BROOKLYN EARLY LEARNING & CHILDCARE CENTRE **FAMILY INFORMATION**

Name of Child: _____ **DOB (d / m / y)** _____ / _____ / _____

Address: _____ **Health Card:** _____

_____ **Allergies:** _____

_____ **Preferred Hospital:** _____

Physician: _____ **Phone:** _____

Address: _____

Parent / Guardian Information:

Parent / Guardian: _____ Home Address: _____

Home Phone: _____ E-mail Address: _____

Cell Phone: _____ Driver's License No: _____

Work Phone: _____ Employer: _____

Parent / Guardian: _____ Home Address: _____

Home Phone: _____ E-mail Address: _____

Cell Phone: _____ Driver's License No: _____

Work Phone: _____ Employer: _____

Parents are: Married ____ Living together ____ Divorced ____ Separated ____ Widowed _____ Single _____

Custody Restrictions? _____ Yes Parent/Guardian with legal Custody: _____

_____ No

Alternate/Emergency Child Pick Up Information (Other than Parents)

Please list below, the people who have permission to pick up your child.
NOTE: Anyone picking up your child other than you MUST show picture identification.

1st Name: _____ Phone: _____ Relationship: _____

2nd Name: _____ Phone: _____ Relationship: _____

3rd Name: _____ Phone: _____ Relationship:_____

Although we will not release your child to anyone who is not on this list, without first hearing directly from you, we do need to be aware of any conflicts that may arise. Please list the names of those persons who are ***not*** permitted to pick up your child and explain.

Name(s): _____ Relationship: _____

Reason: _____

Contracted Days, Hours & Payment Schedules for Childcare:

Daily Fees:	Infant Program	$14.00 per day	After School	$10.50 per day
	Full Day	$14.75 per day	B & A School	$11.00 per day
	Pre-Primary (B&A)	$14.00 per day	Early Dismissal	$14.00 per day
	Pre-Primary (After)	$12.00 per day	Full Day PP/School	$23.00 per day

Approximate drop off and pick up times:

Monday	_____	to	_____	**Start Date:** _____
Tuesday	_____	to	_____	
Wednesday	_____	to	_____	1st Infant transition day: _____
Thursday	_____	to	_____	2nd Infant transition day: _____
Friday	_____	to	_____	3rd Infant transition day: _____

- ***billing is done monthly for the number of days you are contracted for.***
- ***all accounts must be paid in full on the 1st of the month for the current month.***
- ***childcare may be suspended if payment is not received by the 6th.***
- ***we charge for all centre closures (holidays, weather, vacation, illness, unforeseen circumstances, etc.)***
- ***there is no drop-off after 9:30am, and not during nap time (12:00-2:00pm) when arriving late due to an appointment. Notice of the appointment must be given 24 hours prior.***

I have read, understand, and agree to the rate and terms outlined above.

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Signature	Date

Parent Policy Agreement

I / we have received and read Brooklyn Early Learning & Childcare Centre Parent Policy Manual. We will comply with all the provisions contained therein and shall at this time enter into an agreement with the Director of Brooklyn Early Learning & Childcare Centre for the care of my / our child(ren).

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Signature	Date

BROOKLYN EARLY LEARNING & CHILDCARE CENTRE **FAMILY INFORMATION**

Child's Name: _____ Health Card #: _____

Family Physician: _____ Expiry Date: _____

Physician's Phone: _____ Address: _____

Does your child have any known allergies? Yes _____ No _____

If yes, please specify: _____

Does your child have any special medical conditions or health concerns? Yes _____ No _____

If yes, please specify: _____

Is your child diagnosed, or do you suspect your child may have a developmental condition or delay?

Yes _____ No _____ If yes, please specify: _____

My child suffers from: Headaches___ Earaches___ Sore throat___ Stomach ache___ Colds___

Other _____

IMMUNIZATION RECORD

MUST be filled out PRIOR to starting

Required by Department of Community Services for Licensing

Please give dates M / D / Y

	2 mth	4 mth	6 mth	12 mth	18 mth	4-6 yr
Influenza*						
DTaP-IPV-Hib Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b						
RV Rotavirus						
Pneumo Conj. Pneumococcal conjugate						
Men C Conj. Meningococcal group C conjugate						
MMRV measles, mumps, rubella & varicella						
Tdap-IPV Tetanus, diphtheria, acellular pertussis (whooping cough), and polio						

Consent for Emergency Treatment

In the event of an emergency, I hereby give permission for a qualified staff member at Brooklyn Early Learning & Childcare Centre to give my child(ren) first aid treatment. I also give permission for my child(ren) to be transported by ambulance or staff vehicle to an emergency center for treatment. I understand that there may be costs incurred in the event that my child has to be transported by ambulance to a medical facility. I agree to pay all costs of transportation. In the event that I cannot be reached, I further consent to the medical or surgical treatment and procedures to be performed for my child by a licensed physician when deemed immediately necessary, or when advisable by the physician to safeguard my child's health.

_____	_____	_____
Parent / Guardian Signature	Parent / Guardian Signature	Date

Consent for Outings

I give permission for my child to participate in supervised outings with staff outside of Brooklyn Early Learning & Childcare Centre, including but not limited to community walks, visits to the post office, fire department etc. I understand that any such outings will be posted on the Parent Board within the daycare prior to children leaving the center.

_____	_____	_____
Parent / Guardian Signature	Parent / Guardian Signature	Date

Consent to administer external preparations

I hereby give the staff of Brooklyn Early Learning & Childcare Centre permission to administer one or more of the following external preparations in accordance with the directions for use on the container and further release staff from any liability for administering these preparations.

[ ] Baby Wipes*
[ ] Band-Aids
[ ] Sunscreen*
[ ] Insect Repellant*
[ ] Polysporin or similar ointment
[ ] Non-prescription ointment (Vaseline, Desitin, etc)*
[ ] Other* please specify _____

*Denotes items to be supplied by parents or guardian if use is requested.

_____	_____	_____
Parent / Guardian Signature	Parent / Guardian Signature	Date

Permission to Photograph

I give permission for staff, students and volunteers of Brooklyn Early Learning & Childcare Centre to photograph my child/children. I agree to have my children's pictures used in the following manners:

[ ] For arts and crafts
[ ] On The Kinder Garden Preschool website (any section)
[ ] On The Kinder Garden Preschool website (VIP section, registered parents only)
[ ] In The Kinder Garden Preschool newsletter
[ ] On any posters/presentations that may used for community sponsorship or events

_____	_____	_____
Parent / Guardian Signature	Parent / Guardian Signature	Date

Specific Parent Policy Contract Highlights

Absences
Parents are responsible for paying for their contracted days, whether your child comes or not; this includes vacations, sick days and closures. You are required to let us know if and why your child will not be in attendance, no later than 9:30am. If ill, we need to record the symptoms as per community services regulations for public health.

Parent/Guardian Signature	Parent/Guardian Signature	Date

Holidays & Closures
Brooklyn Early Learning & Childcare Centre is closed for all civic and statutory holidays. If a holiday falls on a weekend, we will close the following Monday in lieu.

Regular daycare fees will be charged for all partial and full day closures due to extreme or unforeseen circumstances. (Weather, power outages, flood, mechanical issues, electrical, water, etc.) You will be notified through Lillio & Facebook.)

Parent/Guardian Signature	Parent/Guardian Signature	Date

Termination
We reserve the right to terminate for any of the following reasons:

- Failure to pay
- Lack of parental cooperation
- Failure of child adjusting to childcare, after a reasonable amount of time
- Physical or verbal abuse of any person or property
- Our inability to meet the child's needs
- False information given by parents either verbally or in writing, including sending your child medicated knowing there is a potential issue.

We require a minimum of two weeks' written notice when terminating and we will extend the same courtesy. The two weeks will be paid in full, regardless of whether your child is in attendance or not. We reserve the right to give written notice of immediate termination where there are extreme circumstances that affect the wellbeing of our staff or other children in attendance. Final payment of current and outstanding balances is required in full within 2 weeks of the notice of termination.

Parent/Guardian Signature	Parent/Guardian Signature	Date