

**MY WORLD OF LEARNING CHILD CARE ASSOCIATION REGISTRATION FORM**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

address is the same as child's address above Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name of School: \_\_\_\_\_ Name of Program: \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

address is the same as child's address above Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name of School: \_\_\_\_\_ Name of Program: \_\_\_\_\_

Parents/guardians are: Married/Living Together  Separated/Divorced  Single  Other

Do both parents/guardians have unlimited access to the child:  Yes  No If no, what is the name of the person **without** full access: \_\_\_\_\_ and what access do they have: \_\_\_\_\_ (please supply court papers)

**Emergency Contacts** (are people who live within a 20 kilometre radius of the day care **other than parent/guardian** and are authorized to pick the child up without written notice from the parent)

Primary Emergency Contact's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Secondary Emergency Contact's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

**Other Persons Authorized to Pick Up Child Without Written Notice** (besides parents/guardians listed on front page and emergency contacts listed above)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Enrollment Status

Part-week      If part-week, list specific days: \_\_\_\_\_

Full-week

Swipe cards: \_\_\_\_\_

**Child's Schedule of Attendance**

My child will be attending day care from \_\_\_\_\_ am to \_\_\_\_\_ pm

*(this information is required for staffing purposes to ensure ratios are met at all times)*

**Emergency Release**

I hereby give permission for my child to be given emergency treatment by employees of My World of Learning. I also give permission for my child to be transported by car, ambulance or air to a hospital and agree to hold My World of Learning and its employees harmless. I agree to assume any costs related to the emergency.

_____	_____
Parent/Guardian’s Signature	Date

_____	_____
Parent/Guardian’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 My World of Learning and its employees harmless.

_____	_____
Parent/Guardian’s Signature	Date

_____	_____
Parent/Guardian’s Signature	Date

**Off-Site Outings and Field Trips Permission**

I hereby grant permission for my child to participate in off-site outings and field trips while attending My World of Learning. This agreement will stand from this day until the termination of my child’s attendance. I agree to pay costs related to the field trips.

_____	_____
Parent/Guardian’s Signature	Date

_____	_____
Parent/Guardian’s Signature	Date

**Photograph Permission**

I hereby grant permission for my child to have his/her photograph taken while attending the centre. This agreement will stand from this day unless specific notification in writing is given to the Director of the Centre to end permission. Photographs may be used in daily activities such as art.

_____	_____
Parent/Guardian’s Signature	Date

_____	_____
Parent/Guardian’s Signature	Date

**Sunscreen Authorization Form**

- I give permission for day care sunscreen of SPF 50 to be applied to my child to protect them from UV rays and prevent sunburns.
- I will supply the following sunscreen product, \_\_\_\_\_, for the day care to apply to my child.
- I do not wish for any sunscreen product to be applied to my child.

_____ Parent/Guardian’s Signature	_____ Date
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_____ Parent/Guardian’s Signature	_____ Date
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**HiMama Participation Consent**

I have chosen to receive general communication and/or child’s reports from My World of Learning through the HiMama app. I understand that by signing below, I will receive updates about my child which could including photographs, videos and examples of my child’s work. Details on HiMama’s commitment to safety and security and Guide for Parents Using HiMama can be found at: <https://www.himama.com/internet-safety>.

Parent’s Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Family Communications Plan Questions**

How would you like My World of Learning to share and receive information with you, please choose one option?

- HiMama App (If selecting this option, please sign consent form above)
- Email: \_\_\_\_\_
- Paper

How would you like to receive information about your child’s day, please choose one option?

- HiMama App (If selecting this option, please sign consent form above)
- Paper

**Parent Committee**

- I would like to join the parent committee that meets at least twice a year to discuss matters

of interest or concern to parents/guardians. I understand my contact information will be provided to the Minister.

I would like to attend parent committee meetings but am not interested in joining the committee at this time

**Board of Directors**

I am interested in joining the My World of Learning Board of Directors

**About Your Child**

1. By what NAME do you call your child? \_\_\_\_\_
2. What FOODS does your child especially like? \_\_\_\_\_
3. Especially DISLIKE? \_\_\_\_\_
4. FAVOURITE toys, games, activities? \_\_\_\_\_
5. Is your child POTTY TRAINED? \_\_\_\_\_ What WORDS does your child use to go to the bathroom? \_\_\_\_\_
6. How does your child express ANGER or FRUSTRATION? \_\_\_\_\_
7. Does your child have any specific FEARS? \_\_\_\_\_
8. When your child is upset, what helps to COMFORT him/her? \_\_\_\_\_  
\_\_\_\_\_
9. Has your child been taking an NAP? \_\_\_\_\_ If yes, how long? \_\_\_\_\_
10. Special TOY or BLANKET for nap time? \_\_\_\_\_
11. Does your child PLAY well with others? \_\_\_\_\_
12. How would you describe your child's PERSONALITY? \_\_\_\_\_
13. Please explain any special requirements for feeding, diet, rest or exercise that your child needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Special FAMILY situations? (recent move, divorce...) \_\_\_\_\_
15. NAMES of family members living in house. \_\_\_\_\_  
\_\_\_\_\_
16. Anticipated ADJUSTMENT problems? \_\_\_\_\_  
\_\_\_\_\_

17. Has your child been diagnosed or suspected of having any SPECIAL NEEDS? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. PREVIOUS child care attended: \_\_\_\_\_  
 How long? \_\_\_\_\_
19. Any PROBLEMS at previous day cares? \_\_\_\_\_
20. EXPECTATIONS of My World of Learning. \_\_\_\_\_  
 \_\_\_\_\_

**Health Questionnaire**

1. Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Physician's Address: \_\_\_\_\_
3. Health Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
4. Allergies (medicine, food, other): \_\_\_\_\_  
 \_\_\_\_\_
5. Any regular health conditions: \_\_\_\_\_  
 \_\_\_\_\_
6. What symptoms does your child usually experience from allergies/health conditions: \_\_\_\_\_  
 \_\_\_\_\_
7. Regular Medications: \_\_\_\_\_  
 \_\_\_\_\_
8. Has your child been hospitalized? (please explain) \_\_\_\_\_  
 \_\_\_\_\_
9. Last Physical Examination: \_\_\_\_\_
10. Last Vision Test Date: \_\_\_\_\_
11. Last Hearing Test Date: \_\_\_\_\_
12. Last Dentist Visit Date: \_\_\_\_\_
13. Referral Source (please indicate where you heard about the day care, check all that apply)  
 Yellow Pages  Brochure  NSCC  Word of Mouth  Other: \_\_\_\_\_

## Immunization Record

Yes, my child has received immunizations and I have attached a copy of them including exact dates.

No, my child has not received immunizations because \_\_\_\_\_

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## Child Care Contract

Day care is provided 7:30am to 5:15pm, Monday to Friday, year-round, with the exception of the last week in July and the three days between Boxing Day and New Year's Day. If my child will be absent, late or is ill, I will contact the day care before 9am. If my child is not picked up by closing time, a late charge of \$ 10.00 will be applied to my account. In addition, \$ 1.00 will be charged for every minute I am late and late pick-ups can jeopardize my child's seat.

I acknowledge the cost of child care fees is as stated in the chart below.

Age Group	Toddler	Preschooler	School Age
part-week rate per day	\$ 30.00	\$ 30.25	\$ 32.25
full-week rate per day	\$ 27.00	\$ 27.25	\$ 29.25

Fees will be charged based on a child's enrollment status and actual age as defined in the Early Learning Child Care Act and Regulations. *"toddler" means a child who is between 18 months old and 35 months old, inclusive; "preschooler" means a child who is 36 months old or older and is not attending school; "school-age child" means a child who is attending school and is not older than 12 on December 31 of the school year.*

If I apply for a subsidy seat I understand I am responsible for paying full fees until subsidy is granted. Once I receive a subsidy seat, the day care will bill the government directly for the portion I was approved for and I will pay the remainder of the daily rate to the day care on a weekly basis. If a credit occurs once subsidy is granted, it will be applied to the child's account and I will be notified.

I know weekly payments, in cash or by e-transfer, are due on the first day of each week. A \$ 40.00 non-refundable deposit must be paid to hold a child's seat in the day care. This deposit will be applied to the child care account the first week the child attends the day care. If the child does not attend the day care after completing the enrollment process, the \$ 40.00 fee will not be returned to me. In the event a payment is not made before the first business day of the next week, I will be charged a \$20.00 late payment fee per week. Failure to make weekly payments can result in suspension or termination of child care services and the account will be sent to a collection agency.

Payment Information

Subsidy Seat No: \_\_\_\_\_ Rate: \_\_\_\_\_  Regular Seat Rate: \_\_\_\_\_

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

I will pay child care fees  weekly  bi-weekly in advance  monthly in advance

I understand that the day care will be closed the following holidays or the next business day if the holiday falls on a weekend: New Year’s Day, Heritage Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, National Day for Truth and Reconciliation, Thanksgiving Day, Remembrance Day, Christmas Day and Boxing Day. I will be charged my regular day care rate on these days. I am responsible for obtaining alternate care for my child.

I will receive a set number of vacation days per year depending on whether my child is enrolled part-week (maximum 5) or full-week (maximum 10). I agree to provide the Director with two weeks’ written notice when I decide to use vacation time. Vacation time may not be used until my child has been in attendance for thirty (30) days. Once vacation time has been used the regular day care rate will be charged regardless of the child’s attendance.

I have read the behaviour guidance policy and understand what the day care’s policy is on acceptable and unacceptable behaviour guidance techniques. By signing below, I acknowledge that the policy was reviewed with me at the time of the child’s enrolment at the centre.

I am responsible for paying for sick and absent days. I understand that if my child has an illness and/or is not well enough to participate in scheduled activities; the day care will have no choice but to send my child home. I know I must have back up child care arrangements in the event my child is sent home. I agree to follow the day care’s health/COVID-19 policy.

I understand that I must give the Director thirty days’ written notice if I decide to withdraw my child from the centre. Failure to provide proper notice will result in my account being charged for this period.

My signature below is confirmation that I have received a copy of the day care’s Family Handbook. I have read and understood My World of Learning’s policies and agree to abide by all policies and procedures outlined within the Child Care Contract and Family Handbook. I agree to promptly notify My World of Learning of any changes of the above information. I understand that this is a legally binding contract. August 2022

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date