

Child Care Centre Application for Enrolment

Name of Child Care Centre: **Heritage Green Child Care**

Type of Child Care Required ☐ Full-time ☐ Part-time

Start date: _____

Age Group Placement at Time of Enrolment:

☐ Infant (0 to 18 months) ☐ Toddler (18 to 30 months) ☐ Preschool (31 months to 4 years)

Hours of Care:

MON	TUES	WED	THURS	FRI

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 Place of Employment:	

For Office Use Only

Deposit :

Date of Admission:

Date of Discharge:

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 Place of Employment:	

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. A contact must be over the age of 16 years. 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 B 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

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, and fill in the attached Public Health Vaccine Record form.

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.

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

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

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.):

1. Yes No I hereby authorize Heritage Green Child Care Inc to secure medical services e.g. an ambulance in the event that my child requires immediate medical attention. I accept full financial responsibility for any incurred costs; Heritage Green Child Care Inc assumes no financial responsibility.

2. Yes No I agree to allow my child to go on walks or outings that do not involve transportation without written consent. I also consent to allow my child to play on any inflatable bouncy castle (owned by the centre or rented)

3. Yes No I have read the Parent Handbook and I am aware of the policies and procedures outlines, and I am in agreement with these guidelines.

4. Yes No 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. We cannot accommodate rotating schedules; your child's days must be the same every week.

5. Yes No I hereby consent to the collection and use of my child's personal image. I acknowledge that these may used on our website or Facebook page. No personal information such as names will be used on the website or Facebook page without express consent. I also understand that my consent can be withdrawn at any time.
I consent: _____ I do NOT consent: _____

6. I consent to my child's photos being used in documentation within the centre and that my child may appear with another child/children in some photos. This documentation is posted in the centre or sent by e-mail to myself and other parents whose child/children also appear in the photo. This documentation is not used in any other context.
I consent: _____ I do NOT consent: _____

7. Yes No I agree to pay the \$125.00 non-refundable deposit payable to HGCC, which includes a one-time \$25 registration fee plus \$100 that will be used towards my first month of fees. I understand that my spot is not secure until I submit my \$125 deposit. Child care fees must be paid by the first of each month. HGCC uses preauthorized debit (PAD). The PAD agreement will be included in this application form as Appendix C. Payment will automatically be taken from your account in the 1st of the month or the next business day. A monthly invoice will be sent via e-mail 10 days prior to the PAD. I understand there is a \$30 service fee for any returned PAD. After three returned PADs, only cash, certified cheque or money order will be accepted. Other arrangement concerning payments will be made with the Supervisor on an individual basis only.

 Parent/Guardian Name

 Parent/Guardian 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: 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 the products you are consenting to).

Parent/Guardian is responsible for providing all of the products below for their child, if required. Sunscreen is mandatory.

☐ Sunscreen

☐ Diaper Creams/Ointment

☐ Lip balm

☐ Lotions

Date (dd/mm/yyyy)

Signature of Parent

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).¹

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:

Date (dd/mm/yyyy)

Signature of Parent

^{1 2} 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>

Heritage Green Child Care Inc.
360 Isaac Brock Drive
Stoney Creek, ON L8J 2R2
905-573-3822
hgcc@hgchildcare.com

Pre-Authorized Debit (PAD) Agreement

Surname		Child(ren)'s Name(s)	
1 st Parent's Name		2 nd Parent's Name	
Effective Date		Phone Number	
Street Address		City, Postal Code	
Email Address (1 only) to send monthly invoice			
Program Site(s)	<input type="checkbox"/> Heritage Green Child Care <input type="checkbox"/> Mount Albion <input type="checkbox"/> St. James <input type="checkbox"/> Tapleytown		

I/We authorize Heritage Green Child Care Inc. and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring fees and/or occasional one-time fees for payment of all charges arising under my/our Heritage Green Child Care Inc. account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month or next business day. Heritage Green Child Care Inc. will provide 10 days notice of the amount of each regular debit by email of an invoice. Heritage Green Child Care Inc. will obtain my/our prior authorization for any other one-time or sporadic debits.

This authorization is to remain in effect until Heritage Green Child Care Inc. has received written notification from me/us of its change or termination. I/We must provide this written notification at least fifteen (15) days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.payments.ca.

Heritage Green Child Care Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, I/We may contact my financial institution or visit www.payments.ca.

THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY RETURNED ITEMS

This services are for (check one) ☐ Personal Use ☐ Business Use

Signature of Account Holder		Signature of Joint Account Holder	
Name of the Account Holder		Name of the Account Holder	
Date		Date	