



PRESCHOOL & Out of School Care Admission Process

Thank you for your interest in C&S Child Care Inc. To apply for admission, please fill out the enclosed Registration package:

Complete the following top 7 items to start the registration process

- Have you read the Parents Handbook (online www.cschildcare.ca)
- Did you sign the Permission form and Parent/Guardian Agreement
- Did you complete and sign the Registration form
- Did you bring the Immunization Records for your child
- Did you fill out the Emergency Card including Care Card number
- Did you bring a recent photo of your child

Complete the remaining 2 items once you have been offered a position

- Have you submitted your Payment Authorization Document (PAD), the \$75 Non-refundable Registration Fee will be charged upon receipt of the PAD.
- Did you fill in the Electronic Funds Transfer (EFT) Agreement
(If starting part way through the year your \$75 Reg. Fee and First month's fee will be prorated at \$30/day).

Please have the first 6 items complete prior to handing in your registration information. Your child's placement will only be reviewed once the top items are received by C&S Child Care Inc. All the forms you need to complete are included below. Please print them off and bring them to the centre once complete. This form should also be included.

I _____ have completed the top 6 items listed above to start the registration process and I agree to submit the remaining 3 items once my child is offered a position

Signed _____ Date _____

PERMISSION FORM and PARENT/GUARDIANS AGREEMENT

I, _____, give permission for my child _____ to take part in hearing and vision tests _____, nature walks, _____ and class photo _____

I give permission for my child's photo to be used on the C&S website. Yes / No

I give permission for my child's photo to be used on the C&S FaceBook page. Yes / No

Do you have any customs or religious belief that you feel we should be aware of? _____

I agree to submit the PAD and EFT forms, once my child's position been confirmed. I understand that the Non-refundable \$75 registration fee, will be charged once my forms are handed in. **Int.[]**

I understand that payments will be debited from my account on the 1st of each month. If a payment is returned NSF I will be charged a \$25 NSF Fee. I will have 7 days to pay the NSF fee plus my monthly fee. Failure to do so may result in the withdrawal of my child. **Int.[]**

I understand that my September payment is Non- refundable after May 1st, prior to the start of that school year. **Int.[]**

The monthly childcare fee at time of enrolment is \$ _____ per month. Fees are due September through June. I understand there will be fee changes from time to time. **Int.[]**

I also agree to give one full calendar month's notice, prior to the first of the month in which I wish to withdrawal my child from C&S Child Care Inc. This also includes a request to lower number of days in which my child attends C&S Child Care Inc. Withdrawal takes effect on the last working day of the month. (Withdrawal form can be found on our website (www.cschildcare.ca). **Int. []**

I understand monthly childcare fees are to be paid out in full regardless of illness (child or staff), vacation, natural disasters or global pandemic. **Int.[]**

I understand no withdrawals or changes to care accepted after May 1st. If I withdraw my child after May 1st, my June fee will still process. **Int.[]**

I also understand I will need to go through the registration process each year (Sept to June) in the Preschool or School Age programs. **Int.[]**

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care. **Int. []**

I understand this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance.

If possible, the hospital will be _____ or the physician's office will be (include physician's name and address) _____.

I understand this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Once your child has been offered a placement in a program then a non-refundable **\$75.00** registration fee is required to hold that placement for your child, as well as your EFT and PAD Forms.

Signed: _____

Print Name: _____ Date: _____



C&S Child Care Inc. Registration Form

Child's First Name: _____ **Last Name:** _____

Name child responds to: _____

Birthdate: _____ Sex: M [] F []

Address: _____

Home Phone Number: _____ Email: _____

Person(s) whom the child lives with: _____

Child's first language: _____ Second language: _____

Language(s) Spoken in the home: _____

MOTHER's name: _____ **Cell Phone:** _____

Name of Employer: _____ **Occupation:** _____

Work Phone: _____ **Email:** _____

FATHER's name: _____ **Cell Phone:** _____

Name of Employer: _____ **Occupation:** _____

Work Phone: _____ **Email:** _____

FAMILY DOCTOR: _____ **Phone:** _____

CARE CARD personal health number: _____

Allergies/illness/treatment: _____

Emergency contacts other than parent/guardian:

Name	Relationship to child	Home Phone	Work Phone
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1. _____

2. _____

PERSONS AUTHORIZED TO PICK UP CHILD FROM C&S Child Care Inc.

Name	Relationship to child	Home Phone	Work Phone
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1. _____

2. _____

IF THERE IS A CUSTODY AGREEMENT, PLEASE GIVE DETAILS

Child and Immunization History

FAMILY: Sibling(s): _____ Names and Ages: _____

Pets: _____

What are your child's:

Favourite activities? _____

Previous group experience? _____

Reactions to separation? _____

Type of guidance methods used at home? _____

What do you hope your child will gain from this childcare group? _____

Is your child subject to:

Ear/Nose/Throat Infections _____ Urinary Tract Infections _____

Bleeding noses _____ Skin Problems _____

Other medical conditions _____

Learning Disabilities: Y/N ____ If YES, Does your child require extra support at school, for example with an Education Assistant? Y/N ____ If YES, How many hours of support does your child receive? _____. Does your child have an IEP or Care Plan in place? Y/N ____ If YES, please note that these items will need to be reviewed before a position can be granted, to allow us time to seek out additional support should we feel that it would be in the best interest of your child, as well as the other children and staff.

IMMUNIZATION HISTORY

DATE DATE DATE DATE DATE

Diphtheria/Pertussis/Tetanus _____

HIB (Meningitis) _____

MMR _____

*** PLEASE ATTACH A COPY OF IMMUNIZATION RECORD TO THIS FORM ***

Health and Developmental History

Describe any difficulties or serious illnesses at birth, if any:

Describe your child's general health (ex. recurrent colds, ear infections, stomachaches, etc.)

If your child is taking any medication, what medication and what is it for:

Has your child ever been to the dentist: YES [] NO []

If your child has any dental problems, please describe:

Describe how your child communicates:

How would you describe your child's emotional, physical, and social growth, and development to this point:

Describe your child's diet (include types of food and fluids he/she is now taking):

Foods/Beverages: _____

Solids: _____

Food Allergies: _____

Has your child eaten peanut butter at home: YES [] NO []

Diet restrictions (cultural, religious):

Describe any particular concerns you have about your child's diet and/or eating habits:

Toileting (PRESCHOOL and Kindergarten ONLY)

Is your child toilet trained? YES [] NO [] In the process of []

Age toilet training began: _____

Independent? YES [] NO []

Needs reminder to use the toilet? YES [] NO []

Any other help needed? YES [] NO []

Explain: _____

Program Information (Office Use Only)

EFFECTIVE SEPT. 2019	PROGRAM	SCHOOL CLOSURE FEE	5 DAYS A WEEK	4 DAYS A WEEK	3 DAYS A WEEK	2 DAYS A WEEK
Kindergarten & Grade 1	AM & PM		\$ 647.50	\$ 518.00	\$ 444.00	\$ 296.00
	PM ONLY		\$ 555.00	\$ 444.00	\$ 388.50	\$ 259.00
	AM ONLY		\$ 462.50	\$ 370.00	\$ 333.00	\$ 222.00
		\$ 50.00				
GRADE 2 TO GRADE 7	AM & PM		\$ 555.00	\$ 444.00	\$ 388.50	\$ 259.00
	PM ONLY		\$ 508.75	\$ 407.00	\$ 305.25	\$ 203.50
	AM ONLY		\$ 416.25	\$ 333.00	\$ 249.75	\$ 166.50
		\$ 45.00				
Effective Sept. 2019	Program	DAILY DROP IN	FULL TIME	4YR OLDS (MON/WED/FRI)	3YR OLDS (TU/TH)	
PRESCHOOL	9AM-1PM	\$ 35.00	\$ 508.76	\$ 282.65	\$ 226.12	

Attending on M T W R F (circle)

Registration Deposit: **\$75.00** PAID: YES [] NO []

Registration Date: _____ Start Date: _____

EFT (Electronic Funds Transfer): YES [] NO []

PAD (Payment Authorization Document): YES [] NO []

Parents Email address for Newsletters:

I HAVE READ and AGREE WITH THE C&S CHILD CARE PARENT HANDBOOK

SIGNATURE OF PARENT OR GUARDIAN _____ **Date** _____



C&S Child Care Inc.

Emergency Consent Card

Child's name		Picture
Birth date		
Address		
Mother's name		Witness
Work phone	Home phone	
Father Name		Child lives with
Work phone	Home phone	
Emergency contact	Phone	
Child's M.D.	Phone	
1) Allergies		
2) Medications		
Care Card #	Date Effective	

Consent form

- 1) It is the policy of C&S Child Care to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take child to the nearest emergency service.
- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the Care Facility staff when I cannot be contacted.
- 4) I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent / Guardian _____

Witness _____ Date _____

Personal information contained on this form is collected under the Community Care Facility Act and will be used only for the purpose indicated.