

HERITAGE GREEN CHILD CARE - APPLICATION FORM

Child's Last Name	Given Name	Birthdate (DD/MMM/YR)
Address		
City	Postal Code	Phone #

Program Needs

Commencement Date	Discharge Date
Days Required	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Rate:	

Family Information- Parents or Guardians

Parent/Guardian #1

Surname	Given Name	Business Phone #	Cell#
Company Name	Occupation	Work Address	Postal Code

Parent/Guardian #2

Surname	Given Name	Business Phone #	Cell #
Company Name	Occupation	Work Address	Postal Code

Email Addresses

Parent/Guardian #1	Parent/Guardian #2
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Other Information

If separated or divorced, is the other parent allowed to visit and/or pick up child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Home address (of other parent, if separated or divorced)

Surname	Given Name	Home Phone Number	Cell #
Address		City	Postal Code

Emergency Information

(If the above are unavailable during an emergency, please notify)

1.	Surname	Given Name	Home Phone #	Cell#
	Address		City	Postal Code Business #
2.	Surname	Given Name	Home Phone #	Cell #
	Address		City	Postal Code Business #

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Other persons to whom the child may be released (must be 16 of age or older)

Name	Relationship
Name	Relationship

Medical Information

Family Doctor:	Phone Number:
Address:	

In order that the staff may provide the best care for the child, the following information would be useful: Do you have any instructions for staff regarding the child's health care and or diet? Do you have any instructions concerning your child's sleep/rest time?

Does the child have allergic reactions to such things as drugs, food, insect bites, etc? If so, list, giving type of reaction, treatment given, etc.:

Is the reaction life threatening? Yes No

Does the child have any behavioural or learning difficulties that the staff should be aware of?

Other comments:

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I hereby authorize Heritage Green Care Inc. to secure such medical advice and services as may be deemed necessary for the health and safety of my child (or ward). I agree to accept full financial responsibility for all medical costs that may be incurred. Heritage Green Child Care Inc. assumes no financial responsibility.

Signature of Parent/Guardian **Date:** _____

Dealing with Seizures

Seizures in children can be caused by a high fever, epilepsy, allergies, head injuries, poisons and low blood sugar. In the event that your child experiences a seizure, the supervisor will call an ambulance, as in any other emergency situation. If any expenses are not covered by your Health Plan, you will be liable to pay for them i.e. Ambulance. I have read and understand my liability to pay for any related expenses.

Signature of Parent/Guardian **Date:** _____

Consent Form

I will allow my child to go on walks and outings not involving transportation (bus, car, etc.) without written consent. I will be notified about trips to places involving transportation and my written consent will be needed before my child is allowed to go. I consent to my child playing on any inflatable bouncy castle (owned by the centre or rented)

Signature of Parent/Guardian **Date:** _____

Agreement Form

I have read the Parent Handbook and am aware of the policies and procedures outlined and am in agreement with these guidelines. I agree to follow these Policies and Procedures and if I have any questions, I will not hesitate to ask.

Signature of Parent/Guardian **Date:** _____

Payment Agreement

I agree to pay the \$200.00 non-refundable deposit payable to HGCC, which includes a one time \$25 registration fee plus \$175 that will be used towards my first month of fees. I understand that my spot is not secure until I submit my \$200 deposit. Child Care fees must be paid by the first of each month. Heritage Green Child Care uses preauthorized debit (PAD). The PAD agreement will be included in your registration package; this form must be returned signed with a void cheque or bank form attached. Payment will be taken automatically from your bank account on the 1st of the month or next business day. A monthly invoice will be sent via e-mail 10 days prior to the PAD. I understand there is a \$25 service fee for any returned PAD. After three returned PADS, only cash, certified cheque or money order will be accepted. Other arrangements concerning payments will be made with the Supervisor on an individual basis only.

I agree and understand that I am to pay full child care fees for any sick, absent days, statutory holidays, vacation or storm closures that fall on my child's scheduled days in. We cannot accommodate rotating schedules; your child's days must be the same every week.

Signature of Parent/Guardian **Date:** _____

Non-Refundable Registration Fee of \$200.00 received on _____ by _____

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Parent Agreement (if applicable)

I agree to a six week assessment period for my child in order to determine his/her suitability with the program at Heritage Green Child Care Inc.

Dated this _____ day of _____, 201__.

Signature of Parent/Guardian

Karen Tabone – Director

Sunscreen

I authorize the staff of Heritage Green Child Care Inc. to apply sunscreen that I supply, to my child if and when required from April 30th to September 30th. Sunscreen must be in the form of a lotion. (NO SPRAYS)

Signature of Parent/ Guardian

Date

Anaphylaxis Policy

If your child requires an EpiPen, you are required to read the Centre's policy and complete an additional form prior to the commencement of your child's placement. Please see the Director.

Photographic / Media Consent Form/Social Media

INFORMATION

I hereby consent to the collection and use of my child's personal images by photography or video recording.

I acknowledge these may be used on the Heritage Green Child Care Inc website or Facebook Page

I understand that no personal information, such as last names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at any time in writing to the webmaster at phatala@me.com or to Karen Tabone, Director.

CONSENT FORM

I

Name of person giving consent: Parent/Guardian

Consent to the use of photographs or video footage for use on the Heritage Green Child website and HGCC Facebook page.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

Parent/Guardian's Signature

Date

HERITAGE GREEN CHILD CARE - APPLICATION FORM
DO NOT GIVE CONSENT

I....., hereby do NOT give consent to the collection and use of my child's personal images/videos, for the purpose of posting on the Heritage Green Child Care website or Facebook page.

Parent/Guardian's Signature

Date