

For Program Use Only: Admission Date \_\_\_\_\_ m/d/y      Withdrawal Date \_\_\_\_\_ m/d/y

**Child and Parent/Guardian Information**

Child's Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ DOB (D/M/Y) \_\_\_\_\_ Sex \_\_\_\_\_

Parent  Guardian  Other  First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Main Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_  Email \_\_\_\_\_  
 I wish to receive emails such as Agency's newsletters, program updates and promotions.  YES  NO  
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 Parent  Guardian  Other  First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Main Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_  Email \_\_\_\_\_  
 I wish to receive emails such as Agency's newsletters, program updates and promotions.  YES  NO

**Authorized Emergency Contacts when Parent/Guardian Cannot Be Reached**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Main Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_ Authorized to Pick-up  YES  NO  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_  
 2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Main Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_ Authorized to Pick-up  YES  NO  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_  
 3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Main Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_ Authorized to Pick-up  YES  NO  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

## Child's Health Information

Physician's Name _____ Phone# _____		
Address _____ City _____ Postal Code _____		
<b>Health Considerations:</b> <i>food restrictions, allergies, chronic conditions, asthma, seizures, diabetes etc.</i>		
<b>Accommodations Required</b>	<b>Please describe:</b>	<b>ISP Completed</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the listed condition require an Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the child carry their own Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the child carry their own inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> My child has been immunized as per Public Health recommendations.	<input type="checkbox"/> A copy of child's immunization record is included if child is under 44 months of age or is not attending Junior Kindergarten.	
<input type="checkbox"/> My child has <b>NOT</b> been immunized as per Public Health recommendations. Please check one of the following required documents and return with this package: <input type="checkbox"/> Ministry of Education - Notarized Statement of Conscience or Religious Belief. <input type="checkbox"/> Ministry of Education - Notarized Statement of Medical Exemption -completed by a doctor or nurse practitioner.		

### Enrollment (Check appropriate boxes)

<input type="checkbox"/> Child Care Centre	<input type="checkbox"/> Before & After School	<input type="checkbox"/> Home Child Care
Name of Child Care Centre	Preferred Start Date: m _____ d _____ y _____	
<input type="checkbox"/> Full Day <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		
If child is School age, please name the Elementary School.	Grade:	If child is arriving from another school, has transportation been arranged? Please circle: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Parent/Guardian Volunteer (Vulnerable Sector Check required - see Supervisor).

### How did you hear about us?

<input type="checkbox"/> Yes, I would like to volunteer in my child's classroom or on trips.	
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### I have read and agree to the Terms of Business.

Parent/Guardian Signature: _____	Date (m/d/y) _____
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**Sleep Agreement**

- Centres - completed for children up to 18 months.
- Home Child Care (HCC) - completed for all children enrolled.
- Infants under 12 months will be placed on their back to sleep in accordance with the "Joint Statement on Safe Sleep"

Re: \_\_\_\_\_ DOB \_\_\_\_\_  
(child's first and last name) d/m/y

I \_\_\_\_\_ give my permission for my child to sleep in/on a  
(name of parent/guardian)

- Cot
- Crib (Centres only)
- Playpen (HCC only)

Instructions from parent(s):

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Date: \_\_\_\_\_  
d/m/y

**I have read and understand the Sleep & Supervision policy of York Professional Care and Education.**

\_\_\_\_\_  
 Parent/Guardian                      Provider                      HCC Consultant

or

\_\_\_\_\_  
 Parent/Guardian                      Centre Supervisor                      Centre

<b>Child:</b>						
<b>Centre / Camp Name:</b>				<b>Home Child Care Provider:</b>		
<input checked="" type="checkbox"/> Program	<input type="checkbox"/> Full-day Childcare	<input type="checkbox"/>	<input type="checkbox"/> School Age Before & After	<input type="checkbox"/>	<input type="checkbox"/> Exploration Camp	<input type="checkbox"/> Adventure Camp Before and After

		Please Answer by indicating.	Yes	No	
<b>A</b>	I give the Agency full permission to use any photos/videos taken of the child for promotional materials and social media.				
	I give the Agency limited permission for the use of the child's photos in Sandbox centre displays and program documentation only.				
<b>B</b>	I understand that I am responsible for providing the Agency with equipment or clothing that is labelled with this child's name; that will protect them from outdoor elements such as sun, rain and insects.				
	I understand that I must complete the <i>Non-prescribed Item Record</i> , a blanket form that is required under the CCEYA that lists non-prescribed items such as but not limited to: non-prescription lotions, diaper creme, lip balms, sunscreen, bug repellent.				
	I allow educators to apply or assist this child to apply the non-prescribed items, suggested above, that may benefit the child while enrolled in our programs.				
<b>C</b>	I allow this child to engage in outdoor or indoor activity, with bare or sock feet.				
<b>D</b>	I allow this child to make choices regarding outdoor dress, as appropriate for age of the child.				
	I allow this child to engage in outdoor activity involving the school playground and any activities in The Beyond(off premises).				
	I allow this child to play on riding equipment that may be provided, without a helmet.				
<b>E</b>	I allow my child to visit other program rooms within the centre: to become familiar with a program when room changes are pending and to occasionally assist with child/educator ratios. Exclusion of HCC.				
<b>F</b>	I instruct the Agency to release my child to the care of (name) _____, in full knowledge that this person is <b>NOT</b> of legal age. <b>Age:</b> _____.				
	I instruct the Agency to release my child to the care of (name) _____, on (day/s) _____ at approximately (time) _____ until (date) _____. This person will accompany my child back to the program at approximately (time) _____.				
<b>G</b>	<b>School Age and Camp Specific – If your child is enrolled in full-day childcare answer N/A</b>		Yes	No	N/A
	I accept full responsibility to ensure the safe arrival of my school age child to the program at morning drop-off, <b>without</b> accompanying them into the program.				
	I give permission for my child to arrive to the program unattended, at the time of school bus drop off. Approximate drop off time: _____.				
	I instruct the Agency to dismiss my child unattended from the program.				
	I give permission for my child to arrive late or be dismissed early from the program <i>without supervision</i> on (day/s) _____ at approximately (time) _____, for the purpose of _____ until (date) _____.				

<p><b>I understand that by completing this waiver I release and relieve York Professional Care &amp; Education from all responsibility; including accident or injury that may occur to my child while NOT under the direct supervision of centre staff.</b></p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Supervisor/Provider Signature:</b> _____ <b>Date:</b> _____</p>	
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Adm	s	1	s.s.	1.2	home	revised	05/18/22
Adm	S	1	s.s.	1.3.2 exploration camp	Shortcut	revised	05/18/22

York Professional Care & Education hereinafter referred to as the **"AGENCY"** and Parent/Guardian completing this enrollment package hereinafter referred to as the **"PARENT"**.

Whereas the **PARENT** has requested that the **AGENCY** arrange for services including but not limited to: licensed full-day child care, before and after school care, summer camp and licensed home childcare; hereinafter referred to as the **"SERVICES"** for their child(ren); hereinafter referred to as the **"CHILD"**.

And whereas the **AGENCY** has agreed to arrange for the **SERVICES** to be provided on a monthly basis.

And whereas the **AGENCY** is licensed by the Government of Ontario as a non-profit corporation to provide such **SERVICES** and is accountable to the Ministry of Education.

And whereas the **PARENT** acknowledges and agrees to the Rules, Regulations, Policies and Procedures of the **AGENCY**.

The Parent therefore understands and agrees to the following terms:

1. To pay a non-refundable Family Registration Fee upon confirmation of space, that permits movement within the Agency; covers all children within a family, and entitles a family to return to services after withdrawing, when space allows. *\*Not applicable for families registering only for Exploration Camp.*
2. To register for Direct Withdrawal of fees prior to commencing SERVICES, for the first working day of each month; in the amount established for the SERVICES requested. Any changes to this amount must be made in writing to the supervisor/Child Care Consultant, ten (10) days prior to the first working day of each month to prevent processing.
3. To provide a \$50.00 deposit per child by June 30<sup>th</sup>, to guarantee space for Before & After School care, for the following September. This deposit shall be dated for July 1<sup>st</sup> and will be deducted from the September fees.
4. To pay the fee for PA days, winter break, march break and summer camps that the parent has pre-registered for.
5. To be advised that there is no reduction in fees for children who are absent for any reason other than illness that exceeds five (5) days of regularly scheduled care and that is substantiated by a medical certificate.
6. To be advised that there is no reduction in fees for unforeseen centre closures up to five (5) days per year.
7. To be advised that a part-time program is available only when a space is not required by a full-time child; and/or should my part-time space prohibit another family from receiving full-time care; that I will be offered the opportunity to take the full-time space or be provided with thirty (30) days' notice to find alternate care.
8. To give a minimum of two (2) weeks written notice prior to the withdrawal of the CHILD from SERVICES, or in lieu of notice, to pay full program fees for two (2) weeks. For any withdrawal made mid-month, the refund owing will be calculated on the daily rate. All refunds will be made by Direct Deposit to the account on file unless specifically requested by the PARENT at the time of withdrawal.
9. To pay an automatic penalty of \$50.00 for any payment, returned Non-Sufficient Funds and to pay interest on outstanding accounts.
10. To be advised that five (5) days of failing to make payment will result in immediate termination of services.
11. To pay a late fee if the CHILD is not picked up by closing time. If the PARENT does not make contact or cannot be reached by 7:00 p.m., it is understood that the Police and the Children's Aid Society will be notified.
12. To an adjustment of fees with thirty (30) days notice. A minimum 1% increase can be anticipated annually in January of each year.
13. Purchase of Service - If receiving a Child Care Fee Subsidy through the Region; to advise the Child Care representative of any changes in circumstance.

14. To the closing of services on the following days:
- |                           |               |               |                            |
|---------------------------|---------------|---------------|----------------------------|
| New Year's Eve (half day) | Good Friday   | Canada Day    | Thanksgiving               |
| New Year's Day            | Easter Monday | Civic Holiday | Christmas Eve (1/2 day)    |
| Family Day                | Victoria Day  | Labour Day    | Christmas Day / Boxing Day |
15. To inform the Agency in writing if the CHILD is involved in a custody dispute, and to provide the supervisor/Child Care Consultant with a copy of the court order custody papers.
16. To respect the childcare environment as it pertains to Accessible Education for Children with Disabilities & the "Duty to Accommodate."
17. To cooperate with parent/guardian responsibilities pertaining to "Duty to Accommodate".
18. To be withdrawn from SERVICES with verbal and written notice, if the supervisor/HCC provider, after discussion with the PARENT, determine that the CHILD is not benefitting from the program; or that the centre cannot meet the needs of Accommodation: or that the PARENT has not fully carried out the terms of this Contract.
19. To submit completed immunization records or a Statement of Conscience or Religious Belief form or Statement of Medical Exemption form if applicable, prior to the child commencing care.
20. To the administration of medication on the conditions stated in the "Policy and Procedures for Administration of Medications", a copy of which is contained in the Parent Handbook.
21. To the age appropriate supervision of children as established in the Child Care & Early Years Act (CCEYA).
22. To give the supervisor/HCC provider permission to transport by ambulance or taxi cab the CHILD to a nearby physician or hospital, and to authorize medical treatment necessary for the CHILD'S welfare and good health, including ordering the administration of medication, injections, anaesthesia, surgery, or any other medical procedures deemed necessary in the circumstances by the treating physician. I understand and agree that where possible, the supervisor/HCC provider will attempt to notify me before seeking and obtaining medical attention. However, if I cannot be contacted or in the event of an emergency, authorize the Agency to obtain immediate medical treatment for the CHILD and to notify me as soon as possible.
23. To reimburse the Agency for any additional expenses that may result from provision #22 regarding medical care and/or transportation for medical care. I also confirm that the CHILD is covered by the Ontario Health Insurance Plan or equivalent medical insurance.
24. To release York Professional Care & Education Inc. individually and together hereinafter referred to as the Agency, its trustees, directors, related corporations, employees, staff and agents) from any liability for any loss, personal injury, accident, misfortune or damage to the CHILD or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the CHILD. I acknowledge that the CHILD selected services described herein and participate in activities at his/her own risk.
25. The **PARENT** acknowledges that the terms of this Child Care Contract may change since the original signing date and to refer to those changes as advised by the Agency through means of electronic and hard-copy notification in order to avoid an annual resigning need.

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

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

Adm	S	1	ss	1.2 Enrollment	Revised/	04/19/21	home
Adm	S	1	Ss	1.3.2 exploration camp	Revised	04/19/21	shortcut

Centre Name: \_\_\_\_\_ Name of Child(ren): \_\_\_\_\_  
Include all children whose fees are covered under this agreement.

1. Complete and sign the authorization form below. (Terms and Conditions attached)
2. Attach a personal cheque, unsigned and marked **“VOID”**
3. Return this authorization form and void cheque to our office/centre.
4. Provide **a non-refundable registration fee of \$50.00 upon confirmation of space.** (Cheque payable to YPCE)

Billing Name: \_\_\_\_\_  
 Tax Receipt will be issued to person listed in Billing Name.

Address: \_\_\_\_\_  
#/Street/City / Province / Postal Code

Phone #(s): \_\_\_\_\_

I/We Authorize: York Professional Care & Education, 15203 Yonge Street, Aurora, On. L4G 1L8, 905-841-1314 [www.yorkprofessional.com](http://www.yorkprofessional.com)

<b>Name of Financial Institution</b>		<b>Branch Address</b>	
<b>Institution Code #</b>	<b>Transit Number #</b>	<b>Debit my/our account #:</b>	

- a) As established with the supervisor at the time of enrollment.
- b) To debit this account for additional care needs that I/We request, including PA Days, March Break, Winter Break and Summer Camps (including Exploration Camp, Adventure Camp and Hidden Bay Leadership Camp).

I/We have read and understood the Terms and Conditions (see page 2 for Terms and Conditions) of this authorization and acknowledge receipt of a copy thereof.

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

**\*\*Joint Accounts:** all depositors sign if more than one signature is required on cheques issued against the account.

**OFFICE USE ONLY:**

<b>Billing Information:</b>	Reg. Fee Rec'd: \$ _____	Chq. # _____	Chq. Date _____
Start Date: _____	Fee: _____	PAP Amount: _____	PAP Date(s): _____

This form copied to client if requested.

Adm	s	1	s.s.	1.2	Revised	05/24/22	Shortcut
Adm	s	3	ss	3.1	Revised	05/24/22	Home

**TERMS AND CONDITIONS**

1. I/We will notify the company in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.
2. I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Agency.
3. My/Our financial institution will treat each debit as if I/We had personally issued a written direction authorizing the Agency to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.
4. I/We understand that any debits charged to my/our account will be reimbursed if:
  - a) the debit was not drawn in accordance with this authorization;
  - b) the authorization has been terminated; or
  - c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Agency;by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.
5. I/We acknowledge that delivery of this authorization to the Agency constitutes delivery to my financial institution.
6. I/We warrant that all persons whose signatures are required on this account have signed this authorization.

Adm	s	1	s.s.	1.2	Revised	05/24/22	Shortcut
Adm	s	3	ss	3.1	Revised	05/24/22	Home