



Cochrane Child Care Centre Registration

REQUESTED START DATE: _____

1. CHILD'S NAME _____

GENDER: MALE FEMALE BIRTHDATE _____
DAY MONTH YEAR

2. PARENT'S NAME _____

ADDRESS _____
NUMBER AND STREET POST OFFICE BOX TOWN POSTAL CODE

HOME PHONE # _____ PLACE OF WORK _____ WORK PHONE # _____

WORK ADDRESS: _____

CELL PHONE# _____ E-MAIL _____

3. PARENT'S NAME _____

ADDRESS _____
NUMBER AND STREET POST OFFICE BOX TOWN POSTAL CODE

HOME PHONE # _____ PLACE OF WORK _____ WORK PHONE # _____

WORK ADDRESS: _____

CELL PHONE# _____ E-MAIL _____

4. IS A COURT ORDER IN EFFECT REGARDING CUSTODY OF THE CHILD?

YES NO

IF YES, WHAT ARE THE CONDITIONS? (E.G. PARENTAL PICK-UP.....)

PLEASE PROVIDE PROOF OF CUSTODY

5. PERSON(S) AUTHORIZED TO PICK UP CHILD:

(1) _____ RELATIONSHIP _____ PHONE# _____

(2) _____ RELATIONSHIP _____ PHONE# _____

(3) _____ RELATIONSHIP _____ PHONE# _____

6. ALTERNATE PERSON: EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

NAME _____ PHONE # _____

ADDRESS _____

RELATIONSHIP TO CHILD _____

7. FAMILY PHYSICIAN _____ ADDRESS _____

PHONE # _____

8. FAMILY DENTIST _____ PHONE # _____

9. HEALTH

GENERAL _____

DOES YOUR CHILD HAVE SUPPORT NEEDS?

AND/OR ALLERGIES (FOOD, MEDICATIONS, ANIMALS, BEES, ETC.)

MEDICATION FOR ALLERGIES _____

SERIOUS ILLNESS _____

MEDICATIONS _____

INJURIES _____

CHILDHOOD ILLNESS – HAS YOUR CHILD HAD?

CHICKENPOX _____ MEASELS (RED) _____

MEASLES (GERMAN) _____ MUMPS _____

IS YOUR CHILD'S IMMUNIZATION UP TO DATE? _____

*****A PHOTOCOPY OF YOUR CHILD'S IMMUNIZATION RECORD MUST BE ATTACHED TO THIS FORM. OTHERWISE, YOUR CHILD WILL NOT BE ACCEPTED INTO THE CHILD CARE PROGRAM*****

10. ADULTS AT HOME _____ RELATIONSHIP _____

11. NUMBER OF CHILDREN IN FAMILY _____

AGES, GENDER, NAMES _____

12. CHILD'S PREVIOUS EXPERIENCE IN A GROUP _____

13. GUIDANCE AND CONTROL METHODS THAT THE CHILD RESPONDS TO _____

14. ANY FURTHER INFORMATION WHICH WILL HELP THE STAFF TO KNOW YOUR CHILD
(Such as likes, dislikes, fears, etc.)

15. WHAT DO YOU HOPE THAT YOUR CHILD WILL GAIN FROM HIS/HER CHILD CARE EXPERIENCE?

16. TOILET TRAINING:

NOT AT ALL _____ PARTIALLY _____ COMPLETELY _____

17. DOES YOUR CHILD NAP? _____ WHEN? _____

WHAT ARE YOUR CHILD'S NAPTME NEEDS?

18. ARE ANY LANGUAGES SPOKEN OTHER THAN ENGLISH?

19. I, the undersigned, agree to adhere to the policies of the Cochrane Child Care Centre.

SIGNED: Parent(s) or Guardian _____ DATE: _____

SIGNED: Parent(s) or Guardian _____ DATE: _____

20. EMERGENCY CARE

I hereby consent for my child to be transported to the hospital in case of emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such an emergency takes place.

SIGNED: Parent(s) or Guardian _____ DATE: _____

SIGNED: Parent(s) or Guardian _____ DATE: _____

DATE RECEIVED _____ START DATE _____ WITHDRAWAL DATE: _____

SPECIAL INTERESTS IN THE HOME FROM WHICH A CONTRIBUTION MAY BE MADE TO THE
CHILD CARE PROGRAM

SINGING _____ DANCING _____

COOKING _____ GARDENING _____

WOODWORK _____ POTTERY _____

PHOTOGRAPY _____ SEWING/KNITTING _____

ARTS & CRAFTS _____

SIMPLE SCIENCE EXPERIMENTS _____

CUSTOMS AND ITEMS OF INTEREST FROM CANADA OR COUNTRY OF ORIGIN

MUSICAL INSTRUMENTS _____

COLLECTIONS _____

OTHER _____

CORPORATION OF THE TOWN OF COCHRANE
COCHRANE CHILD CARE CENTRE/GARDE D'ENFANTS DE COCHRANE
CHILD CARE FEE PAYMENT AGREEMENT

PARENT/GUARDIAN: _____ TELEPHONE: _____

ADDRESS: _____

CHILD/CHILDREN: _____

MY CHILD/CHILDREN WILL ATTEND COCHRANE CHILD CARE CENTRE/GARDE D'ENFANTS DE COCHRANE:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

BETWEEN THE HOURS OF: _____ A.M. /P.M. AND _____ P.M.

- I AGREE TO PAY THE FEES INCURRED FOR CHILD CARE, IN ADVANCE.
- CHILD WILL ATTEND ON A CALL IN BASIS (Providing space is available.)
- BIWEEKLY PAYMENT MONTHLY PAYMENT

Daily fees are as follows:	Full Day	\$30.00	Camp Rates: 1 st Child	\$30.00
	For third & subsequent	\$25.75	2 nd Child	\$25.75
	Half Day -under 5 hrs.	\$23.70	3 rd Child	\$19.05
	Before School	\$6.20		
	After School	\$10.30		
	Before & After School	\$15.45		
	Nursery School	\$17.50		
	(9:00 a.m. to 11:30 a.m.)			

Subsidy Information (please check off)

- I have applied for subsidy. (A copy of the parent agreement is attached.)
- I have a parental contribution of _____ daily that will be paid by me. I will be responsible for the payment of the parental contribution regardless if my child is in attendance or not. Cochrane Child Care Centre's policy for absent days does not apply to parents receiving fee subsidy.
- I also understand that should I run out of my allotted absent days covered by DSSAB subsidy (36 days per child or pro-rated allowance) I am responsible to pay the full daily child care cost for any above this allotment. _____ (Parent/Guardian initials) Allowance applies to illness and family emergencies.

Please remember that payment is expected before service.

 STAFF WITNESS SIGNATURE

 PARENT/GUARDIAN

 DATE

 DATE

PLEASE SEE REVERSE

I UNDERSTAND:

- **FEE**S FOR CHILD CARE SERVICES ARE CALCULATED ON A MONTHLY BASIS AND ARE DUE IN FULL IN ADVANCE.
- **SHOULD** THE TIME PERIOD OF CARE EXCEED THE AFORE MENTIONED TIMES, MY RATE WILL INCREASE ACCORDINGLY.
- A LATE FEE OF \$25.00 WILL BE CHARGED PER 15 MINUTE INCREMENTS.
- THE CENTRE REQUIRES **2 WEEKS WRITTEN NOTICE** IF YOUR CHILD IS BEING WITHDRAWN, IF NO NOTICE IS GIVEN, YOU WILL BE BILLED THE ADDITIONAL TWO WEEKS AT YOUR REGULAR DAILY RATE. **YOU ARE RESPONSIBLE FOR PAYMENT ON YOUR CHILD'S LAST DAY.**
- REFUNDS ARE NOT APPLICABLE FOR ABSENT DAYS OR FOR CIRCUMSTANCES OUT OF THE CONTROL OF THE COCHRANE CHILD CENTRE/GARDE D'ENFANTS DE COCHRANE, SUCH AS WEATHER CONDITIONS, POWER OUTAGES
- **INTEREST** CHARGES OF 1.25% PER MONTH WILL BE CHARGED ON ANY OVERDUE ACCOUNTS.
- A SERVICE FEE OF \$40.00 WILL BE CHARGED ON ALL N.S.F. CHEQUES.
- RECEIPTS WILL BE ISSUED WHEN PAYMENT IS RECEIVED. PLEASE RETAIN THESE RECEIPTS FOR INCOME TAX PURPOSES.
- IF YOUR CHILD IS ABSENT EACH CHILD WILL BE ENTITLED TO 3 ABSENT DAYS PER MONTH, ONCE THE ABSENT DAYS HAVE BEEN USED FOR THE MONTH YOU WILL BE BILLED THE DAILY RATE. **(THE CENTRE MUST BE CONTACTED BY 9:00 A.M. TO USE THE ALLOTTED 3 DAYS)** UNUSED ABSENT DAYS WILL NOT ACCUMULATE.
- **THE ABOVE ABSENT POLICY DOES NOT APPLY TO THE SUMMER CAMP PROGRAM.** ALL REGISTERED DAYS WILL BE CHARGED.
- **ALL** CHILDREN WILL RECEIVE 15 DAYS PER TWELVE MONTH PERIOD FOR VACATION TIME. THESE WILL BE SCHEDULED DAYS OFF WITH AT LEAST TWO WEEKS WRITTEN PRIOR NOTICE. IF TWO WEEKS PRIOR NOTICE HAS NOT BEEN GIVEN THESE DAYS WILL BE CHARGES.

All fees are to be paid in advance prior to your child attending. Payment is to be made by cheque, debit, Visa Cheques or Cash at the Town of Cochrane office and are to be made payable to the Town of Cochrane. Cheques or Cash will be accepted at the Cochrane Child Care Centre/Garde d'enfants de Cochrane.

Nonpayment, late payment and N.S.F. cheques will be deemed to be a breach of this agreement by the Parent/Guardian, giving rise to the termination of services and withdrawal of the child from the Centre.

STAFF WITNESS SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

DATE



Collection of Immunization Data for Children in Daycares



Ontario's Child Care and Early Years Act, 2014 (CCEYA) states that a child care centre must ensure that all children in their centre have complete immunization appropriate to their age **prior** to admission to the child care centre. A record of immunization must be kept as part of each child's record and updated as new immunizations are received.

SECTION A: Complete the following information for your child		
Last Name:	First Name:	Date of Birth: <i>yyyy / mm / dd</i>
Other Names if Applicable:		Sex: <i>M / F</i>
Address:	City/Town:	Postal Code:
Parent/Guardian's Name:		Home #:
Daycare your child is attending:		Work or Cell #:

SECTION B: Attach your child's immunization record/exemption	
<input type="checkbox"/>	If your child has already been vaccinated, please attach a photocopy of your child's immunization record to this form and return to the daycare.
<input type="checkbox"/>	If your child has already completed an exemption under the Child Care and Early Years Act (CCEYA) (two pages), please attach a photocopy of your child's exemption to this form and return to the daycare.
Date:	Parent/Guardian Signature:

Publicly Funded Immunization Schedule for Ontario							
	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years
DTaP-IPV-Hib* Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae type b</i>	✓	✓	✓			✓	
Pneu-C-13 Pneumococcal Conjugate 13	✓	✓		✓			
Rot-1 Rotavirus	✓	✓					
Men-C-C* Meningococcal Conjugate C				✓			
MMR* Measles, Mumps, Rubella				✓			
Var* Varicella					✓		
MMRV* Measles, Mumps, Rubella, Varicella							✓
Tdap-IPV* Tetanus, Diphtheria, Pertussis, Polio							✓

NOTE: Vaccines with an asterisk are required for attendance at daycare and school.

PLEASE RETURN THIS FORM IMMEDIATELY TO YOUR DAYCARE PROVIDER ALONG WITH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR EXEMPTION FORM.

Collection of this information is authorized under the Child Care and Early Years Act, 2014 (CCEYA). This information is used to ensure that all appropriate personal care and public health services are provided and the necessary statistics are kept. Questions about this collection should be directed to the daycare operator.

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