Current Photo

ADMISSION DATE: _____DISCHARGE DATE: _____

RIPPLETON ROADSTERS SATELLITE PROGRAM _____

RIPPLETON ROADSTERS CHILD CARE PROGRAM _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: Day_____ Month _____Year _____

CHILD'S HOME ADDRESS: _____
Street **City** **Postal Code**

HOME TELEPHONE#: _____

1) PARENT/GUARDIAN NAME: _____ relationship to the child _____

HOME ADDRESS: _____

HOME TELEPHONE#: _____ CELL PHONE#_____

E-MAIL: _____

EMPLOYER: _____BUSINESS #_____ext_____

ADDRESS: _____
Street **City** **Postal Code**

2) PARENT/GUARDIAN NAME: _____relationship to the child _____

HOME ADDRESS: _____
Street **City** **Postal Code**

HOME TELEPHONE#: _____ CELL PHONE# _____

E-MAIL: _____

EMPLOYER: _____ BUSINESS#: _____Ext_____

ADDRESS: _____
Street **City** **Postal Code**

IN CASE OF AN EMERGENCY - PERSON OTHER THAN PARENTS TO BE CONTACTED IF PARENTS CANNOT BE REACHED: (photo ID will be requested by the staff)

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE#: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE#: _____

PERSON (S) AUTHORIZED TO PICK UP YOUR CHILD (CHILD CANNOT BE PICKED UP BY ANYONE UNDER 13 YEARS OF AGE): (photo ID will be requested by the staff)

1st Priority
NAME: _____ RELATIONSHIPTO CHILD: _____

BUSINESS#: _____ HOME#: _____

2nd Priority
NAME: _____ RELATIONSHIPTO CHILD: _____

BUSINESS#: _____ HOME#: _____

3rd Priority
NAME: _____ RELATIONSHIP TO CHILD: _____

BUSINESS#: _____ HOME#: _____

MEDICAL INFORMATION

CHILD'S DOCTOR: _____ PHONE#: _____

ADDRESS: _____

ALLERGIES (SPECIFY FOOD, DRUGS, ENVIRONMENTAL, ETC.):

Allergy_____ Reaction: _____

Allergy_____ Reaction: _____

Allergy_____ Reaction: _____

MEDICAL INFORMATION

Please describe in detail any **medical conditions** that we need to be aware of (i.e. Anaphylaxis, Seizures, Diabetes, Allergies etc..) and the symptoms. Please also include an Emergency Medical Plan Form and/or an Emergency Anaphylaxis Plan form for your child both of which are available on our website under “registration”. Please fill out the forms as accurately as possible.

_____

_____

MEDICAL RELEASE

In the event that your child requires an Epi pen, please complete ad Anaphylactic Emergency Plan available on our website.

In the event of a medical emergency, I hereby consent to the transportation of my child to the nearest medical facility. In addition, I consent to medical treatment as deemed necessary by the attending physician/paramedics on duty. I release Rippleton Roadsters Child Care Centre from any liability involved in the transport and treatment of my child.

PARENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____

HAS YOUR CHILD EVER BEEN HOSPITALIZED? Y_____N_____ WHEN: _____

REASON_____

OTHER PERTINENT INFORMATION (IE. HEARING AID, PROSTHESES, MEDICATIONS, ETC.):

_____

_____

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

_____ _____
AUTHORIZED SIGNATURE DATE

SCHOOL INFORMATION

Name of child's school_____ Grade _____

Bus Release Information

I (we) am/are aware that I (we) am/are responsible for arranging a school bus to and from Rippleton Roadsters Child Care and Satellite Program and the school which my child is attending. Furthermore I (we) am/are aware that the Staff of Rippleton Roadsters Child Care and Satellite Program will be responsible for accompanying my child(ren) to and from the bus. (Please inform the childcare if your child will be away and therefore not on the bus).

Name of school that my child will be attending_____

Name of bus company _____ Phone#_____ Route #_____

AM) Pick up from Rippleton PS time: _____

PM) Drop off at Rippleton PS time: _____

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Authorized Signature Date

SCHOOL AGE RELEASE CONSENT

Children in grades 1-6 may be released into the care of Rippleton School Staff or St. Bonaventure School Staff on yard duty every morning.

I give permission for Rippleton Roadsters Child Care and Satellite Program to release my child into the care of School Staff on yard duty each day.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Authorized Signature Date

LOCAL EXCURSIONS

My child may participate in all local walking excursions supervised by the staff of Rippleton Roadsters Child Care.

PARENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

Media Release Consent

I (we) give Rippleton Roadsters Child Care and Satellite Program permission to photograph and/or videotape my child(ren) for program purposes to be used within the classroom. I understand that these photographs or videotapes will not be reproduced or distributed outside the centre, or online (facebook, photobucket, twitter, instagram etc.)

If you do not wish for your child to participate please check this box [ ]

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Parents please fill out completely; This information is extremely important and must be filled out accurately. ***If this does not apply to your child please do not fill it out.***

Child's First/last Name: _____ age _____ date of birth: day____ month ____ year___

1. Is your child ANAPHYLACTIC? ____YES ____NO

If yes, we require 2 epi pens onsite for the childcare alone, should the school require an epi pen, it will be in addition to the two provided for the childcare. Please check expiry date to ensure they are current before their first day of school.

What is the allergy _____

**If your child has an anaphylactic reaction, we will administer the epi-pen, call 911 and call the parents in each case.

Add further instructions _____

2. Does your child have any other allergy (other than anaphylaxis) YES NO

If yes what is the allergy _____

What is/ the reaction/symptoms_____

What are your instructions: _____

3. Is your child: 1.Vegetarian 2.Vegan 3.Gluten Free 4.Dairy free 5.Lactose free (circle what is applicable to your child)

We do not serve pork, only beef, fish, chicken for non-vegetarian lunches. If your child requires a Halal meal he/she will be served a vegetarian meal.

4. Parent Contact information: please fill out completely with current numbers

First parent to contact:
Name _____ Cell# _____ work# _____

Second parent to contact:
Name _____ Cell#_____ work#_____

5. Backup Person in an emergency (other than parent)

Name: _____relationship to child_____ phone number _____

It is important that the numbers and contacts you provide are current and that the back up person is available in the event of an emergency.

Parent signature _____ Date _____

Please tell us about your child!

This page is for Preschool and Kindergarten children however please feel free to fill it out for all ages. We encourage open communication between the child's home and school; please feel free to share any pertinent information so that we can get to know your child a bit better and help make the transition to our centre a smooth one! If you require assistance in a different language, please do not hesitate to ask and we will do our best to accommodate you.

In our centre our staff speak, English, Mandarin, Cantonese, Greek, Russian, and Spanish

Child's name: _____ Current Age: _____

Who does he/she live with?

_____

_____

Siblings? _____ ages? _____

Languages spoken at home _____

Key words that your (preschool) child may use to describe something _____

_____

Likes?_____

Dislikes?_____

Sleep routine?_____

_____

Health information?

_____

Family tree, what cultures are celebrated at home?

_____

_____

Enjoys to eat _____

Doesn't eat _____

Does he/she make friends quickly? ☐ Yes ☐ no_____

_____

Has he/she been part of a program before (drop-in, swimming class, child care etc.)

_____

_____

Fun facts, is there anything you would like to add?_____

PARENT CONTRACT

The terms and conditions of this Parent Contract ("Agreement") provide protection for our parents, as well as our program. By signing this Agreement, you acknowledge that you have read, understand and agree to abide by our policies which are outline in the Parent Handbook and in this agreement, and are incorporated by reference. You further agree that you will financially support the enrolment space guaranteed for your child. In order to ensure that we can provide the services that the children are entitled to, it is essential that the financial status of our program be stable. The program's expenses cannot be reduced because of absentee losses.

The registration form and Parent Contract with its signatures will remain in effect from the date of admission, until your child is withdrawn from our program and a withdrawal date is documented on his/her registration application.

I agree that:

- Upon registration, I will provide two month's fees (one dated the day of registration and one dated the first day of program commencement) and a $35.00 per child or $50.00 per family non-refundable registration fee (if applicable);

- I will provide, at the time of registration, a signed preauthorized debit payment consent form and void cheque.

- A service charge of $25.00 will be charged for any NSF, returned cheques or late payment.

- I will provide a minimum of four weeks advance written notice prior to the withdrawal of my child from the program. If such notice is not given, I understand the last month's deposit will be retained;

- I will pick up my child by the end of the program or pay a late departure fee of $1.00 per minute to the childcare staff within **one working day**. I understand that if the Centre cannot reach me by 7:00pm, the Police and Children's Aid Society will be contacted. I acknowledge that this policy is designed as a deterrent and that abuse of the policy will be considered a violation of this contract which may result in termination of childcare services.

- My child may be withdrawn, and services may be terminated without notice in pursuant to, and in accordance with, the terms of the Rippleton Roadsters Child Care and Satellite Program Withdrawal Policy.

- If my child is enrolled in the FDK program and is not in the school district, I agree that I will continue to use the childcare services as long as I attend the school. If I should withdraw my child from Rippleton Roadsters Child Care and Satellite Program I understand that I may be asked to withdraw from the school as well.

- I will submit my parent contract and a copy of my child's immunization records (yellow card) upon registration.

- If my child requires an epi-pen, I will provide a complete anaphylaxis form upon registration. I will also provide two epi-pens upon program commencement.

- I will allow only pre-authorized persons designated on my registration form, to pick up my child. I agree to provide written notification to the Executive Director or Designate if changes occur;

- I will inform the Centre in writing, if my child is involved in a custody dispute, and will provide the Executive Director or Designate with a copy of the legal custody papers;

Parent contract continued..

- I will notify the Centre, in writing, of all address changes at home and work and also to provide up-to-date telephone numbers where parents may be reached in the case of an emergency;

- I will comply with parents' responsibilities as outlined in the Parent Handbook and comply with the program policies. **The Parent Handbook is available online at www.rippletonroadsters.ca** if you do not have internet access please call us and we will provide a copy for you. **Changes have been made for 2019-2020. Please ensure that you have read and are aware of the changes.**

- A complete registration package, including all supporting documentation and required fees, is necessary before this application can be processed.

- Upon registering my child with Rippleton Roadsters Child Care and Satellite Program, I give consent to information sharing between the child care and the school that my child is enrolled in. I also give my consent to information sharing with outside agencies should my child require additional supports.

- I understand that my child's file may be reviewed by Rippleton Staff and/or outside agencies; in such an instance I will be informed, and the time and date my child's file was reviewed will be documented.

- **The Centre is closed on the following days:**

New Year's Day	Thanksgiving
Good Friday	Christmas Eve closed at 1:00pm
Easter Monday	Christmas Day
Victoria Day	Boxing Day
Labor Day	New Year's Eve closed at 1:00pm
Family Day	

The Centre will notify me in advance, if the Child Care Centers must close for additional days due to Board of Education policies. In such unforeseen circumstances, refunds will not be granted.

All part time programs will be closed on PD Days, Winter Holiday and March Break

Parents or Guardians who are enrolling their child(ren) in the program, must read and sign the above contract.

I have read, understand and agree to abide by the terms and conditions set out in the registration form and in the Parent Contract above and in all Centre policies including those set out in the Parent Handbook.

_____
Child's Name

_____ _____ _____
Parent/Guardian Name Parent/Guardian Signature Date

_____ _____ _____
Parent/Guardian Name Parent/Guardian Signature Date

_____ _____
Authorized Signature Date