



Welcome!

Please find enclosed the necessary forms for your child's enrolment. **We ask that you kindly fill out all the appropriate forms and return them to us prior to your child's first day in our centre.** All the forms must be completed and you are required to attach a photocopy of your child's current immunization record before your child's first day.

In case of an emergency, we ask that you please provide us with your work telephone as well as your mobile phone number, and that you consider keeping your mobile phone on vibrate at minimum. Please also provide us with your email address to receive all electronic communications from your child.

If any of your contact information changes, we ask that you please provide us with the new information immediately. We also ask that you provide us with a new copy of your child's immunization record each time a new immunization is administered.

We are so glad to have your child join us as part of our Early Learning Centre (ELC) program. Should you have any questions or concerns, please do not hesitate to contact us at 705-522-1649 or by email kelly.ingram@scacademy.ca

Blessings to your family as you begin this journey,

Kelly Ingram, B.Th., RECE, Supervisor
Sudbury Christian Academy
Early Learning Centre
1096 Dublin Street,
Sudbury ON P3A1R6
705-522-1649
kelly.ingram@scacademy.ca



Enrolment Package -- Preschool (2 ½ - 4 Years)

General Information		
Child's Name	Date of Birth	Relation to Applicant
Street Address	City, Province	Postal Code

Mother's Information		
Mother's Name	Marital Status	Partner's Name
Street Address	City, Province	Postal Code
Email Address	Work Phone	Mobile Phone
Home Phone	Language Spoken at Home	Citizenship

Father's Information		
Father's Name	Marital Status	Partner's Name
Street Address	City, Province	Postal Code
Email Address	Work Phone	Mobile Phone
Home Phone	Language Spoken at Home	Citizenship

Custody/Living Arrangements

Note: If only one parent has legal custody, the ELC must be provided with a copy of the official legal agreement which specifies this arrangement.

Family Information (Required for all those living in your home)

Name	Age	Relationship to Child

Parent Signature

Parent Signature

Date

Date

Preschool (2 ½ - 4 Years) Development

Physical Development		
Age Started Crawling	Age Started Walking	Age Started Feeding Self
Age Started Climbing Stairs	Age Started Dressing Self	Age Started Naming Objects

Sleeping Habits		
Bedtime (HH:MM)	Wakes Up (HH:MM)	Nap Times
Typical Sleep Disturbances		

Eating Habits		
Drinks From Bottle / Sippy / Both / None	Uses Utensils Fork / Spoon / Both / None	Other Mealtime Habits?
Breakfast Time (HH:MM)	Lunch Time (HH:MM)	Dinner Time (HH:MM)
Favourite Foods		
Refuses to Eat / Food Concerns		
Would Like to Try	Food Allergies	

Toilet Habits		
Stage of Training None / Partial / Full	Accidents Frequent / Rare / Never	Needs help undressing? Yes / No
Needs help dressing? Yes / No	Words used for 'urinate'	Words used for 'bowel movement'

Emotional Behaviours		
Sucks Thumb / Fingers? Yes / No	Happy / Cheerful? Usually / Rarely	Excitable / Energetic? Usually / Rarely
Temper Tantrums? Often / Rarely	Sad / Crying? Often / Rarely	Angry / Upset? Often / Rarely
Calm / Quiet? Usually / Rarely	Withdrawn / Shy? Usually / Rarely	Other Behaviours?

Social Behaviours		
Plays with others? Yes / No	If "yes," how often?	If "yes," with whom?
Favourite Activities		
What forms of discipline are used at home?		
What social expectations do you have from the ELC?		

Parent Signature

Parent Signature

Date

Date

Emergency Contact Information

Child's Name	Date of Birth (MM/DD/YY)	Health Card Number

Primary Contact / Relationship	Secondary Contact / Relationship
Name	Name
Relationship	Relationship
Home Address	Home Address
Home Phone	Home Phone
Work Phone	Work Phone
Mobile Phone	Mobile Phone

Emergency Contact / Pickup	
Name	Relationship
Home Address	Home Phone
Mobile Phone	Work Phone

Physician Information	
Physician Name	Physician Phone
Physician Address	

Allergies / Medical Conditions

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Authorized Alternate Pickup #2

Name	Relationship
Home Phone	Work Phone
Mobile Phone	Alt. Phone

Authorized Alternate Pickup #3

Name	Relationship
Home Phone	Work Phone
Mobile Phone	Alt. Phone

Authorized Alternate Pickup #4

Name	Relationship
Home Phone	Work Phone
Mobile Phone	Alt. Phone

Parent Signature

Parent Signature

Date

Date

Medical Information

Child's Name	Date of Birth (MM/DD/YY)	Health Card Number

Check all that apply	Yes	No
Does your child have any known allergies?		
If "yes," is your child at risk of an anaphylactic reaction?		
Has your child ever experienced a medical emergency?		
Has your child ever undergone a surgical procedure?		
Has your child ever suffered a serious injury?		
Does your child have any chronic/recurring illnesses?		
Does your child have a history of communicable diseases?		
Does your child regularly take any prescription medications?		
Does your child wear corrective glasses or eye prosthesis?		
Does your child wear corrective shoes or leg/foot prosthesis?		
Does your child have any significant fear or phobias?		
Does your child have any noteworthy birthmarks or moles?		
Do we need to be aware of any other health/medical condition?		

If "yes" to any of the above, please explain, including any treatment plan:

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Check all that apply	Yes	No
Has your child ever had his/her vision tested?		
Has your child ever had his/her hearing tested?		
Has your child ever been to the dentist?		

Does your child have frequent occurrences of any of the following?				
Colds / Flus	Fevers	Ear Aches	Tonsillitis	Pneumonia
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Has your child ever received services for any of the following?				
Speech	Physio	Counselling	Behaviour	Development
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Additional information

Parent Signature

Parent Signature

Date

Date

If your child has any medical needs which require coordination with the ELC, please speak with the ELC Supervisor to develop an individualized plan.



Parent General Agreement

The parent will comply with the agreed upon days and hours of child care, based on the enrolment schedule.

The parent will ensure that the child arrives and is picked up at the agreed upon time. Parents will be charged \$5.00 for every block of 10 minutes the child arrives early or is picked-up late, unless special arrangements have been made with the ELC Supervisor.

The parent agrees to provide the ELC a minimum of two weeks written notice of ANY scheduling changes. The parent agrees to sign a new enrolment schedule when changes occur by the last week of the current month for the upcoming month.

The parent will ensure that all information in the child's file is kept up to date. The parent will inform the school **in writing** (e.g. by email), of any changes (e.g. immunization, home addresses, phone numbers, marital status, health conditions).

The parent will ensure that the ELC has a clean change of indoor clothing for each child and appropriate outdoor clothing at all times. **The parent is responsible to label the child's items and understands that the ELC is not responsible for any lost/stolen/damaged items.**

The parent agrees to ensure that the ELC has an adequate supply of diapers, wipes and creams if the child is not fully toilet trained.

The parent agrees that the child is not to attend the ELC if he/she has a communicable disease, infection, or serious illness. The parent will inform the ELC if the child has a communicable disease, and will present a doctor's note stating that the child is free of communicable disease before the child returns to the ELC.

The parent agrees to inform the ELC **before 10:00 a.m.** if the child will be absent or late. Please call the office at 705-522-1649 and leave a voicemail message or email the ELC supervisor at kelly.ingram@scacademy.ca

The parent understands that it is the staff's professional obligation to contact Children's Aid Society (CAS) in cases where:

- There is suspicion or allegation (even unfounded) of child abuse.
- The child has not been picked up after one hour past closing time.

The parent agrees to advise the ELC when unavailable in case of emergency, and agrees to provide the ELC with the name and phone number of an alternate person who will be available to pick up the child if necessary.

The parent agrees to discuss the child's progress with the appropriate staff person. The parent is encouraged to communicate openly with the supervisor regarding the care provided for his/her child.

The parent agrees to undress the child in the cloakroom and walk the child to their classroom and ensure that a staff member is aware of the child's arrival.

The parent agrees to give the ELC at least two weeks written notice of termination. In the case of no notice given, the parent understands that full program fees will be invoiced for the two week notice, even if the child doesn't attend.

The parent agrees to pay all invoices in full by the due date. The invoices will be given out during the first week of the current month. The parent understands and agrees that invoices will ...

- Be based on the child's enrolment schedule for the current month.
- Include fees for statutory holidays in which the child would normally attend according to their schedule.

The parent understands that if the invoice is not paid in full by the date due, termination of child care will occur within 10 business days.

The parent agrees that the child may be discharged if:

- A disruption of attendance has a negative impact on the child or the program.
- The needs of the child cannot be met by the ELC as determined by ELC management.

The parent understands that failure to comply with this agreement will result in the child being discharged from the ELC.

The parent understands and agrees that this agreement is effective until further notice.

I, the undersigned, hereby certify that I have read, understand and will abide by the above mentioned conditions AND the policies & procedures as outlined in the ELC Parent Handbook.

Parent Signature

Parent Signature

Date

Date



Rate Schedule

The parent understands that monthly invoices will be based on the child's enrolment schedule. Invoices are sent home during the first week of the month and are to be paid by the 15th of the month. If a new enrolment schedule is needed for the upcoming month, it must be submitted to the office during the third week of the current month.

Infant	Full Time (5 days/week)	Part Time (as needed)
Part Day (<6 hours)	\$49.50	\$62.00
Full Day (6-9 hours)	\$58.00	\$72.50
Extended (over 9 hours)	\$64.00	\$80.00

Toddler	Full Time (5 days/week)	Part Time (as needed)
Part Day (<6 hours)	\$39.00	\$48.75
Full Day (6-9 hours)	\$48.00	\$60.00
Extended (over 9 hours)	\$54.00	\$67.50

Preschool	Full Time (5 days/week)	Part Time (as needed)
Part Day (<6 hours)	\$35.00	\$43.75
Full Day (6-9 hours)	\$44.00	\$55.00
Extended (over 9 hours)	\$50.00	\$62.50

- Above rates current effective 1 February 2019.
- Full time rates based on usage of >16 days per month.
- Part time rates based on usage of <16 days per month.

Child's Name	Date of Birth (MM/DD/YY)	Effective Date

Day of the Week	Drop-off Time	Pickup Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Parent Signature

Parent Signature

Date

Date



Daily Reports

We use a very exciting mobile application called HiMama <https://www.himama.com/> to produce realtime daily reports on your child's day. This app is very secure and childcare friendly, providing valuable information and communication to you about your child's day at the Early Learning Centre (ELC). A daily report of your child's activities will be sent home via provided email addresses and through the app.

Your consent is required to allow the ELC educators to post photos and videos of your child playing and interacting alongside other children to the HiMama portal. Be aware that any of the photos or videos of children playing and exploring may be shared with current ELC families who have signed this consent form to receive notifications about their child. All of the information we submit is stored in the HiMama portal.

Note: By giving your consent you agree not to share photos or videos of any child, other than your own, outside the HiMama Program.

If two email address are to be added to the HiMama portal, then each person wishing to receive notifications **must** sign the consent form and agree not to share any pictures or videos of any other children.

If you have any questions about the application, please see the links below or speak with the ELC supervisor to learn more.

- Terms of Service <https://www.himama.com/terms>
- Internet Safety <https://www.himama.com/internet-safety>
- Privacy Policy <https://www.himama.com/privacy>

By checking the following boxes, and signing below ...

- I give permission for my child's photo or video to be uploaded to the HiMama portal.
- I give permission for my child to be photographed and/or videotaped playing alongside other children in the program rooms.
- I do not give my permission for shared photos/videos to be posted with my child to the HiMama portal.

Child's Name	Date of Birth (MM/DD/YY)
Parent Email #1	Parent Email #2

Parent Signature

Parent Signature

Date

Date



Keyholder Agreement

Each SCA family will be issued up to a maximum of three keys for the purpose of dropping off and picking up their child. These keys will only be operational during regular hours. The name(s) of keyholder(s) will be recorded and retained by Sudbury Christian Academy (SCA) and each person will agree to the terms of use before receiving a key.

Key may not be transferred at any time to any person other than the registered keyholder. If the keyholder wishes to change who holds the key, the SCA office must be informed and a new agreement signed for the new keyholder.

Students may not sign as keyholders or be in possession of an SCA passkey. Keyholders may not loan their key to a student, a minor, or to any other individual.

A deposit of \$10 will be given to SCA for the use of each key. This deposit will be returned to you at the withdrawal of your child from the school if and when the keys are returned.

In the case of a lost key, it must be reported immediately to the SCA main office. An additional \$10 will be required to replace it. This \$10 will be used for the cancelling of the old key and the issuing of the new one. This will not increase the deposit returned at your child's withdrawal. Unfortunately, due to limited availability, there will be no more keys available after a replacement key has been issued.

Passkeys will work at the main doors (reserved for visitors, short term parking, and ELC families) and at the west entrance (for elementary families).

If an approved family member or friend without a key is dropping-off or picking-up your child, you may not loan them your key. They can ring the doorbell or call the main office (705-522-1649) to be let in.

Keyholder #1 Name	Key Number
Keyholder #2 Name	Key Number

Keyholder #3 Name	Key Number

The undersigned agree to abide by the terms of the keyholder agreement as stated above in the use of Sudbury Christian Academy (SCA) passkeys.

Keyholder #1 Signature

Date

Keyholder #2 Signature

Date

Keyholder #3 Signature

Date



Toddler & Preschool Drop-off & Pick-up Procedures

Drop-off Procedures

In the summer, apply sunscreen to your child before bringing them to the centre. Bring your child into the classroom and undress them, putting away his/her outside apparel in his/her cubby.

Put on his/her inside shoes, and drop off your child with his/her educator. It is not necessary to sign your child in, but make sure the educator knows that they are now in the classroom.

At the beginning and end of the day, the preschool and toddler rooms are combined due to low numbers in attendance. The children may be in either of the two rooms.

It is in the best interest of your child that you say goodbye to them. Sneaking out when they are not looking can cause confusion for your child. Similarly it is normal for your child to cry while adjusting. The educators are well equipped to help your child calm down and enjoy the rest of the day.

Pick-up Procedures

Depending on the time of your arrival, your child may not be in their usual room at pick-up time. Check the door of the classroom if they are not in the room.

Sign out your child and collect the daily record sheet. Feel free to ask the educators any questions you may have about how his/her day went.

Check your child's pocket in the classroom for any artwork, notes or soiled clothing. Often there is important communication sent to you in his/her pocket.

Bring your child to the coatroom and dress them to go home. Make sure his/her inside shoes are in his/her cubby.

First Day Checklist

- Change of clothes
- Inside shoes
- Diapers, wipes, and diaper cream (if applicable)
- Small blanket to be left here (they are washed regularly)
- Soother (if needed)
- Special dietary requirements (ex: soy milk)
- Appropriate outside clothing
- Seasonal Hat (important)

For the Office

- Enrolment forms
- Immunization record
- Pass-key agreement and deposit

Please note: We prefer that you leave your child's toys at home. There are many different toys here for your child to enjoy while participating in our program.

Important: Please label all of your child's/children's things before bringing them to help us keep your child's/children's belongings together. We are not responsible for any lost items.

Consent for Consultation

Child Community Resources (CCR) is a non-profit community agency that supports good quality of life for children in the early years. The Applied Behaviour Analysis (ABA) team, a department of CCR, facilitates the inclusion of all children in licensed Early Learning and Child Care (ELCC) programs through a team of trained consultants. Their role is to provide consultation to program staff that will support the participation of all children in the program.

As part of the relationship with your child's program, consultants work with the ELCC program by:

- consulting to program staff to increase overall knowledge and expertise;
- providing consultations and strategies to program staff for children experiencing needs and for group needs;
- completing regular on site consultation days;
- interacting with all staff and children in the program;
- supporting program staff in completing developmental screenings;
- observing the environment and providing written recommendations;
- providing information and resources on child development;
- assisting the program in connecting with other specialized services and agencies;
- assisting with entry to an ELCC program as deemed necessary.

Should you require additional information on the services offered by the Community ABA Services team, please do not hesitate to discuss with the program supervisor or staff. The staff of your child's program will share information with you regarding your child's development, the role of the consultant and discuss with you further a referral for direct services should the need arise.

Child's Name	Date of Birth (MM/DD/YY)
Program Name	Program Staff

Note: *The parent may withdraw consent at any time. Valid only until child is withdrawn / discharged from the ELCC program.*

Limited-identifying information will be collected for statistical purposes.

As a result of a consultation, a referral for a brief behavioural consultation may be discussed with you.

Parent Signature

Parent Signature

Date

Date



Photo/Video Release Form

I, _____, hereby grant Sudbury Christian Academy (SCA) and its divisions, including but not limited to the Early Learning Centre (ELC), irrevocable permission to publish video or still images of my child with or without identifying information such as program room, division name, and school name to be used in upcoming promotional materials. These images may be published in any manner, including (but not limited to) official SCA/ELC webpages or social media feeds. Further, I will hold harmless SCA/ELC and its representatives and assigns from any liability by virtue of minor cropping that may be required, and colour and exposure shifts that may occur in editing the photo/video.

I affirm that I am 18 years of age or older, and competent to sign this release on behalf of my child. I have read this form and fully understand its implications.

Child's name		
Street address		
City	Province	Postal Code

Parent Name (Print)

Parent Name (Print)

Parent Signature

Parent Signature

Date

Date



Sunscreen Application Consent

I, _____, hereby grant Sudbury Christian Academy (SCA) and its Early Learning Centre (ELC) division permission to apply sunscreen to my child at its discretion. Typically, sunscreen is applied from May through August on days when the UV index is moderate to very high.

I authorize SCA/ELC to use any brand of sunscreen at any reasonable Sun Protection Factor (SPF) strength. I understand that SCA and the ELC may use either spray or lotion sunscreens, and will use the product as intended to prevent sunburns.

I understand that SCA/ELC will take all reasonable precautions to mitigate against excess sun exposure. I will hold harmless SCA/ELC and its representatives and assigns from any liability by virtue of sun exposure from unevenly applied or ineffective sunscreen.

Parent Name (Print)

Parent Name (Print)

Parent Signature

Parent Signature

Date

Date



Preschool Group Daily Schedule

Time	Group 1 (Junior)	Group 2	Group 3 (Senior)
7:30 - 8:00	Drop Off / Free Play		
8:00 - 8:30	Washroom Routine		
8:30 - 9:00	Snack / Free Play		
9:00 - 9:15	Morning Devotional		
9:15 - 9:30	Cubby Room	Activity	Activity
9:30 - 9:45	Outdoor Play	Cubby Room	
9:45 - 10:00		Outdoor Play	Cubby Room
10:00 - 10:15			Outdoor Play
10:15 - 10:30		Cubby Room	
10:30 - 10:45	Washroom		
10:45 - 11:00	Activity	Cubby Room	
11:00 - 11:15		Washroom	Cubby/Washroom
11:15 - 12:00	Lunch		
12:00 - 2:00	Rest Time		
2:00 - 2:30	Washroom Routine		
2:30 - 3:30	Outdoor Activity / Play		
3:30 - 4:00	Afternoon Snack		
4:00 - 5:30	Free Play / Pickup		



Request to Administer

I request that the following non-medical products be administered to my child:

- Moisturizing skin lotion
- Lip balm
- Insect repellent
- Hand sanitizer
- Diaper rash cream
- Other: _____

I authorize the ELC to administer the above products for the following duration:

- As needed
- Every day
- Other: _____

Please only complete as applicable, and notify the ELC Supervisor in writing if there is a change

Parent's name	Child's name
Parent's signature	Date