

EYES Childcare



EYES CHILD CARE APPLICATION FOR ENROLMENT

2019

PARENT CHECKLIST

Please note that if you hand in an incomplete package it will NOT BE ACCEPTED and a spot will not be reserved. Packages submitted to EYES will not be accepted unless they are accompanied by the following items:

- Completed Registration form
- Completed Consent to use information, photograph and permission for outdoor form
- Completed Allergy / Anaphylactic form
- Completed all about Me form
- Completed Emergency information form
- Completed Parent handbook form
- Completed Immunization form
- First and last month cheque (\$500 Full Time \$250 Part Time)
- Twelve advance cheques / Direct Deposit form
- Family photo to post in our classroom
- Registration Package Forms 17-20 for Parents to use accordingly, Food accommodation, List, Medication and Child Leave Request Form

Note: Prices are subject to change. You will be given 2 months' notice prior to any rate increase

FOR OFFICE USE ONLY

- Package Complete (Until Page 16- office)
- Void Cheque
- Cheque for Initial Deposit
- Copy of Immunization records
- File created in Hi Mama / Sandbox
- Entered in Accounting books
- Add to Emergency List / Attendance
- Cubby assigned (Infant/Tod/Pre/SA)
- Update Allergy List
- Have Staff sign Anaphylactic plan
- Post Anaphylactic plan on Allergy boards



EYES Childcare

EYES Childcare 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

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

Parent Information

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



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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):

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STAFF EMERGENCY CARD



STAFF NAME _____

ADDRESS _____

PHONE NUMBER _____

BIRTHDATE _____

CONTACTS:

CONTACT #1 _____ RELATIONSHIP _____

PHONE #1 _____

PHONE #2 _____

CONTACT #2 _____ RELATIONSHIP _____

PHONE #1 _____

PHONE #2 _____

CONTACT #3 _____ RELATIONSHIP _____

PHONE #1 _____

PHONE #2 _____

MEDICAL CONCERNS:

ALLERGIES _____

SPECIAL MEDICAL CONCERNS AND NOTES _____

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

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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.

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:

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Physical Requirements

Does your child use diaper?

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., mealtimes, 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, to reduce the risk of Sudden Infant Death Syndrome (SIDS).²

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: _____

²² 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:
Diaper Cream	
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.

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CONSENT/ AGREEMENT FORM

Please read the following policies and procedures and initial your understanding of the policy and your willingness to abide by it.

	Please initial that you have read and understand.
I/We agree to read the Policy Manual of E.Y.E.S Daycare and follow policies set out in it.	
I/We will bring our child(ren) into the classroom and greet the teacher at drop off and pick up times to exchange pertinent information and ensure supervision.	
I/We will keep E.Y.E.S. and/or program staff informed of changes in information relevant to my child, i.e. file information such as telephone numbers, change in child's health, unusual happenings at home etc.	
I/We will keep payments current and up to date and paid in advance. Fees are due for statutory holidays and any other absent days (for illness or any reason) and any closure of the centre in the event of an emergency.	
I/We allow my child(ren) to use all the play equipment and participate in all of the activities of the program. I hereby grant permission for my child to leave the centre premises under the supervision of a staff member for neighbourhood walks.	
I/We hereby consent to have my child leave the premises of The E.Y.E.S. Daycare Centre from time to time, to participate in excursions to places of interest, planned as part of the children's program. It is understood that members of the staff will provide supervision and every precaution will be taken for the safety of the child. Parents will also receive written notification prior to each full day field trip or excursion.	
I/We grant permission for the operator or designate of The E.Y.E.S. Daycare Centre to take any necessary steps to obtain emergency medical care if warranted. A full outline of emergency procedures, policies and practices is in the Policy Manual. Any expenses incurred during an emergency will be the responsibility of the child's family.	
Any parent who arrives to pick up their child after their pre-determined scheduled times will be required to pay a late fee. In the event that the parent is late to pick up their child on more than 2 occasions the family may be withdrawn from the program.	
The E.Y.E.S Daycare Centre reserves the unilateral right to cancel any arrangements, if policies of E.Y.E.S Daycare are not followed by a child or parent.	
The E.Y.E.S. Daycare Programs will not be responsible for any incident that may occur as a result of false information given at the time of enrollment. I/We understand that my child(ren)s enrollment is contingent on all information outlined in these forms to be full and accurate.	

	Yes, I agree	No, I do not agree
I/We give consent for the appearance of my/our child to appear in any publicity arranged by The E.Y.E.S. Daycare Centre through the various media, newspapers, radio, television, slide presentation and other publicity or educational purposes. This publicity may be in the form of photographs, video, writing pieces, and artwork with child's first name It is felt that it is important for the community to be kept informed of activities of the program.		

We have read the above policies and fully understand all of the above information:

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____

EYES Fee Arrangement:

Mode of payment _____(Cheque) or _____(Direct Deposit)

If your mode of payment is by cheque, 12 months of post-dated cheques is required on the first day of admission to the daycare.

For Direct Deposit Pre- Authorized Debit Agreement (PAD) will be provided

Post-dated cheques are received from _____until _____(Cheques #)

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

Dated: _____

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 Child Care Fees: _____

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

Supervisor Signature

Date



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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 12 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), EYES CHILDCARE

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:

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EYES Child's Name _____ My First Day will be _____

My Classroom _____ My Teacher _____

Have been to daycare before _____ Yes/No Home Daycare or Centre _____

Language Spoken at Home _____ Siblings _____

I Like or Enjoy _____

My Favourite things to do are: _____

My fears are: _____

Potty Trained: _____ Yes/No How I ask to go to the Bathroom _____

Need a little bit help with: _____

If having a bad day this is sure will cheer ME up: _____

We would love to hear about your Celebrations/Traditions, if you would like to share _____

Other things My Teacher needs to know _____



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EYES Fee Schedule – 2020

Monday - Friday from 7:00 AM- 6:00 PM Half Days (9:00 am – 2:00 pm / 12:30 – 5:30 pm)

Part Time: Half Days– 5 days or at least 3 Full Days (Extended Hours: 6:00 pm – 10:00 pm)

Toronto Fee Structure – 2019

EYES Toronto Fee Structure		Monthly	Daily
Infant (6 weeks – 18 months)	Full Day	\$1450.00	\$75
	Half Day	\$800	
Toddlers (18 months to 30 months)	Full Day	\$1350.00	\$70.00
	Half Day	\$750.00	
Preschoolers (30 months to 4 years)	Full Day	\$1250.00	\$65.00
	Half Day	\$700.00	
School Age (6 years to 13 years)	Before school	\$350.00	\$20.00
	After school	\$450.00	\$25.00
	Before & After	\$750.00	\$40.00
	Alternate Day		\$55.00
Summer Program (4yrs – 12 yrs)	Full Day	\$1050.00	\$55.00
	Half Day	\$850(10am-4pm)	
Extended Program (6 pm – 10 pm)		\$550.00	\$30.00
Extended Program (6 pm – 8 pm)		\$350.00	\$20.00

Child's Name: _____

Program: _____ Start Date _____

Parent/ Gardian _____ Email _____

Full Time / Part Time _____ Days _____

Extended Program _____ Time _____

Drop in Program (15 days) _____ Start Date _____

Classroom: _____ Teacher _____

Fee Schedule: \$ _____ Mode of Payment: _____



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Father/mother of _____ give permission to Early Years Education System staff to accommodate 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

Dated: _____



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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 _____



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.

Note: _____



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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, 2 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.