

K.A. DAYCARE 2019 - 2020



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 ___ Joint Custody ___ (if so, please provide custody calendar and an individual daycare contract for each parent using daycare.

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 (payer) _____

Social Insurance Number _____

I refuse to give my S.I.N. number _____ Signature _____

Your e-mail address _____

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. "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 their 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 Knowlton Academy at least 2 weeks in advance of the desired withdrawal date.

Please note that cheques need to be made by the payer in order to receive the income tax receipt. If cheques are in another person's name, that person becomes the payer. This is a government law. If paid in cash please indicate payer or child's name on payment envelope.

Full-time daycare students registered before September 30, 2019 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.

STARTING DATE : _____

<u>Regular Daycare Student</u>		<u>Sporadic Daycare Student</u>	
<u>Regular meaning 3, 4 or 5 days per week @ \$8.35 per day</u>		Meaning \$8.00 per hour and you must call 24 hours in advance to reserve your spot.	
(\$8.35 is subject to change by the Gov. with regard to funding parameters for subsidized daycare)			
Monday Morning	<input type="checkbox"/>		<input type="checkbox"/>
Monday Afternoon	<input type="checkbox"/>		<input type="checkbox"/>
Tuesday Morning	<input type="checkbox"/>		<input type="checkbox"/>
Tuesday Afternoon	<input type="checkbox"/>		<input type="checkbox"/>
Wednesday Morning	<input type="checkbox"/>		<input type="checkbox"/>
Wednesday Afternoon	<input type="checkbox"/>		<input type="checkbox"/>
Thursday Morning	<input type="checkbox"/>		<input type="checkbox"/>
Thursday Afternoon	<input type="checkbox"/>		<input type="checkbox"/>
Friday Morning	<input type="checkbox"/>		<input type="checkbox"/>
Friday Afternoon	<input type="checkbox"/>		<input type="checkbox"/>

I wish to register my child for the following Pedagogical Days (please see calendar)

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.

***Please be advised that if your child does not follow the school code of conduct on a regular basis he/she will be asked not to return to daycare for a set amount of time. _____

Please Initial

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

This is a binding contract. Please be certain you have read the terms and agreement, including all relevant fees and reservation/cancellation requirements. Thank you

Signature of Parent/Guardian

Date