

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Starting Date: _____	<input type="checkbox"/> KG AM Program	<input type="checkbox"/> KG PM Program
Drop off Time: _____ Pick Up Time: _____	<input type="checkbox"/> School Age	
Program Enrolled:	School: _____	Bus # _____
<input type="checkbox"/> Registration Fee \$50.00	Am Bus Pick UP: _____	PM Bus Drop Off: _____
Withdrawal Date: _____		

CHILD INFORMATION

1. CHILD'S NAME:	DATE OF BIRTH: ____/____/____
2. CHILD'S NAME:	DATE OF BIRTH: ____/____/____
3. CHILD'S NAME:	DATE OF BIRTH: ____/____/____
ADDRESS: _____ Apt#: _____	CITY: _____ PROV: _____
POSTAL CODE: _____	TELEPHONE #: _____

PARENT'S INFORMATION

<input type="checkbox"/> Address same as above	<input type="checkbox"/> Address same as above
Parent's Name: _____	Parent's Name: _____
Address: _____ Apt#: _____	Address: _____ Apt#: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____	Postal Code: _____
Telephone #: _____	Telephone #: _____
OCCUPATION	OCCUPATION
Work Number: _____	Work Number: _____
Cell Number: _____	Cell Number: _____
Email: _____	Email: _____

EMERGENCY INFORMATION

Family Doctor: _____	Telephone #: _____
Doctor's Address: _____	Preferred Hospital: _____
Regular Medications: _____	Medicine Allergic To: _____
Food Allergies: _____	Any other Allergies: _____
Vaccinations: <input type="checkbox"/> yes <input type="checkbox"/> no	Special Health Conditions: _____
PRIMARY EMERGENCY CONTACT <i>other than parents</i>	SECONDARY EMERGENCY CONTACT <i>other than parents</i>
Name: _____	Name: _____
Telephone #: _____	Telephone #: _____
Cell #: _____	Cell #: _____
Relationship to child: _____	Relationship to child: _____
Alternative Pick same as emergency contact <input type="checkbox"/>	
PRIMARY Alternative Pick Up	SECONDARY Alternative Pick Up
Name: _____	Name: _____
Telephone #: _____	Telephone #: _____
Cell #: _____	Cell #: _____
Relationship to child: _____	Relationship to child: _____
Driver's License # _____	Driver's License # _____

Post dated cheques, automatic withdrawals or cash payments are handed in on the 1st, 15th, of at both times of the month.

Persons signing this contract are responsible for payment, unless otherwise stated.

I understand this is a legally binding contract, all information is correct and I have read it and understand it.

Parent/Guardian _____ Parent/Guardian _____

Parent/Guardian with legal custody _____

Payment Schedules

1st Child: \$_____ per day x _____ days = \$_____ annual cost / #_____ months

Monthly Payment: \$_____

2nd Child: \$_____ per day x _____ days = \$_____ annual cost - 10% = _____ /

#_____ months

Monthly Payment: \$_____

3rd Child: \$_____ per day x _____ days = \$_____ annual cost - 10% = _____ /

#_____ months

Monthly Payment: \$_____

2011 Daily Fees:

Toddler - \$54.86

Kindergarten - \$36.23/ (half days)

Pd, Camp days - \$37.00

Preschool & Senior - \$42.44

School Age - \$22.77

All fees are subjected to annual cost increases. As child moves into other programs fees will change.

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at St Elias Childcare & Family Resource Centre. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold St Elias Childcare & Family Resource Centre and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold **St. Elias Childcare & Family Resource Centre** and its employees harmless.

Parent's Signature _____ Date: _____

Field Trip Permission Slip

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature: _____ Date: _____

Outdoor Water Play and Sunscreen Permission Slip

I hereby allow my child _____ to participate in outdoor water activities under adult supervision at all times.

I hereby allow my child's educator to apply the afternoon application of sunscreen provided by me.

Parent's Signature: _____ Date: _____

Permission to Place Photos on Website

I hereby grant permission for St. Elias Child Care & Family Resource Centre staff to place photos of my child _____ interacting in daycare activities and routines in the St. Elias Child Care & Family Resource Centre's on their walls, for documentation of children's work and brochure advertising. *Please note that no names or ages are published.

Parent's Signature: _____ Date: _____

I am aware and give permission for other parents interacting in special group activities pertaining to their children (birthday) to include my child in a photograph.

Initials: _____

We are a teaching Institution

Dear Parents,

Currently the Early Childhood Education programs at Colleges in the Ottawa Valley require the students to perform observations and documentations of children's development, play and creativity.

In order for students to perform these observations they will need your permission. These observations remain confidential and will only be used for assignment purposes and will be monitored by our Program Director and the Course Advisor in the learning institution. Your participation and support in making our field more professional will be greatly appreciated and is required since we have an onsite apprenticeship and intern program.

Thank you for your support!

Permission for Documentation of Child

I _____ permit for my child _____ to be observed and documented, by students in placements for projects completed for the studies in Early Childhood Education Program.

Parent's Signature _____

Questionnaire

Please circle yes or no.

1. How did you find your introduction to St. Elias Child Care? Please circle.
 - a) Welcoming
 - b) Informative
 - c) Accommodating
 - d) all of the above
2. Was the presentation too long? Yes or No
3. Were all of your questions answered? Yes or no
4. Were you able to tour the complete facility? Yes or no
5. As a parent I am interested in participating on the Parents' Committee. Yes No
6. As a parent I am interested in volunteering during the day. Yes No
7. As a parent I am interested in joining my child on a field trip. Yes No
8. I can definitely help the child care centre with the experience I bring forth from my career or hobby. I.e.: Scientist for the science learning centre, artist for arts and crafts, police officer, health and safety.
We welcome all parents to participate in our centre. Please list your interest.

9. What would you like from our centre?

10. How did you hear about us?
 - a) advertisement
 - b) word of mouth
 - c) centralized waiting list
 - d) lawn sign