**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mulberry Bush Child Care Centre**

**Registration Package**

**Contract of Services**

**Child’s Information**

**Family Information**

**Emergency Contact Information**

**Immunization**

**Hours of Operation and Fees**

**Polices: Permission and Consents**

OFFCIE USE

Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Starting Room:

Deposit Paid: Amount Paid: .

Director Reviewed:

***MULBERRY BUSH CHILD CARE CENTRE***

***555 Topping Lane***

***London Ontario***

***N6J 3M9***

***(519) 473-4798***

***mulberrybushchildcare@outlook.com***

***mulberrybushchildcare.com***

***CONTRACT FOR SERVICES***

*The conditions of this contract are designed to protect both the parents and the Child Care Centre. In effect, this agreement guarantees your financial support of the enrollment space, which the centre will provide for your child.*

***AGREEMENT***

In consideration of the Mulberry Bush Child Care Centre providing care and supervision to my/our child, I/we agree:

* That I/we have read and understood the **Parent Handbook** of Mulberry Bush Child Care Centre, on the website, attached to enrollment email and/or in the centre.
* That I/we will abide by the policies as written in the **Parent Handbook**.
* That I/we will give one month written notice or will pay one month of fees in lieu of notice prior to withdrawing my/our child from Mulberry Bush Child Care Centre
* This agreement may be terminated by mutual consent with one month of written notice by either party.
* I/we have a clear understanding and agree to comply with the terms and conditions of the fee for my/our child’s care received.

**Dated in London Ontario, this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_.**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Information**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_ Age:\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Language spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sleep Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feeding Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Time/ Part Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For part-time care please circle or check beside preferred days:**

* **Monday**
* **Tuesday**
* **Wednesday**
* **Thursday**
* **Friday**

**\*\* Please note that part-time days are subject to change based on Mulberry Bush Child Care Centre’s needs\*\***

**Does your child have any medical conditions? What is required with this medical condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any allergies? If yes, what are the symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any special dietary needs? If so, what is required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any fears, likes or dislikes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**During Sleep time, does your child have a special blanket or toy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there anything else we should know about your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any specific expectation relating to your child’s care and early learning?\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Information**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian #1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Guardian’s Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Addresss:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/School #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/ Guardian #2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Guardian’s Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Addresss:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/School #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Lives with** \_\_\_\_\_\_\_Mom \_\_\_\_\_Dad \_\_\_\_\_\_Both Parents \_\_\_\_\_\_Guardian

**Emergency Contact Information**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following people are authorized to pick up my child and may be contacted in an emergency or illness.**

Please note that no person under the age of 16 is authorized to pick up any child.

**Emergency Contact #1**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact #2**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any additional people authorized to pick up your child: NOTE: We will not release your child to anyone who is not listed below under circumstance (attached additional sheet of names if needed):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**

**--------------------------------------------------------------------------------------------------------------------**

**To whom may your child be released?**

 **Anytime** **in an Emergency**

Parent 1 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Contacts \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Health History**

To Be Completed **Prior To Entry** of The Mulberry Bush Child Centre:

 **Medical History** (to be completed by a parent) **Please attach a copy of your child’s immunization card**.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Mother /Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Card No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunization Record**

**Dates Given DTPP, HIB & Pneumo Con. MMR VARICELLA COMMENTS**

**2 Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4 Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6 Months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1 Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15 Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**18 Months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4-6 Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any condition that would require special attention, medication, or special diet? If so, please list below and request an individual service plan form. This form is to be completed IN FULL, including picture, prior to enrollment date.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies? Food, Medication, ect? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours of Operation and Fees**

* Mulberry Bush Child Care Centre operates 5 days per week, all year except Statutory holidays – New Year’s Day, Family Day, Good Friday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Christmas and Boxing Day. The only other times the centre will be closed is if the London City Transit closes due to road conditions and/or the centre has no heat or water. Parents are required to pay for all these closures including Statutory holidays.
* Mulberry Bush Child Care Centre hours of operation are **7:00** **a.m.** to **6:00 p.m.**

Rigid adherence to these hours is the essence of the contract. Any late pick up, past 6pm, will be penalized at a rate of $1.00 for every minute which is to be paid directly to the educator that evening. This late payment is to be paid in CASH only.

* **The daily fee is based on a 9.5-hour day. Exceeding these hours will incur an extra charge of $20.00 each time.**
* **Please contact the child care centre prior to 9:30 am if you will be late or absent for the day. Failure to do so could result in your child not having care at the centre for the day.** The Mulberry Bush Child Care Centre is a ratio-based company; therefore, we re-evaluate our numbers in the early mornings to ensure we have appropriate coverage and ratios in each classroom.
* **We strive to be a health conscience, nut-free environment; therefore, no outside food is to be brought into the centre at any time.** If your child shows up with outside food, they will be asked to wait outside with you while they finish it.

**Fees:** A non-refundable deposit of $500 is required upon enrollment to hold an available spot at the centre. This deposit will be used towards your last month’s payment. In the event that you no longer require the spot, this deposit will not be refunded. An additional $25.00 non-refundable administration fee is required with your initial deposit.

**Pricing:**

Infant \*\* we do NOT offer part time care for infants\*\*

* Full time program, 5 days per week

Rate $59.00/day

Toddler \*\*This rate applies to children 18 months to 29 months\*\*

* Full time program, 5 days per week

Rate $55.00 per day

* Part time program

Rate $59.00/per day

Preschool \*\* This rate applies once your child is 30+ months\*\*

* Full time program, 5 days per week

Rate $48.50 per day

* Part time program

Rate $52.00 per day

**Fees are subject to change January yearly.**

* **Payment of fees:** Fees will be paid by direct debit on the first day of every month. Accounts in arrears are unacceptable and may lead to termination of this contract, your child will not be permitted to attend child care until accounts are paid in full. Any NSF (non-sufficient funds) will result in an extra charge of $30 per transaction. On the third NSF occurrence, the extra charge will increase to $100.
* **Payment of fees when your child is absent from care:** Payment is required in full for all days that your child is absent from care. This includes home days, illness and appointment time. The only exception to this payment is “approved” vacation time. Please refer to the parent handbook for when you would qualify for this.
* **Holidays:** After one full contract year in the Mulberry Bush Child Care Centre,

parents of the child are entitled to two weeks holiday with 50% payment required. The child must be withdrawn from the Centre to enjoy this privilege. Placement of the child will not be jeopardized for this absence. Each consecutive year’s enrollment carries the same privilege.

Dated at London, Ontario this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Parent/Guardian Signature Parent/Guardian Signature Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Policies: Permission and Consents**

* **Sleep Supervision:** Our policy at the Mulberry Bush Child Care Centre is that all children have a rest and /or sleep from 12-2pm each day. Every child is expected to participate in this daily routine while receiving care.
* **Sickness:** Should your child have a fever of 101.5F (38.6c), 2 or more bouts of vomiting and/or diarrhea you will be contacted to come and pick them up. We ask that your child stay home until they are symptom free for 24 hours with no medication (Advil, Tylenol, Motrin, etc.). Any other contagious or communicable virus (ie. Pink eye, hand foot and mouth, lice) that your child may have, will need to be diagnosed and symptom free before returning to the centre. **Compliance with this policy is essential to help ensure the health of all the children and staff**.
* **Parental Responsibilities:** Any special arrangements for “pick-up” must be made with the staff in advance. The child will not be released to anyone other than the parents or those listed in enrollment package and authorized for pick-up by the parents. All addresses, telephone or employment changes must be reported to the centre. Failure to do so absolves the centre of its responsibility to locate the parent in the event of an emergency. Parents are encouraged to arrange for meetings to discuss any concerns which may arise with their child at a mutually convenient time for the staff.
* **Health:** If a child is ill and will not be attending, it is required that the centre be contacted as soon as possible. In fairness to the other children, it is requested that the child not attend if he/she is ill. Therefore, we asked you not to bring your child to the centre should he/she be unable to participate in all our activities. Each child is required to have a medical report filed with the centre prior to admission. If medication is to be administered to your child, written notice must be given to the staff as well as a medication authorization form must be completed prior to them attending the centre. This form can be requested via email or can be found as an attachment in your enrollment email. We will administer prescription and non-prescription drugs with a Doctor’s note in accordance with the Provincial Legislation. This requires that the parents provide:

a) written instructions regarding dosage and times of administration.

b) medication MUST be in the original container- clearly labeled with the child’s name, current date, instructions for storage and administration of the drug. There must also be written authorization from the doctor for administration of non-prescription drugs. The director will notify parents if a child becomes ill at the centre and may request that the parent pick up the child at once. Accordingly, we would ask you to provide the centre with an emergency number and a name of a person who can pick up your child should you be unable to do so personally. Should emergency medical care be required, parents will be notified, and the child will be taken to the nearest Hospital. Permission is granted to administer treatment as needed. It is understood that any cost for such treatment will be the responsibility of the parent.

Dated at London, Ontario this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Parent/Guardian Signature Parent/Guardian Signature Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Policies: Permission and Consents**

* **Departure from the Centre:** The Mulberry Bush Child Care Centre will not assume responsibility for the transporting of the child to and from the centre.
* **Field Trips:**

Permission is granted to transport the child: Yes\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, approved modes of transport are: Walking \_\_\_\_\_\_\_\_\_\_\_

 Public Transit \_\_\_\_\_\_\_\_\_\_\_

 Bus \_\_\_\_\_\_\_\_\_\_\_

* **Pictures:**

 Permission for pictures to be taken: Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

* **HiMama Documentation App:**

 Signed participation agreement: Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Dated at London, Ontario this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Parent/Guardian Signature Parent/Guardian Signature Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Child’s Supplies List**

At the Mulberry Bush Child Care Centre, it is our expectation that each family provides the following supplies for their child:

**Daily supplies needed:**

* Diapers
* Diaper cream (if applicable)
* Wipes
* Extra Shirts x3
* Extra Pants x3
* Extra Socks x3
* Extra Underwear x3 (if applicable)
* Outdoor shoes (season dependent)-all shoes must be closed toe with a closed back.
* Indoor shoes (closed toe-no sandals or flip flops) \*\*Please expect to LEAVE this pair of shoes at the centre daily. If your child does not have a pair of indoor shoes at the centre, they will not be able to stay and participate \*\*

**Supplies needed per season**:

Fall/Spring

* Rain Boots
* Slush Pants
* Outdoor Jacket
* Outdoor warm hat
* Outdoor mitts x2

Winter

* Winter Boots
* Winter Jacket
* Warm winter hat
* Outdoor mitts x2
* Snow pants

Summer

* Sunscreen \*\*Please expect to LEAVE this at the centre \*\* All children are to arrive at the center with sunscreen already applied for the morning activities.
* Sun hat

**Please ensure that ALL clothing and supplies are labeled with your child’s first and last name.** Please do NOT just put your child’s initials as there could be other clothing - boots, hats, mitts and jackets - are consistent throughout the season and not constantly changing. When this happens, it makes dressing your child for the outdoors extremely difficult for your child as well as for the staff. The Mulberry Bush Child Care Centre is not responsible for lost or stolen items of clothing. While we endeavor to keep track of all the children’s items, this is not always possible. Proper labelling helps with this. The Mulberry Bush Child Care Centre uses and suggests Mabel labels for personalized clothing and supply labels. If you are interested in purchasing personalized labels for your child, please visit the attached website - <http://www.mulberrybushcc.mabelslabels.com/>

**\*\* PLEASE NOTE: If your child does not have all of their required supplies you will be called to either drop off the supplies needed or to pick up your child until they have all of the needed supplies. We are NOT able to provide the necessary supplies.**

\*\* Note: At the Mulberry Bush Child Care Centre we are a play-based centre that encourages free unstructured play both indoors and outdoors. It is our goal that the children freely explore our outdoor areas **for a minimum of 2 hours per day**. Only in extreme weather conditions, deemed by the Health Unit, will this not apply. Therefore, we expect all children to come to the centre dressed and ready to participate with the appropriate clothing depending on the weather and season. Failure to provide the supplies needed could lead to supplies needing to be dropped by a family member or emergency contact to the centre immediately or a child needing to be pick up and go without care from our centre for the day as they will be unable to participate in our daily programs. \*\*

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yearly Sign Off: Permissions and Consents**

**Contract of Services**

**Child’s Information**

**Family Information**

**Emergency Contact Information**

**Policies: Permission and Consents**

**Immunization**

**Child Care Payment Agreement**

***Please sign below, acknowledging that you have read and understood the policies listed above and provided any required updates to the centre for the current year.***

Updated and re-signed for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_on (date)\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated and re-signed for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_on (date)\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Updated and re-signed for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_on (date)\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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