



MID-SUN COMMUNITY CHILD CARE
MID-SUN REGISTRATION FORM 2019/2020 FOR KINDERGARTEN CARE

(3.1.a) (3.1.c) (3.2.a) (3.2.b)

Commencement Date: Sept 3, 2019 Termination Date: *\$75.00 Registration Fee: (Date paid)

*Component Required: AM Kindergarten PM Kindergarten

*School: Ecole St Teresa Midnapore Other

* requirements of registration; please print clearly

*Child's Legal Name: first name last name

*Also Known As: name by which child is commonly known as

*Address: Must be legal land description.

*Postal Code:

*Home Phone #:

*Date of Birth: Year / month / day

*School:

*Grade:

*Mother's Legal Name: first name last name

*Father's Legal Name: first name last name

*Address: Must be legal land description.

*Address: Must be legal land description.

*Mother's Phone #: Home- Work- Cell-

*Father's Phone #: Home- Work- Cell-

*Work- Cell-

*Work- Cell-

*Email:

*Email:

*Persons authorized to pick up child (if for any reason you should not want your child to leave with a particular person, please indicate, legal documents may be required).

Alternate Emergency Contact: (Must be someone other than a parent and live locally)

*Name: First name last name

*Address: Must be legal land description.

* Cell Home Phone #: Relationship:

Relationship:

Health Care Information:

*Allergies: YES NO If YES please list:

*Does your child take any ongoing medication or have any special needs, such as diet, rest or exercise requirements for medical or other reasons:(ex- inhaler for Asthma, vegetarian)(2.2.1) yes no If Yes please list:

*Does your child have a history of serious illness? yes no If Yes please list:

*Are your child's immunizations up to date? yes no

The information given on this form is true and correct. Registration Fee Non-refundable/Non-transferable

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date



MID-SUN COMMUNITY CHILD CARE CONSENT WAIVERS

***Accident Policy**

If my child, _____ has an accident and is seriously injured while attending the
child's full name

Program: The Mid-Sun Community Child Care Program will:

- Call 911
- Contact the parent or the child's emergency contact immediately after calling 911
- Report the injury to Child and Family Services Authority

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

Media Consent (3.2.g) (3.2.f)

I, _____ give permission to Mid-Sun Community Child Care to take my child's,
Parent/Guardians full name

child's full name photograph, display their art work and take video recordings for program
use only and promotional reasons within the program (examples- photo album to show new families) and
documentation purposes in perpetuity. Photos will not be posted on any form of social media.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date

Sharing Of Information (3.2.g) (3.3.f)

I, _____, give consent to the Mid-Sun Community Child Care to share child-
Parent/Guardians full name
specific information about my child, _____ with relevant stakeholders and
child's full name
understand that a record will be maintained of the information shared where applicable.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date

***School Bus Policy**

It is the responsibility of the parent/ legal guardian to communicate to the Out of School Care Programs, to the school and to the child regarding any changes to before and after school transportation. It is the parents/ legal guardians responsibility when the child misses a bus or when the child takes a bus home without expressed permission to do so. All children using bussing to either go to school or to arrive at the program after school must do so on their own supervision. Until the child is signed into the Out of School Care Program, The Mid-Sun Community Child Care is not responsible for any incidents that may occur.

Please indicate if your child, _____ is registered for the School Bus Yes No
Child's full name

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date



***Policies Needing Parent Initials**

I, _____, have read and fully understand The Parent Handbook for the Mid-Sun
Parent/Guardians full name
 Community Child Care Programs. I further agree to adhere by the following policies:

Policy	*Initial
1. Hours of Operation & Closure Dates	
2. Fees	
3. Health and Safety Policy- Potential Health Risk, Administration of Medication, Nutrition	
4. Communication Policy	
5. Confidentiality Policy	
6. Complaint Policy	
7. Bullying and Harassment Policy	
8. Supervision Policy- Pick up/ drop off from schools	
9. Child Guidance and Bullying Awareness Policies	
10. Diversity/ Inclusion Policy	
11. Programming Policy	
12. Off-Site Excursion Policy	
13. Emergency Evacuation Procedures & Emergency Procedures	
14. I understand that the Licensed OOSC programs run from September to June; registration for subsequent years must be completed on a yearly basis and is not guaranteed.	

 *Parent/ Legal Guardian Printed Name

 *Parent/ Legal Guardian Signature

 *Date

Would you like to receive occasional updates from Mid-Sun Community Association by E-Mail?
 (You will receive updates in regards to registration dates, community events, community news, etc...)

YES NO



MID-SUN COMMUNITY CHILD CARE PARENT FEE AGREEMENT

*Parent Fee Agreement	*Parent Initial
The monthly fee of \$800 is due on the 1 st of each month and will be automatically processed.	
Payment Method Included: <input type="checkbox"/> Post Dated Cheques <input type="checkbox"/> Credit Card <input type="checkbox"/> Subsidy <ul style="list-style-type: none"> A form of payment is required to be on file to complete registration Families must notify the Program of any fee splitting. Joint-parenting families must fill out and sign a fee payment form- parents must alternate months, no splitting of monthly fees It is the responsibility of the parent to update payment information 	
Parent name requested on tax receipts _____ <ul style="list-style-type: none"> We will not be able to change this once it is in the computer or change it retro-actively Receipts will be emailed through Max Galaxy, please retain for tax purposes If tax receipts need to be emailed again, there will be a \$25 charge If tax receipts are requested to be printed, there will be a \$5/ sheet of paper charge 	
<u>Monthly Fees Per Child</u> Kindergarten \$800.00 – includes non-school days and Spring Break- located at the Mid-Sun Community Center	
<ul style="list-style-type: none"> One month's written notice of withdrawal or change in components is required, dated the 1st of the month. All schedule changes will take place on the 1st of the month. Failure to notify the Program prior to August 1st that your child will not be returning in September will result in a charge for September fees. A charge of \$20.00 will be applied to any NSF cheque or failed credit card charges. Families must notify the Program of any change of payment method in writing. Families must supply their Subsidy Approval Notice to the Program. Deposit may be required. There will be no pro-rating of monthly fees to accommodate holidays, sick days or other absences. There will be no pro-rating of fees for program closers due to strike, natural disasters, power outages, or any other program closures. Families with delinquent accounts will be given 5 working days' notice to clear up outstanding balances or childcare will be terminated. Finding and the cost of alternate care is the parent's responsibility. 	
<u>Additional Fees</u> <ul style="list-style-type: none"> \$1/ minute for before 7:00am or after 6:00pm \$10 for failure to notify the program of any child/ern absences from the Program 	

If at any time you have concerns or questions regarding your fees, please approach the Program Director as soon as possible.

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

*Program Director Printed Name

*Program Director Signature

*Date