ENROLLMENT FORM



CHILD'S INFORMATION

| FIRST NAME: | LAST NAME: | DATE OF BIRTH: |
|--|------------|----------------|
| CHILD'S HEALTH CARD # (in case of emerge | ency): | |
| ADDRESS: | CITY: | POSTAL CODE: |

PARENTS/GUARDIANS

| RELATIONSHIP: | | RELATIONSHIP: | |
|---------------|--------------|---------------|--------------|
| FULL NAME: | | FULL NAME: | |
| PHONE: | | PHONE: | |
| EMAIL: | | EMAIL: | |
| ADDRESS: | | ADDRESS: | |
| CITY: | POSTAL CODE: | CITY: | POSTAL CODE: |

ADDITIONAL EMERGENCY CONTACTS

| FULL NAME: | FULL NAME: |
|------------------|------------------|
| RELATIONSHIP: | RELATIONSHIP: |
| PHONE: | PHONE: |
| ALTERNATE PHONE: | ALTERNATE PHONE: |

ALTERNATE AUTHORIZED PERSON(S) FOR PICK UP

| FULL NAME: | FULL NAME: | FULL NAME: |
|---------------|---------------|---------------|
| RELATIONSHIP: | RELATIONSHIP: | RELATIONSHIP: |
| PHONE: | PHONE: | PHONE: |

PERSONS NOT AUTHORIZED FOR PICK UP (If other parent, custody agreement papers must be on file)

| FULL NAME: | FULL NAME: | FULL NAME: |
|---------------|---------------|---------------|
| RELATIONSHIP: | RELATIONSHIP: | RELATIONSHIP: |

MEDICAL/HEALTH CONDITIONS (seizures, diabetes, asthma, blood/heart disorders, other)

| CONDITION: | |
|-------------------------------------|--|
| MEDICATIONS REQUIRED (BE SPECIFIC): | |
| SPECIAL INSTRUCTIONS: | |

DIETARY REQUIREMENTS/ALLERGIES

| FOOD ALLERGY: | REACTION: |
|--|-----------|
| MEDICATION ALLERGY: | REACTION: |
| INSECT ALLERGY: | REACTION: |
| FOOD SENSITIVITY: | REACTION: |
| IS AN EPI PEN REQUIRED? | |
| IF REQUIRED, CHILD MUST HAVE IT PRESENT DURING PROGRAM | YES NO |

EMERGENCY TRANSPORTATION

| I hereby authorize my permission for the staff at Cubs at Play to arrange emergency medical treatment for my child. |
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| SIGNATURE: | DATE: |
|------------|-------|
| | |

REGISTRATION

| CHILD'S AGE GROUP | CHOOSE YOUR DATE NIGHT(S) | CHOOSE YOUR EXTRA-CURRICULAR |
|-------------------------|---------------------------|------------------------------|
| PRESCHOOL (2.5-5 years) | 🔄 Friday | Music (9-9:45am) |
| SCHOOL AGE (6-12 years) | Saturday | Dance (10-10:45am) |
| | Preferred Date: | Arts & Crafts (11-11:45am) |
| | | Cooking/Baking (12-12:45pm) |
| | Alternate Date: | |
| | | |

REQUEST FOR PICTURE CONSENT

There are various times when pictures of the children will be taken by our staff. We would like your permission to use these pictures of your child for fundraising, program promotion, social media or other promotional uses.

I consent I do not consent

PARENT/GUARDIAN ACKNOWLEDGEMENT

- By signing this form, I have read the **Cubs At Play** information and agree to comply with the rules & regulations specified below.
- All programs will run if there is a minimum of 5 children registered. If there is not enough children or staff programs will be cancelled and communicated as soon as possible with those registered.
- All programs will run at Learning Cubs Child Care Inc at 55 Queen St S, Unit 3, Tottenham, ON, LOG1WO.
- My child is able to participate in the full range of activities (or I have instructed the staff of my child's limitations in order to participate).
- I understand that these extra-curricular activities are not licensed by the Government of Ontario.
- I will not hold Cubs At Play responsible for lost or stolen items.
- I will not hold Cubs At Play, its staff or volunteers responsible for accidents which may occur.
- I understand the legal obligation of the staff to report any suspected abuse.
- I understand that Cubs At Play may decline a child due to physical and/or verbal aggression towards staff or other children as there is a Hands Off Policy and ZERO Tolerance for bullying, rude language, aggressive behaviors. Non-compliance of these guidelines will result in the following consequences:
 - First instance, a verbal warning will be given to the child and parent/guardian and recorded.
 - If inappropriate behavior continues, the child will be separated from the rest of the group and/or contact the parent/guardian to pick up the child. The Program Supervisor reserves the right to ask that the child not return to the program for the remainder of the session if his/her actions are consistently inappropriate. Parents/guardians are required to pick up their child immediately if they are removed from the program.
 - Please note that in the instance of physical aggression towards another child or staff will result in the child being removed from the program immediately. If a child is removed from the program due to safety concerns, a refund will not be issued.
- Program Fees Friday or Saturday Date Night 6:30-10pm is \$40/child.
- Program Fees Extra-Curricular Program Saturdays 45 min class runs for 6 weeks is \$72/child.
- Programs do not run when there is a long weekend. The following week will be used as the next session so that the length of the program is still 6 sessions in the program.
- Program fees are due in advance with a 50% deposit due upon registration to secure your spot and the balance is due 2 weeks prior to the start of the program. Deposits are non-refundable. Date night deposit is \$20/child/day. Extra Curricular Program deposit is \$36/child/program. Deposits, full fees or balances can be paid via etransfer to <u>cubsatplayinfo@gmail.com</u> or in person via cash, debit or credit card (additional 3% credit card fee will apply).



- I understand that a late fee of \$10 for every 10 minutes will apply when my child is picked up after the program time is over.
- Children and staff will be screened before entry is allowed. If a child shows any symptoms of illness they will be removed from the group and parents/guardian will be contacted to pick them up. No refunds will be issued for missed days.
- A refund (not including the deposit) will be issued if a cancellation is made a minimum of 30 days before the start of the program. If a cancellation request is made 29 days or less prior to the start of a program, refunds will not be issued unless a doctor's note is provided at the time of the cancellation request.
- If a child misses a program day due to illness a refund will not be issued.
- If guidelines change and camps are cancelled due to COVID-19, refunds will be issued.
- During drop off and pick up only one parent/guardian will be allowed in the front entrance area at a time.
- If parents/guardians choose to send their child(ren) with face coverings we will encourage them to wear it.
- Please review these guidelines with your child(ren) to ensure they are understood.

| SIGNATURE: | DATE: |
|------------------------|-------|
| | |
| RELATIONSHIP TO CHILD: | |
| | |
| | |

OFFICE USE ONLY

| REGISTRATION DATE: | DISCHARGE DATE: |
|--------------------|-----------------|
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| | |





Disclosure to parents

Child Care and Early Years Act. 2014 ss.12(1) and 12 (2) read with O.reg. 137/15 ss.83(1) and 83(2)

Provider Name:Cubs at PlayProvider Address:55 Queen St S, Unit 3, Tottenham, ON, L0G 1W0

In accordance with the duty to disclose to parents when a child care program is not licensed, please be advised that:

THIS CHILD CARE PROGRAM IS NOT LICENSESD BY THE GOVERNMENT OF ONTARIO

In accordance with the requirement to maintain a written record of the disclosure to parents please complete this form to acknowledge that you have received a written disclosure as required by the act

Name of Parent: _____

Signature of Parent: _____

Date: