

# KNOWLTON ACADEMY DAYCARE 2014 - 2015

## ENROLMENT CONTRACT

Last name of child: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicare # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Child lives with: Both parents \_\_\_ Mother: \_\_\_ Father \_\_\_ Legal \_\_\_ Guardian

### Name of Person that will be transporting child to and from daycare

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Individuals other than the parent to contact or pick-up in the event of emergency where mother, father, or legal guardian cannot be contacted:

Name: _____ Relationship: _____ Home Telephone: _____ Work/Cell Telephone: _____ _____	Name: _____ Relationship: _____ Home Telephone: _____ Work/Cell Telephone: _____ _____
Name: _____ Relationship: _____ Home Telephone: _____ Work/Cell Number _____	Name _____ Relationship: _____ Home Telephone: _____ Work/Cell Number _____

Does your child have any allergies or any serious health problems? Yes \_\_\_ No \_\_\_

Type of reaction and/or problem:

Specific measures to take  
\_\_\_\_\_

In the event that Daycare/School staff is unable to contact any person listed above, please sign your consent below to authorize Knowlton Academy staff to arrange transportation for your child, at your cost, to a hospital or clinic for appropriate care if he/she becomes seriously injured or ill.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of person to receive tax receipts _____ Social Insurance Number _____
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*Group size will be limited to 20, respecting supervision ratios. Registrations beyond each group of 20 will be placed on a waiting list as complete groups are confirmed. New groups will be confirmed as soon as possible. Occasional students will be accepted according to availability, with priority given to regular students. "Sporadic" use of daycare will be permitted, subject to the availability of space on the desired dates. Parents who wish to register their children for Pedagogical Days only must register as sporadic, indicating a preference for PP days.*

Parents with children registered as full-time students must pay for all days where the daycare is open, regardless of whether their child is present or absent.

The decision to maintain the daycare depends upon the number of full-time registrations. The commitment to register as full-time is for the entire school year. Parents who withdraw their child as a full-time daycare student must give written notification to Sunny Days Daycare at least 2 weeks in advance of the desired withdrawal date.

***Full-time daycare students registered on or before September 30, 2014 will not be charged supervision fees.***

I wish to register my child as: Please check inside each box where you wish your child to attend daycare.

<u>Regular Daycare Student</u>	<u>Occasional Daycare Student</u>	<u>Sporadic Daycare Student</u>
Monday Morning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday Afternoon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday Morning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday Afternoon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday Morning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday Afternoon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday Morning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday Afternoon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday Morning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday Afternoon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I wish to register my child for the following Pedagogical Days (calendar available June 2014)

All PP days

Specific PP days

PP Days indicated above will be reserved for your child and this is a commitment to pay. These charges will be added to your monthly bill. Cancellation of a day indicated must be received at least 1 week in advance of the said PP Day or regular charges will apply.

I have read the above along with the Daycare Operating Guidelines, and will respect the conditions that apply.

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

\_\_\_\_\_  
Date

<p><i>Daycare Use Only:</i></p> <p><i>Homeroom Teacher:</i> _____</p> <p><i>Bus #:</i> _____</p>
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