



# EYES Application for Enrolment

Name of Child Care Centre: [Click here to enter text.](#)

**For Office Use Only**

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Type of Child Care Required:  Full-time  Part-time  Extended  Other: [Click here to enter text.](#)

Age Group Placement at Time of Enrolment:

Infant  Toddler  Preschool  Kindergarten  Primary/Jr. School Age  Before/After School

Hours of Care:

MON	TUES	WED	THURS	FRI	SAT	SUN

## Child Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Age (years, months):</b>
<b>Home Address(es):</b>	
<b>Language(s) Spoken at Home:</b>	
<b>Other children in the family enrolled in the centre (list names, if applicable):</b>	

## Parent Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b> <input type="checkbox"/> Same as Child	
<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b> <input type="checkbox"/> Same as Child	



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**Custody Arrangements (if applicable)**

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child: \_\_\_\_\_

**Emergency Contacts**

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

**Pick-Up Authorization**

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

**Additional Emergency Information**

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):



## Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?  
YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

## Immunization Records

**Note: Please provide copy of updated Immunization record**

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) <sup>1</sup>	Date(s) of Immunization			
<b>DTaP-IPV-Hib</b> (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
<b>Pneu-C-13</b> (2 mos, 4 mos) Pneumococcal Conjugate 13				
<b>Rot-1</b> (2 mos, 4 mos) Rotavirus				
<b>Men-C-C (12 mos)</b> <b>Meningococcal Conjugate C</b>				
<b>MMR</b> (12 mos) Measles, Mumps, Rubella				
<b>Var (15 mos)</b> Varicella				
<b>MMRV (4-6 years)</b> Measles, Mumps, Rubella, Varicella				
<b>Tdap-IPV (4-6 years)</b> Tetanus, diphtheria, pertussis, Polio				
<b>Inf (every year in the fall)</b> Influenza				
<b>Other (please specify)</b>				

<sup>1</sup> Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>  
3000 Victoria Park Ave. Toronto M2J 4Y2 Phone # 416 498 5437 Fax # 416 498 5436  
Email: [eyesdaycare@gmail.com](mailto:eyesdaycare@gmail.com) [www.eyesdaycare.com](http://www.eyesdaycare.com) [www.canadachildcarecentre.com](http://www.canadachildcarecentre.com)



## Allergy Information

Does your child have a life-threatening allergy (e.g., **anaphylactic** to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

## Dietary and Feeding Arrangements

\*Dietary and Feeding arrangements for the child, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

## Sleep Arrangements

\*Sleep Arrangements for the child, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

How many naps does your child typically have each day? \_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO



If yes, please provide relevant details below:

### Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

Uses the washroom independently     Requires some assistance     Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

### Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family and includes legal guardians.



## Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name: \_\_\_\_\_

Child's Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age (in months): \_\_\_\_\_

### Feeding Arrangements

My child drinks:  breast milk  formula  breast milk and formula

My child has started eating solid foods

YES NO

If YES, food must be:  pureed  mashed  steamed until soft  other:

My child can self-feed: YES (independently) YES (with support) NO

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods):

### Sleep Arrangements

Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).<sup>2</sup>

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

How many naps does your child typically have each day? \_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., soother, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

Signature of Parent \_\_\_\_\_

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

<sup>2</sup> Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>



## Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen     
  Diaper Creams/Ointment     
  Lip balm     
  Hand sanitizers  
 Insect repellent     
  Lotions

[Centre Name] has agreed to provide:	Parent has agreed to provide:
Ex. Sunscreen	
Hand sanitizers	

Note: Consider adding the brand name of the non-prescription items for transparency.

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Parent



### Appendix C: List of Reportable Diseases

Acquired immunodeficiency syndrome (AIDS)	Chancroid	Chlamydia trachomatis infections	Creutzfeldt-Jakob disease, all types
Cytomegalovirus infection, congenital	Encephalitis	Gonorrhea	Hemorrhagic fevers
Hepatitis B	Hepatitis C	Influenza	Legionellosis
Leprosy	Meningitis, acute	Ophthalmia neonatorum	Personal service settings
Respiratory infections, including institutional outbreaks	Severe acute respiratory syndrome (SARS)	Streptococcal infections	Syphilis
Tuberculosis			

Note: Common cold is not a reportable disease and if you choose to keep your child home, the center will not be adjusting the fees.

All children should be away from daycare for 24 – 48 hours if they contract a fever or diarrhea.

All other diseases listed above, please contact public health to know how many days your child should be away from the center.



### **EYES Fee Arrangement:**

Mode of payment \_\_\_\_\_ (Cheque) or \_\_\_\_\_ (Direct Deposit)

If your mode of payment is by cheque, 6 months of post-dated cheques is required on the first day of admission to the daycare.

Post-dated cheques are received from \_\_\_\_\_ until \_\_\_\_\_

All payments received after the 5<sup>th</sup> of every month will be subjected to an automatic \$25 late fee penalty charge.

### **Vacation and Withdrawal Regulations:**

At least a full calendar month notice is required to be given when informing the center about holiday being taken or regarding withdrawal from the program.

Failure to do so will result in being charged for the days taken off or being charged for the month or a per day fee calculation will apply.

All vacation, withdrawal or leave of absence requests needs to write on our "Child Leave Request" form, included in the registration package.

All sections of the form need to be filled out and given back to the supervisor.

Note: Emergency situations will be accommodated accordingly



**Parent/Family Handbook and Fee Agreement**

Child's Name: \_\_\_\_\_

Monthly/Daily Child Care Fees: \_\_\_\_\_

Admitted to Program (Room); \_\_\_\_\_

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

I/We (the undersigned) have read the parent handbook for Early Years Education System Daycare Facility and understand all the information, policies and procedures outlined in the handbook.

By signing this agreement, we consent to all the handbook policies, procedures and agree to them. Including payment policies and late fees procedures. By signing this agreement I/we acknowledge that the information supplied in the registration form regarding my/our child. The information supplied below is true and accurate to the best of my/our knowledge.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Supervisor Signature

\_\_\_\_\_  
Date



**EYES Fee Schedule – 2019**

Full day defined as having access to our services on all days that we are open.

Monday - Friday from 7:00 AM- 6:00 PM **Part Time: Half Days– 5 days or at least 3 Full Days**

**Infant Program (1 month – 18 months)**

Full Day (Monthly).....\$1,450/month

Full Day (Daily)..... \$75/day

Half Day (Monthly)..... \$800/month

**Toddler Program (18 months – 30 months)**

Full Day (Monthly) .....\$1,350/month

Full Day (Daily)..... \$70/day

Half Day (Monthly)..... \$750/month

**Pre School / CASA Program (30 months – 4 years)**

Full Day (Monthly) .....\$1,250/month

Full Day (Daily)..... \$65/day

Half Day (Monthly)..... \$700/month

**School Age Program (4 – 10 years)**

Before School (Monthly).....\$350/month

After School (Monthly).....\$450/month

Before & After (Monthly) .....\$700/day

Before (Daily).....\$20/day

After (Daily).....\$25/day

Before & After (Daily)..... \$40/day

**Summer Program/ March Break/ Christmas Break/ PA Days (4-10 years)**

Monthly..... \$850/month

Daily..... \$50/day



## Child Leave Request Form

Date of Request: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Reason for Leave	Comments/ Additional Information
Withdrawn	
Vacation	
Temporary Leave	

Leave and return date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

**\* Please note, the center must be given four weeks' notice before any leave is taken. Charges may apply if advance notice isn't given.**



I \_\_\_\_\_ father/mother of \_\_\_\_\_ give  
permission to Early Years Education System staff to accomodate my child by giving him/or her  
snack/lunch from home when my child does not eat what the center provides. Any food that is  
provided from home will be nutritious and not contain any nut products.

This letter of consent is being signed on \_\_\_\_\_.

Name of Student

\_\_\_\_\_

Name of Parent

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Supervisor's Signature



**PARENT CONTRACT**

**(Full/Part-time Care)**

PLEASE LIST THE NAMES OF YOUR CHILD(REN):

IN CONSIDERATION FOR CHILD CARE SERVICES TO BE PROVIDED BY EYES:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I/WE HAVE PAID THE \$50.00 REGISTRATION FEE AND ACKNOWLEDGE THAT IT IS NON – REFUNDABLE

I/WE ACKNOWLEDGE THAT A NON-REFUNDABLE, NON-INTEREST-BEARING DEPOSIT OF LAST MONTH'S FEES MUST BE PAID **6 MONTHS** PRIOR TO MY CHILD(REN)'S START DATE. THIS FEE PAYMENT WILL BE APPLIED TO MY LAST MONTH OF CHILD CARE.

I/WE ACKNOWLEDGE THAT FEES OF \_\_\_\_\_ PER MONTH WILL BE PAID TO EARLY YEARS EDUCATION SYSTEM (EYES)

I/WE ARE AWARE THAT WE ARE REQUIRED TO PAY FOR EVERY DAY OUR CHILD(REN) IS/ARE SCHEDULED TO ATTEND EYES, SUBJECT ONLY TO THE TERM ON WITHDRAWAL AND CHANGES TO ATTENDANCE FOUND BELOW, AND THAT WE MUST PAY EVEN IF OUR CHILD(REN) IS/ARE ABSENT DUE TO ILLNESS, VACATION, STATUTORY HOLIDAYS OR FOR ANY OTHER REASON.

I/WE HAVE BEEN MADE AWARE OF THE CONDITIONS OF ENROLLMENT AND AGREE TO FOLLOW THOSE REGULATIONS.

I/WE AGREE THAT POLICIES HAVE BEEN REVIEWED WITH US PRIOR TO ADMISSION OF MY/OUR CHILD(REN) AND I/WE HAVE BEEN PROVIDED WITH ACCESS TO AN ONLINE COPY OF THE PARENT HANDBOOK, AND WE AGREE TO COMPLY WITH THOSE POLICIES.

I/WE AGREE TO PROVIDE IN WRITING 1 FULL CALENDAR MONTHS' NOTICE TO WITHDRAW FROM THE FULL OR PART-TIME PROGRAM, (E.G. NOTICE GIVEN MAY 16 WILL BE FOR JULY1ST) CHANGE THE START DATE, OR DECREASE NUMBER OF DAYS OF CARE, AND AGREE THAT THE NOTICE IS NOT VALID UNTIL IT IS CONFIRMED IN WRITING BY THE SITE DIRECTOR. (FOR EXAMPLE, NOTICE GIVEN MAY 16 WILL BE FOR JULY1ST).

I/WE ACKNOWLEDGE THAT WE HAVE READ THE TERMS OF THIS AGREEMENT AND CONSENT TO THE SAME AND WARRANT THE INFORMATION SET OUT ABOVE IS CORRECT.

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

SITE DIRECTOR SIGNATURE:

\_\_\_\_\_

DATE:



## **INFANTS**

(What to bring to EYES)

- Prepared bottles
- Bottles & Sippy Cups
- Formula / Breast Milk
- Comfort items, Pacifiers / soother, if needed
- Any packaged and sealed infant food, cereal or snacks
- Diapers and Wipes
- Indoor and Outdoor Shoes
- Diaper ointment, cream and or powder
- Sunscreen that meets the infant recommendations
- Weather-appropriate outdoor clothing for all seasons
- Full set of Extra Clothes (at least two changes of clothes)
- Extra formula (for emergency use only)
- Diaper bag (large enough to store empty bottles and clothes that may be sent home)

## **TODDLERS AND PRESCHOOLERS**

- Diapers/Pull ups and Wipes
  - Diapering Cream or Powder
  - Full sets of extra clothing (at least two changes)
  - Indoor/Outdoor Shoes
  - Water Bottle for water that can be used during curriculum time or to be taken outside
  - Sunscreen that meets the recommendations
  - Weather-appropriate outdoor clothing for all seasons
- If toilet learning; Training pants, 3 changes of clothing, underwear, socks and a spare pair of shoes. All clothing should promote independence (e.g., pants that are easy to pull up & down)

### **Please Remember:**

- Please label all items with child's first and last name.
- All creams and sunscreens to be applied require a completed medical authorization form and must be kept in their original containers with your child's full name on it.
- All prescriptions must be in the original containers with the patient's name, dosage and prescribed time to be given. The doctor must complete a medical form before medication can be administered.
- Any over the counter medications (Tylenol, Motrin, etc.) require a permission form from your doctor which must include the proper dosage for your child's weight, age and the reason why it is to be administered.
- ***(Please label all articles of clothing, bottles, diaper bags, diapers, wipes, cream, soothers and any other necessities you bring. Each child has a cubby at the centre. Please note, EYES is not responsible for lost articles if not labelled.)***



**Medication Authorization Form**

Medication will only be given if:

- Prescribed by a physician
- Available in its original container
- Child's name is written clearly
- Amount to be given
- Date

I \_\_\_\_\_ give Early Years Education System  
(Parent/Guardian – Print Name)

permission to administer

\_\_\_\_\_ to \_\_\_\_\_  
(Name of Medication) (Child's Name)

Starting on \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

Amount to be given \_\_\_\_\_ Times to be given \_\_\_\_\_

Storage Instructions \_\_\_\_\_

Date	Name of Medication	Amount Administered	Time Given	Staff Initial

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