**Angelgate Daycare Inc.**

**REGISTRATION PACKAGE**

**PROGRAM INFORMATION**

|  |  |
| --- | --- |
| **Client Start Date:** | **Client Withdraw Date:** |
| **School Attending:** | **Program Enrolled:** |
| **Interview Date:** | **Handbook Sent Date:** |
| **Days Per Week:** | **Location: Runnymede / Jane** |

**CHILD INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Child’s Name:** | **Birthdate (YY/MM/DD):** | |
| **Address:** | **City:** | **Postal Code:** |

**PARENT/GUARDIAN #1**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Add:** | **City:** | **Postal Code:** |
| **Home/Cell Phone:** | **Work Phone:** | |

**PARENT/GUARDIAN #2**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Add:** | **City:** | **Postal Code:** |
| **Home/Cell Phone:** | **Work Phone:** | |

**\*Please ensure all addresses include postal code & medical records are submitted prior to enrollment\***

**EMERGENCY CONTACTS**

**EMERGENCY CONTACT #1**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**EMERGENCY CONTACT #2**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Address:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**OTHER PERSON FOR PICK-UP #1**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Add:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**OTHER PERSON FOR PICK-UP #2**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Email:** | |
| **Home/Cell Phone:** | **City:** | **Postal Code:** |
| **Home Address:** | **City:** | **Postal Code:** |
| **Work Phone (if applicable):** | **Work Add (if applicable):** | |

**\*Please ensure all addresses include postal code & medical records are submitted prior to enrollment\***

**CHILD’S HEALTH INFORMATION**

**FAMILY DOCTOR**

|  |  |
| --- | --- |
| **Name:** | **Phone:** |

**DOES YOUR CHILD HAVE ANY ALLERGIES?**

|  |
| --- |
| **Food Allergies: □ Yes □ No**  **Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Severity of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other Allergies: □Yes □No**  **Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Severity of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**DOES YOUR CHILD HAVE ANY HEALTH OR MEDICAL ISSUES SUCH AS?**

|  |
| --- |
| **□ Asthma □Vision □Skin Conditions □Special Medications □Hearing □Other**  **Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD**

|  |
| --- |
| (Appetite, Rest or Quiet time requests, Behavior management techniques used at home, Developmental, etc.) |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Angelgate Daycare Inc.**

**432 Runnymede Rd. Toronto ON M6S 3Y8**

**\*Please ensure to read before signing. By signing you comply that no exceptions will be made to the agreement\***

**Cheques Payable to “ANGELGATE DAYCARE INC”**

I/We have paid the $250 registration fee and acknowledge that it is non-refundable, non-transferable.

I/We have paid the first month’s tuition in the amount of \_\_\_\_\_\_\_\_\_ and acknowledge that it is non-refundable, non-transferable.

I/We have been made aware of the conditions for enrollment and agree to follow these rules and regulations.

I/We agree that policies have been reviewed with us **prior** to admission of my/our child/children and I/We will be provided with a copy of the parent handbook and we agree to comply with these policies.

**If I/We decide to cancel daycare before the start date, I/We understand that the $250 registration fee and first month deposit paid at the time of registration will be forfeited and not returned to me/us. If I/We decide to change the start date to a later month, I/We will be required to pay all the months leading up to your new start date. I/We agree that a One Calendar month notice (in writing) is required before withdrawing from the program. Failure to comply on mine/our part will result in sorting this matter in small claims court where I/We will be responsible for paying any additional occurring costs. Tax receipts will not be issued if my account is not up-to-date including last month’s payment.**

Initial: \_\_\_\_\_\_\_\_\_\_\_\_

\*We reserve the right to update our Parent Handbook. You will be sent a copy via email, the updated version (when applicable) and will be asked to sign for receipt of same. A copy will be added to your child’s file and kept on record\*

I/We acknowledge that we have read the terms of this agreement and consent to the same and warrant the same information set out above is correct.

Initial: \_\_\_\_\_\_\_\_\_\_\_\_

WE CARE

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Angelgate Daycare Inc.**

**432 Runnymede Rd. Toronto ON M6S 3Y8**

|  |  |
| --- | --- |
| **REGISTRATION FEE** AT TIME OF BOOKING | **$250 NON-REFUNDABLE NON- TRANSFERABLE** |
| CQ# DATE RECEIVED: |  |
|  |  |
| **ALL PROGRAMS** \*BASED ON A 12 MONTH SCHEDULE **(withdrawal results in loss of spot)** | WHEN REGISTERING FOR PROGRAMS, 6 MONTHS OF POST DATED CHEQUES ARE REQUIRED IN ADVANCE. |
| **TODDLERS** 5 DAY WEEK $1500 | **PRESCHOOL** 5 DAY WEEK $1325 |
| 4 DAY WEEK $1308 | 4 DAY WEEK $1200 |
| 3 DAY WEEK $1250 | 3 DAY WEEK $1075 |
| 2 DAY WEEK $850 | 2 DAY WEEK $675 |
| RATES STILL APPLY DURING CANCELLED OR SICK DAYS. |  |
| **JK/SK & GRADE SCHOOL BEFORE & AFTER PROGRAMS (12 month program includes summer camp @ Runnymede location)** | **JK/SK & GRADE SCHOOL BEFORE & AFTER PROGRAMS (10 month program no summer camp)** |
| 5 DAY WEEK $750 | 5 DAY WEEK $650 |
| **LUNCH PROGRAM AT RUNNYMEDE IS $200 EXTRA A MONTH** | **FOR JK/SK & GRADE SCHOOL MORNINGS ONLY PROGRAM 5 DAYS A WEEK $400/month** |
| **$10/month ADDITIONAL CHARGE FOR ALLERGIES/SUBSTITUTIONS** |  |

**Summer Camp (Available at our Runnymede location ONLY) is $60 Daily Pre-Paid. This does not include any additional admission fees. Please note that you are still responsible for paying the full fees for any days missed/cancelled during Summer Camp. NO EXCEPTIONS will be made.**

**\*$20 CHARGE** IF WE ARE NOT NOTIFIED ON GIVEN DAY BEFORE 1:00 PM THAT YOUR **CHILD WILL NOT BE JOINING US** AT DAYCARE.

PLEASE CHECK OUR WEBSITE AT [www.angelgatedaycare.com](http://www.angelgatedaycare.com) TO VIEW OUR MENUS AS WELL AS OUR SUMMER AND MARCH BREAK FUN CAMPS.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please ensure you have read the above. By signing, you comply that no exceptions will be made to the agreement\***

**Cheques Payable to “ANGELGATE DAYCARE INC.**

**Angelgate Daycare Inc.**

Diaper Medication Permission Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **give** the staff of Angelgate Daycare Inc. permission to apply medicated **or** non-medicated diaper cream/lotion/spray to my child’s body during the daily diapering routine.

\*Please note, in any case Angelgate Daycare Inc does not supply these products.

OR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **do not give** the staff of Angelgate Daycare Inc. permission to apply medicated or non-medicated diaper cream/lotion/spray to my child’s body during the daily diapering routine.

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_