



Current Photo

ADMISSION DATE: _____ DISCHARGE DATE: _____

RIPPLETON ROADSTERS SATELLITE PROGRAM _____

RIPPLETON ROADSTERS CHILDCARE PROGRAM _____

SUBSIDY INFORMATION (if applicable) FILE# _____ DAILY RATE _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: Day _____ Month _____ Year _____

CHILD'S HOME ADDRESS: _____
Street City Postal Code

HOME TELEPHONE#: _____

1) PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE#: _____ CELL PHONE# _____

E-MAIL: _____

EMPLOYER: _____ BUSINESS # _____ ext _____

ADDRESS: _____
Street City Postal Code

2) PARENT/GUARDIAN NAME: _____

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: _____ RELATIONSHIP TO CHILD: _____

BUSINESS#: _____ HOME#: _____

2nd Priority

NAME: _____ RELATIONSHIP TO CHILD: _____

BUSINESS#: _____ HOME#: _____

MEDICAL INFORMATION

CHILD'S DOCTOR: _____ PHONE#: _____

ADDRESS: _____

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

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.

Please list conditions that require medical attention:

MEDICAL RELEASE

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 Childcare 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 _____

COMMUNICABLE DISEASES

Has your child had any communicable diseases YES ____ NO ____

If 'YES' Please list your child's medical history of **communicable diseases** below including the date of occurrence (i.e chicken pox etc.)

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

In the event that your child requires an Epi pen, please fill out an **Anaphylactic Alert information form.**

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 Childcare and Satellite Program and the school which my child is attending. Furthermore I (we) am/are aware that the Staff of Rippleton Roadsters Childcare 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: _____

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 Childcare 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

LOCAL EXCURSIONS

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

PARENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

PHOTO/MEDIA RELEASE CONSENT

I understand that my child(ren) may be photographed at Rippleton Roadsters Childcare and Satellite program, during normal daycare hours, field trips, or classroom activities. I understand that these photographs will only be used for documentation and portfolios that belong to the children. These photographs will also be used on our parent app, HiMama, for your private use and will not be shared without your permission.

I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for programming purposes by Rippleton Roadsters Childcare and Satellite Program.

(please check one or both)

- Individually only
- Individually and in a group (if your child is in a group photo, it may be shared with the other children/families of the other children in the photo.)

These photographs will not be used on any social media platform.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

NON-MEDICAL PRODUCT ADMINISTRATION

This form is to be filled out to request the application of **generic non-medical products** for your child. These products include, sunscreen, Moisturizing Skin Lotion, lip balm, insect repellent, hand sanitizer and diaper cream. Rippleton Roadsters Staff will assist the children in applying the product as needed.

The product must come in its original packaging and clearly labeled with the child's name.

This form **does not include** products such as Tylenol, Advil, Benadryl; these types of products must have a prescription label and instructions from a doctor or from the pharmacy.

- Sunscreen
- Moisturizing Skin Lotion
- Lip Balm
- Insect Repellent
- Hand Sanitizer
- Diaper Cream

Instructions for administering this product:

When: _____

How much: _____

How often: _____

Additional Instructions:

Parent Signature _____

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 you answered yes, please fill out an Anaphylactic Emergency Plan available on our website.

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 _____

2. Does your child have an ongoing medical condition i.e., asthma, seizures from fever, etc? YES NO
If you answered yes, please fill out an Individual Medical Emergency Plan available on our website.

What is the condition? _____

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

If yes what is the allergy _____

What is/are the reaction/symptoms _____

What are your instructions: _____

4. Is your child: (circle which applies to your child) Vegetarian Vegan Gluten Free Dairy-free Lactose-free

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.

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

First parent to contact:

Name _____ Cell# _____ work# _____

Second parent to contact:

Name _____ Cell# _____ work# _____

6. 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 eating _____

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:

- 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 6pm at the end of the day or pay a late departure fee of \$1.00 per minute to the childcare staff within **one working day**. 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.
- I understand that if the Centre cannot reach me by 7:00pm, the Police and Children's Aid Society will be contacted.
- My child may be withdrawn, and services may be terminated without notice in accordance with the terms of the Rippleton Roadsters Childcare 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 as per the TDSB and TCDSB optional attendance policy. If I should withdraw my child from Rippleton Roadsters Childcare and Satellite Program I understand that I may be asked to withdraw from the school as well.
- I will submit my parent contract and all necessary forms to confirm my registration each year. Signing the Parent Contract confirms that you agree with all the policies for Rippleton Roadsters Childcare as outlined in the Parent Handbook. It is the responsibility of each parent to review the Parent Handbook annually.
- If my child requires an epi-pen, I will provide a complete anaphylaxis emergency plan upon registration. I will also provide two epi-pens before my child's first day.
- 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 shared custody situation and will provide the Executive Director or Designate with a copy of the legal custody papers.
- I will notify the Centre, in writing, of all address changes at home and work and also provide up-to-date telephone numbers where parents may be reached in 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 2024-2025. Please ensure that you have read the parent handbook and are aware of the changes.**

Parent contract continued.

- 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 Childcare and Satellite Program, I give consent to information sharing between the childcare 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 support.
- 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 Childcare 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, the Parent Contract above and in the policies set out in the Parent Handbook, notifications of changes to the handbook will be communicated via email, the parent APP (Lillio) and posted on our website; you may request a hard copy from the office if necessary.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Authorized Signature

Date