



# REGISTRATION PACKAGE 2021-22

Address: 199 Mathew Boyd Cres., Newmarket, ON, L3X 3C7  
 Tel.: 905-235-8877 Web: [CutiePieDaycare.com](http://CutiePieDaycare.com)  
 E-mail: Supervisor.CutiePie@gmail.com

CHILD'S FULL NAME: \_\_\_\_\_

## FOR OFFICE USE ONLY

AGE GROUP:       TODDLERS               PRESCHOOL               JK/SK               CAMP

PROGRAM:       full time               part time:  2 days     3 days               half day  
                       before school               after school

extended:               am               pm hours  
                       camp:               winter camp               march break               summer camp

STATUS:       Confirmed Start Date: \_\_\_\_\_               Waitlisted Start Date: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Deposit Paid: \$ \_\_\_\_\_

Forms	Received Y/N	Supervisor's Initials
Registration Package Complete	<input type="checkbox"/> yes <input type="checkbox"/> no	
Parent Handbook Sign Off Page	<input type="checkbox"/> yes <input type="checkbox"/> no	
Consents/Waivers	<input type="checkbox"/> yes <input type="checkbox"/> no	
Immunization Record	<input type="checkbox"/> yes <input type="checkbox"/> no	
PROMOTION/DISCOUNT	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Type:
2 Week Deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	
Registration Fee	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> waived	
1-st Two Weeks Tuition Fee	<input type="checkbox"/> yes <input type="checkbox"/> no	
Allergy Emergency Plan	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Added to Emergency List	<input type="checkbox"/> yes <input type="checkbox"/> no	
Cubby Assigned	<input type="checkbox"/> yes <input type="checkbox"/> no	
File Created	<input type="checkbox"/> yes <input type="checkbox"/> no	

Withdrawal Date: \_\_\_\_\_ # of Days Notice Given: \_\_\_\_\_ Deposit Applied  Y  N

Promotion Start Date: \_\_\_\_\_ Promotion End Date: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_



# APPLICATION FOR ADMISSIONS FORM 2021-22

Address: 199 Mathew Boyd Cres., Newmarket, ON, L3X 3C7  
 Tel.: 905-235-8877 Web: [CutiePieDaycare.com](http://CutiePieDaycare.com)  
 E-mail: Supervisor.CutiePie@gmail.com

## PART 1: CHILD'S INFORMATION

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  
Day Month Year

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Tel.: \_\_\_\_\_

## PART 2: PROGRAM INFO

Program Proposed Start Date: \_\_\_\_\_

AGE GROUP	HOURS
TODDLER (18-30 months)	<input type="checkbox"/> Full Time (Mon-Fri) <input type="checkbox"/> Half Day (Mon-Fri) <input type="checkbox"/> Part Time: 3 Days (Mon/Wed/Fri) <input type="checkbox"/> Part Time: 2 Days (Tue/Thu)
PRESCHOOL (30-48 months)	<input type="checkbox"/> Full Time (Mon-Fri) <input type="checkbox"/> Half Day (Mon-Fri) <input type="checkbox"/> Part Time: 3 Days (Mon/Wed/Fri) <input type="checkbox"/> Part Time: 2 Days (Tue/Thu)
JK/SK (44 months-6 years)	<input type="checkbox"/> Full Time (Mon-Fri) <input type="checkbox"/> Half Day (Mon-Fri) <input type="checkbox"/> Part Time: 3 Days (Mon/Wed/Fri) <input type="checkbox"/> Part Time: 2 Days (Tue/Thu)
CAMP:	<input type="checkbox"/> Winter <input type="checkbox"/> March Break <input type="checkbox"/> Summer

Drop off time: \_\_\_\_\_ a.m. Pick up time: \_\_\_\_\_ p.m.

## PART 3: EMERGENCY CONTACTS

Persons authorized to pick up the child, other than parents. They will be required to show ID, must be 16 years of age or older. Under no circumstances will any child be released to anyone without written authorization from parent or guardian.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

## PART 4: PARENT/GUARDIAN INFO

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
<b>Title:</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
<b>First Name:</b>		
<b>Last Name:</b>		
<b>DOB:</b>	DD      MM      YYYY	DD      MM      YYYY
<b>Home Address:</b> Street, City, Prov., Postal Code	<input type="checkbox"/> same as student	<input type="checkbox"/> same as student
<b>Mobile Tel. #:</b>		
<b>Work Tel. #:</b>		
<b>E-mail:</b>		
<b>Employer:</b>		
<b>Position:</b>		
<b>Work Address:</b> Street, City, Prov., Postal Code		
<b>COVID-19 Info</b>	<input type="checkbox"/> immunized (#of shots: _____) <input type="checkbox"/> medical exemption <input type="checkbox"/> other: _____	<input type="checkbox"/> immunized (#of shots: _____) <input type="checkbox"/> medical exemption <input type="checkbox"/> other: _____

Parents are:  Single       Married       Divorced       Separated       Other: \_\_\_\_\_

If parents are divorced or separated, who has custody?

Joint       Mother only       Father only       Other: \_\_\_\_\_

\*Attach pertinent paperwork such as Court Order in case a parent is not permitted to pick up the child.

Child lives with:                       Both Parents                       Mother only                       Father only  
    Guardian                                       Other: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_      Parent/Guardian 2 Initials: \_\_\_\_\_

**PART 5: STUDENT HEALTH INFO**

OHIP Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

**DOCTOR INFORMATION**

Name: Dr. \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate and provide the date if your child has ever had any of the following communicable diseases:

- |  |             |  |             |
|--|-------------|--|-------------|
| <input type="checkbox"/> Chicken Pox     | date: _____ | <input type="checkbox"/> Measles       | date: _____ |
| <input type="checkbox"/> Mumps           | date: _____ | <input type="checkbox"/> Bronchitis    | date: _____ |
| <input type="checkbox"/> Rheumatic Fever | date: _____ | <input type="checkbox"/> Ear Infection | date: _____ |
| <input type="checkbox"/> Scarlet Fever   | date: _____ | <input type="checkbox"/> RSV           | date: _____ |
| <input type="checkbox"/> Pneumonia       | date: _____ | <input type="checkbox"/> Tonsillitis   | date: _____ |
| <input type="checkbox"/> Hepatitis A     | date: _____ | <input type="checkbox"/> Hepatitis B   | date: _____ |
| <input type="checkbox"/> Mononucleosis   | date: _____ | <input type="checkbox"/> Ringworm      | date: _____ |
| <input type="checkbox"/> Rubella         | date: _____ | <input type="checkbox"/> Scabies       | date: _____ |
| <input type="checkbox"/> Strep. Throat   | date: _____ | <input type="checkbox"/> Warts         | date: _____ |
| <input type="checkbox"/> Frequent Colds  | date: _____ | <input type="checkbox"/> _____         | date: _____ |

**RECORD OF IMMUNIZATION**

- Yes, my child is fully immunized and a copy of immunization record is attached.
- No, my child has not been immunized and a copy was provided of either:  
 Statement of Religious or Conscience Belief form  
 Statement of Medical Exemption form

**Please answer the following questions:**

Does your child have any known allergies?  NO  YES

Allergy to:  peanuts  tree nuts  insect stings  pets  egg  shellfish  dairy  
 other \_\_\_\_\_

Specify symptoms of allergic reaction and any special care needed:  
\_\_\_\_\_

Do any of the allergies require an Epi Pen?  NO  YES What kind: \_\_\_\_\_

Does your child have a medical condition that would require special attention?  NO  YES (specify)  
\_\_\_\_\_

Does your child have any dietary restrictions?  NO  YES (specify below)

Restrictions:  Vegetarian  Vegan  Kosher  Halal  Pork  Gluten  Formula  Fish  Egg  Beef

Other: \_\_\_\_\_  
Is your child taking medication?  NO  YES (specify below)  
\_\_\_\_\_

Individual Support or Accommodation Needs (Individual support plan must be completed)

Autism  ADHD  Speech Delay  Hearing Impairment  Physical Limitation  
 Other: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

## PART 6: ENROLMENT AGREEMENT

THIS AGREEMENT is entered into by and between 1970238 ONTARIO LTD/Cutie Pie Daycare & Child Development Centre ("Daycare") and the parent(s) or guardian(s) ("Parent") whose signature(s) appears below. The parties hereto accept the following terms and conditions governing child's enrolment in the Daycare:

- The Parent agrees to enrol his or her child as indicated in the daycare program.
- The parent agrees to submit their child's immunization record prior to first day of attendance. If you choose not to immunize your child, then you are required to submit Statement of Religious or Conscience Belief form or Statement of Medical Exemption form.
- **Both Parent(s) and the child agree to follow and adhere to the policies, rules and regulations of the Daycare as set forth in most current Parent's Handbook.** Failure and/or refusal to comply with the policies established in the Parent's Handbook places in jeopardy child's privilege of attending the Daycare. *(Parent's Initials:\_\_\_\_\_)*
- Rules and regulations set forth in the Parent's Handbook can be changed by the Daycare at any time without prior notice to Parents. *(Parent's Initials:\_\_\_\_\_)*
- The Daycare reserves the right to expel any child/family that does not cooperate with the policies established in the Parent's Handbook. *(Parent's Initials:\_\_\_\_\_)*
- The Parent understands and agrees that if a payment is not made in accordance to this Agreement, Parent's Handbook, and the Tuition and Fees Schedule, the Daycare shall have a right to refuse to admit the child to the program. The Parent also agrees that the Daycare shall have a right to withhold the child's records until a tuition and fees have been paid. *(Parent's Initials:\_\_\_\_\_)*

### PAYMENT

- Upon signing of this agreement, the Parent agrees to pay the Daycare a one-time, non-refundable Registration Fee of \$100.00 CAD for a new student/family entering Cutie Pie Daycare & Child Development Centre. For every additional sibling, the registration fee shall be \$50.00. *(Parent's Initials:\_\_\_\_\_)*
- The Parent agrees to pay the tuition fees for the program in which the child is to be enrolled, in accordance to the current schedule of tuition and fees. The tuition fees are subject to change at any time without notice. It is the parent's responsibility to be up to date on the current schedule of fees. *(Parent's Initials:\_\_\_\_\_)*
- The Parent agrees to pay \$75.00 charge for every NSF cheque and/or pre-authorized withdrawals. *(Parent's Initials:\_\_\_\_\_)*
- The Parent agrees to pay all late pick up charges as indicated in the Parent's Handbook after the contracted pick up times. *(Parent's Initials:\_\_\_\_\_)*
- The Parent agrees to pay additional \$50.00 service charge per child and provide 30-day notice upon transferring their child from part-time to full-time program. *(Parent's Initials:\_\_\_\_\_)*
- The Parent agrees to pay additional \$50.00 service charge per child and provide 30-day notice upon transferring their child from full-time to part-time program. *(Parent's Initials:\_\_\_\_\_)*
- Daycare services will automatically be terminated if tuition fee payment is in arrears for 14 days after the payment due date. *(Parent's Initials:\_\_\_\_\_)*

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

- The Parent agrees to pay daycare tuition fees on the 1<sup>st</sup> of each month, or biweekly, or as per invoice due date provided by Cutie Pie Daycare. *(Parent's Initials: \_\_\_\_\_)*
- Failure to receive tuition payment on the 1<sup>st</sup> of each month or by the due date indicated on the invoice will result in:
  - A late fee charge of \$25/day to be applied to all outstanding invoices for first 3 days after the invoice due date. *(Parent's Initials: \_\_\_\_\_)*
  - After the three day term, an interest rate of 55% per annum will apply to all outstanding tuition fees and late payment charges for a period of 6 months. *(Parent's Initials: \_\_\_\_\_)*
  - Shall there be no payment arrangement made by the end of 6 months timeframe, the daycare reserves the right to employ collection services and/or to proceed with small claims court to recover the unpaid tuition fees. Shall the court proceeding be initiated, the Parents will be responsible for paying all legal fees incurred by the daycare. *(Parent's Initials: \_\_\_\_\_)*
- Cheques must be payable to **1970238 ONTARIO LTD./Cutie Pie Daycare** with child's name clearly printed on the front of each cheque. E-transfers must be send to cutiepirdaycare2019@gmail.com.
- The Parent agrees and understands that the application deposit and a registration fee is required upon signing this agreement. *(Parent's Initials: \_\_\_\_\_)*
- For the billing purposes, Cutie Pie Daycare will be using a billing software/app such as Quick Books, Brightwheel, HiMama, etc. In case the tuitions are paid via the billing software and/or app, parents must abide by all rules, regulations, and policies set forth by the billing software/app, including but not limiting to the payment of transaction fees for using credit cards and direct withdrawal options for tuition payment. The parents are responsible for paying ALL extra processing fees charged by the daycare billing software/app. *(Parent's Initials: \_\_\_\_\_)*
- The Parent agrees and understands that the registration fee, one month's tuition deposit and 1<sup>st</sup> tuition fee instalments are non-refundable under any circumstances and regardless of the reason for the withdrawal of the child from the program. *(Parent's Initials: \_\_\_\_\_)*

## DISCOUNTS

The Daycare offers 10% discount when another sibling is registered. This discount cannot be used in combination with any other discount.

## RECEIPTS

Tax receipts for tuition fees paid to December 31 will be issued in February of the following year.

## SECURITY DEPOSIT

Once a spot has been confirmed, a security deposit in the amount of one month's tuition fee must be paid upon registration to secure your child's spot. The deposit will be applied towards the child's last month of enrolment when withdrawn from the program. A PROPER 30-DAY WRITTEN NOTICE MUST BE ISSUED TO WITHDRAW THE CHILD FROM THE PROGRAM. If no 30-day written notice is provided, the security deposit is forfeited to the daycare and the Parents are responsible for paying 4 week tuitions. THE SECURITY DEPOSIT IS NOT REFUNDABLE UNDER ANY CIRCUMSTANCES, REGARDLESS OF THE REASON FOR THE WITHDRAWAL OF THE CHILD FROM THE PROGRAM. *(Parent's Initials: \_\_\_\_\_)*

## REFUND POLICY

- THERE ARE NO REFUNDS OF THE REGISTRATION FEE, ONE MONTH'S TUITION FEE DEPOSIT AND 1<sup>ST</sup> TUITION FEE INSTALMENT UNDER ANY CIRCUMSTANCES AND REGARDLESS OF THE REASON FOR THE WITHDRAWAL OF THE CHILD FROM THE PROGRAM.

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

- There is no reduction in tuition fees for the holidays and summer breaks, or unforeseen daycare closures except as per promotional discounts outlined in Enrolment Promotions section. *(Parent's Initials:\_\_\_\_\_)*

**WITHDRAWAL PROCEDURE**

- The Parent understands and agrees that a 30-day written notice is required for a withdrawal or dismissal of the child after the execution of this agreement. *(Parent's Initials:\_\_\_\_\_)*
- The withdrawal notice must be given in writing in a letter format or an e-mail, no other forms of notice will be accepted or deemed valid. The withdrawal notice must be given to the supervisor in person or sent to her e-mail: supervisor.cutiepie@gmail.com. *(Parent's Initials:\_\_\_\_\_)*
- The withdrawal notice must be given within the daycare operational hours. Shall the withdrawal notice be given after the operation hours or on the weekend, the 30-day withdrawal period will be calculated from the next business day. *(Parent's Initials:\_\_\_\_\_)*
- The security deposit will be applied towards the last month's tuition fee, following the proper notification date, even if the child no longer attends the daycare. *(Parent's Initials:\_\_\_\_\_)*
- If the proper withdrawal notice is not received, full program fees (for the 4-week period) will be charged for your child's last months of care and your security deposit will be forfeited. *(Parent's Initials:\_\_\_\_\_)*
- Any post-dated checks dated after the 30-day notice will be returned to the Parent(s).
- The daycare will not provide refunds and/or recalculate the tuition fees already paid by the parents in the current billing cycle, in case the withdrawal notice is provided in the middle of the billing cycle. It is the parents' responsibility to track the billing cycle before providing the withdrawal notice. *(Parent's Initials:\_\_\_\_\_)*
- The admittance to the program is conditional upon the compliance of the Parent and the child with Daycare's rules as outlined in the Parent's Handbook.
- Behaviour that possesses a safety hazard will not be tolerated and will result in immediate withdrawal from the premises and the program. All tuition fees and security deposit will be forfeited to the daycare in case of hazardous behaviour. *(Parent's Initials:\_\_\_\_\_)*
- Should the Supervisor or Director determine that a child cannot adjust to the program, or the parent has not upheld the Agreement, the child will be withdrawn and this Agreement will be terminated. Upon the termination of the agreement, the paid up to date tuition fees and the security deposit will be forfeited. *(Parent's Initials:\_\_\_\_\_)*
- The Parent agrees to abide by ALL Withdrawal & Enrolment Cancellation Policies as outlined in the most current Parent's Handbook. *(Parent's Initials:\_\_\_\_\_)*
- In case the "Enrolment Promotions" discounts were applied to the initial enrolment of the child, and the enrolment is terminated within less than 12 months from the first day of enrolment, parents agree to pay back all promotional discounts that were applied to their enrolment including but not limiting to monthly or biweekly tuition fee discounts, sick day credit discount and waived registration fee discount. *(Parent's Initials:\_\_\_\_\_)*

- All unpaid tuition fees are subject to 25\$/day late fee charge for the first 3 days after the due date. If more than one invoice payment is outstanding, the late payment charge will be applied to each invoice separately. If no payment arrangement is made by the Parents by the end of 3 day term the outstanding balance will be subject to 55% interest rate per annum. The interest of 55% per annum will be applied to each outstanding invoice separately. Shall the Parents fail to pay the outstanding balance(s) along with the accumulated interest after the term of 6 months, the daycare reserves a right to proceed with professional collection services and/or initiate a court proceeding for the purpose of recovering funds. *(Parent's Initials:\_\_\_\_\_)*

**I UNDERSTAND THE FOLLOWING:**

- That by submitting this application, my child will be considered for enrolment at Cutie Pie Daycare & Child Development Centre. I further understand that this process does not guarantee enrolment and that my child's name may be placed on a waiting list at the sole discretion of the Daycare. No fee is charged for placing a child on a waiting list.
- That by providing my personal email, I consent to receiving information and newsletter from Cutie Pie Daycare via e-mail. I can withdraw my consent at any time by notifying the Daycare in writing or by clicking unsubscribe feature in the newsletter. *(Parent's Initials:\_\_\_\_\_)*
- That it is my responsibility to ensure that all medical and allergy information related to my child is communicated at the earliest possible opportunity to the Daycare. In case the Daycare is not provided with detailed information pertaining to your child's allergies and medical conditions, the Daycare, its employees and their agents cannot be held responsible for any harm arising from the medical consequences arising from my child having these conditions and allergies. *(Parent's Initials:\_\_\_\_\_)*
- In the event that I cannot be reached at the time of serious illness or accident, or if the emergency is such that time does not permit such contact, Cutie Pie Daycare is authorized to secure proper treatment, order injections , provide First Aid , or provide ANY TREATMENT prescribed by the physician caring for my child, as well as arrange transportation to the Emergency Department of the hospital, with no liability on the part of Cutie Pie Daycare & Child Development Centre, its Owners, Directors, Agents and Employees. *(Parent's Initials:\_\_\_\_\_)*

I, the undersigned, affirm that all the information provided is written as the truth in this application and is collected for the purpose of meeting information required for admission to the Daycare. If an applicant is admitted to the Daycare, the applicant's information will be shared with other offices within the daycare. At no point will anyone outside Cutie Pie Daycare & Child Development Centre be given proprietary access to your information, unless permission has been given by an additional consent provided and signed at a later date by the Parent/ Guardian.

I hold Cutie Pie Daycare & Child Development Centre, its Owners, Directors, Agents, Officers and Employees free from liability from any damages from injuries to the applicant that are not the result of negligence of this Daycare, or its agents or employees. *(Parent's Initials:\_\_\_\_\_)*

**NO PRESENTATION OR WARRANTIES.** The parties declare that in entering into this contract, no representation, promise, inducement or agreement has been made by either party or anyone else representing them, except as set out in this contract.



**NO WAIVER.** No waiver of any part of this contract is binding unless it is in writing and signed by the party granting the Waiver.

**AMENDMENT.** No amendment, supplement, or termination of any term of this contract, except for amendments to the Parent's Handbook policies, guidelines, rules, tuition fees and class schedules of the Daycare, are binding upon the parties unless it is in writing and signed by both parties.

**SEVERABILITY.** In the event that any part of a new provision of this contract may prove to be illegal or unenforceable, the other provisions of this contract and the remainder of the provision in question shall continue in full force and effect.

This agreement shall be interpreted in accordance with of province of Ontario.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ALL ABOUT ME INFO SHEET

My name is: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

My first day will be: \_\_\_\_\_ I have been to daycare before: Yes No

My favourite things to do are:

\_\_\_\_\_

My fears are:

\_\_\_\_\_

I am potty trained; here is how I ask to go to the bathroom:

\_\_\_\_\_

I need a little bit of help with:

\_\_\_\_\_

If I am having a bad day this is sure to cheer me up:

\_\_\_\_\_

My personality is:

\_\_\_\_\_

I typically nap every day: Yes No My regular rest (nap) time is: \_\_\_\_\_

My level of physical activity is usually:

\_\_\_\_\_

I have the following restrictions or limitations with physical activity:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

## OUTDOOR PLAY & ACTIVITY/FIELD TRIP PERMISSION FORM

This permission form will allow the staff at Cutie Pie Daycare to take your child to the playground that has been approved by the Ministry of Education. Your child will engage in supervised outdoor play at the playground at the teachers' discretion. Additionally, there may be some off-site activities that take place at facilities off daycare property, such as supervised walks and visits to the park in the neighbourhood surrounding our facility. This permission form is valid from the first day of your child's enrolment in the day care until the end of the contracted services. There may be an extra charge for each activity/field trip. All payments must be made in advance. Activities and field trips are non-mandatory, however they support exploration of the environment and provide further education.

### PARENT/GUARDIAN CONSENT

I \_\_\_\_\_, the parent of \_\_\_\_\_ give permission to the staff of Cutie Pie Daycare & Child Development Center to take my child to the playground where they will engage in daily, supervised outdoor play. My child may accompany the staff to the playground at any time. My child may accompany the staff on walks in the neighbourhood surrounding our facility. I also give permission for my child to travel by school bus to any field trip that transportation is necessary.

- I understand that I will be advised of the field trips & applicable fees a month prior to the event.
- I declare that my child is physically fit and ready to participate in all outings and field trips.
- I will not hold Cutie Pie Daycare & Child Development Centre liable for any accident or injury occurring on or arising from the normal course of any field trip. I do authorize emergency first aid care to my child in the event that my child becomes injured or ill during the field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUNSCREEN POLICY & PERMISSION FORM

My child is allergic to sunscreen:  NO  YES\*

\* please provide a doctors note that will be attached to this sunscreen policy and kept in your child's file.

I \_\_\_\_\_, the parent of \_\_\_\_\_ give permission to the staff of Cutie Pie Daycare & Child Development Centre to apply a sunscreen product provided by me to my child, as specified below when he/she will be outside. I understand that sunscreen will be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have checked all applicable information regarding the application of sunscreen to my child:

- I have clearly labeled sunscreen with my child's name
- I have provided sunscreen to my child's teacher
- the sunscreen that I have provided is nut free

For medical or other reasons, please DO NOT APPLY sunscreen to the following areas of my child's body: \_\_\_\_\_.

**IMPORTANT: We are required to treat sunscreen as a medicine, ALL sunscreen MUST be given to a staff member. DO NOT LEAVE SUNSCREEN IN YOUR CHILDS CUBBIE!**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

## DIAPER CREAM/BODY CREAM/ LIP BALM PERMISSION FORM

I \_\_\_\_\_, the parent of \_\_\_\_\_ give permission to the staff of Cutie Pie Daycare & Child Development Centre to apply diaper cream/body cream/lip balm to my child.

**IMPORTANT:** We treat creams as a medicine, ALL creams MUST be given to a staff member in their original container and labelled with your child's name. DO NOT LEAVE CREAMS IN YOUR CHILD'S CUBBIE!

**\*\*Cutie Pie Daycare does not allow any homeopathic creams or creams with nut products in them.\*\***

Name of Cream: \_\_\_\_\_

When to Apply Cream (DO NOT PUT AS NEEDED!): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO SLEEP ON A COT/CRIB

I \_\_\_\_\_, the parent of \_\_\_\_\_ give permission to the staff of Cutie Pie Daycare & Child Development Centre to place my child on a cot during rest time as scheduled by the facility.

I wish for my child to sleep only for \_\_\_\_\_ hour(s).

### TODDLER/PRESCHOOL SLEEP TIME.

I hereby give permission for Cutie Pie Daycare to use:  blanket  stuffed toy  pillow  soother

My child to sleep on his/her  back  stomach  side

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO BRING FOOD FROM HOME

I \_\_\_\_\_, the parent of \_\_\_\_\_ will be sending home made food with my child. I understand that all items and/or containers must be clearly labeled with my child's name, type of food, and instructions when to dispense food.

I am aware and compliant to send food with my child which is free of pork, nuts, eggs, milk, and other common allergens.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

## **MEDIA RELEASE FORM**

I \_\_\_\_\_, the parent of \_\_\_\_\_ hereby grant permission to the staff of Cutie Pie Daycare & Child Development Centre to take photographs and videos of my child and use them in daycare's promotional materials, newsletter, blog, newspaper coverage, television coverage, social media pages, social media advertising, daycare's website, software used by the parents to monitor child's daily activities. Individual identity my child will be kept strictly confidential.

Further, I give consent to Cutie Pie Daycare Educators to use their personal devices to capture photographs and/or videos of my child for documentation and/or for daycare advertising purposes. Photographs/videos will not be used for any purpose other than documentation and/or promotional materials/advertisements. Educators will delete all photographs from all personal devices at the end of each day.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT TO OBTAIN EMERGENCY MEDICAL CARE ON BEHALF OF THE CHILD**

I \_\_\_\_\_, the parent of \_\_\_\_\_ hereby grant permission to the daycare operator, or designate of Cutie Pie Daycare & Child Development Centre to take whatever steps are necessary to obtain emergency medical care if warranted.

These steps may include, but not limited to, the following:

- a. Attempt to contact a parent or guardian
- b. Attempt to contact child's physician
- c. Attempt to contact emergency contact person

If we cannot contact Parent or Guardian, the child's physician or an emergency contact person, we will do any of the following:

- a. Call another physician
- b. Call an ambulance
- c. Have the child taken to the emergency department of the hospital, in a company of the staff member.

All expenses incurred under circumstances listed above will be borne by the child's Parent/Guardian. The Cutie Pie Daycare & Child Development Centre will not be responsible for any incident that may occur as a result of false information given at and after the time of enrolment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENTAL CONSENT TO CAMERA USE**

As part of our policy each of the classrooms in Cutie Pie Daycare & Child Development Centre are equipped with a camera. The purpose of these cameras are to ensure the safety of the children. If an incident occurs while a teacher or supervisor/director is not looking, they use the video to watch what happened. It also keeps teachers accountable because the supervisor/director can go back to ensure they're providing the highest quality of care. If you are ever concerned about your child in the day care, you have the right to request a time to sit with the Director and view the videos. The recordings are kept by the system for 5 days. **By signing this sheet, you state that you are aware of the cameras on the promises of Cutie Pie Daycare & Child Development Centre and our recording policies and that you agree to the policies which are also stated in our Parent Handbook.**

Name of the Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

# ALLERGIES FORM

Name of the child: \_\_\_\_\_

THIS IS TO CONFIRM THAT MY CHILD **DOES NOT HAVE ANY KNOWN ALLERGIES.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**MY CHILD HAS ALLERGIES, PLEASE FOLLOW INSTRUCTIONS BELOW**

Allergens or irritants that are bothersome to my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Symptoms of my child's attacks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific instructions if my child has an anaphylactic attack: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICATIONS FOR USE IN RELATION TO AN ALLERGIC REACTION

DATE	TIME OF DOSE	AMOUNT GIVEN	HOW TO ADMINISTER

I authorize Cutie Pie Daycare & Child Development Centre to administer the medication to my child in the manner described.

**An individualized anaphylaxis plan or medical needs plan to be completed for my child as per family doctor's instructions.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

**ASTHMA FORM**

Name of the child: \_\_\_\_\_

THIS IS TO CONFIRM THAT MY CHILD DOES NOT HAVE ASTHMA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**MY CHILD HAS ASTHMA PLEASE FOLLOW INSTRUCTIONS BELOW**

Allergens or irritants that are bothersome to my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Symptoms of my child's attacks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specific instructions if my child has an asthma episode, including when to go to the hospital emergency department, when to administer medication and possible side effects. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS FOR USE IN RELATION TO MY CHILD'S ASTHMA**

DATE	TIME OF DOSE	AMOUNT GIVEN	HOW TO ADMINISTER

I authorize Cutie Pie Daycare & Child Development Centre to administer the medication to my child in the manner described.

**An individualized medical needs plan to be completed for my child as per family doctor's instructions.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_

**CUTIE PIE DAYCARE & CHILD DEVELOPMENT CENTRE  
PRE-AUTHORIZE DEBIT AGREEMENT (PAD)**

Parent/Guardian: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

I/We \_\_\_\_\_ authorize 1970238 ONTARIO LTD. (aka Cutie Pie Daycare & Child Development Centre) and a financial institution designated and/or any other financial institution to begin deductions for the monthly regular recurring payments and/or one time payment of all charges arising under childcare services. Regular monthly payments will be debited to my/our specified account on the first day of the month.

**Terms and Conditions:**

1. I/We will notify the daycare of any changes to the account information I/We have provided.
2. The Cutie Pie Daycare relies on the representation constituted by this authorization is that the customer's financial institution account is, and shall be, during the currency of this authorization, in good standing with sufficient funds to cover such preauthorized payment as they become due and payable. A \$55 NSF fee will be charged for all transactions that have not been cleared due to lack of funds.
3. I/We agree to waive the requirements for pre-notification of changes to my regular monthly payment.
4. This authorization may be terminated anytime by me/us or Cutie Pie Daycare upon a written 30-day notice. Upon termination any balance due or thereafter shall be paid directly by me to the Cutie Pie Daycare.
5. I /We will notify the Cutie Pie Daycare of any changes/updates on my child's attendance/enrolment no later than the 15<sup>th</sup> of the month prior to the next billing.
6. I/We understand that termination of this agreement does not release me from paying child care fees. It is my obligation to pay for services rendered by the Cutie Pie Daycare.
7. To obtain a form for Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/We have read and understood the terms of this authorization.

**Please complete the following banking information and attached avoid check.**

Name of the Bank: \_\_\_\_\_

Bank number: \_\_\_\_\_ Transit number: \_\_\_\_\_

Account number: \_\_\_\_\_

By signing below, you authorize 1970238 ONTARIO LTD./Cutie Pie Daycare & Child Development Centre to debit your account accordingly each month or biweekly for child care fees as indicated in your childcare agreement and current list of tuitions.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Initials: \_\_\_\_\_ Parent/Guardian 2 Initials: \_\_\_\_\_