



PLAY, LEARN, GROW ACADEMY ENROLMENT FORM

For Office Use Only

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Type of Child Care Required: Full-time Part-time Occasional Other: [Click here to enter text.](#)

Age Group Placement at Time of Enrolment:

 Toddler Preschool FDK School Age

Hours of Care:

MON	TUES	WED	THURS	FRI

Child Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth (dd/mm/yyyy): _____

Age (years, months): _____

Home Address(es): _____

Language(s) Spoken at Home: _____

Other children in the family enrolled in the centre (list names, if applicable): _____

Parent Information

Full Legal Name: _____

Preferred Name: _____

Relationship to Child: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email address(es): _____

Home Address: _____

 Same as Child

Full Legal Name: _____

Preferred Name: _____

Relationship to Child: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email address(es): _____

Home Address: _____

 Same as Child

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) ¹	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				

¹ Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Age (in months): _____

Feeding Arrangements

My child drinks: breast milk formula breast milk and formula

My child has started eating solid foods YES NO

If YES, food must be: pureed mashed steamed until soft other:

My child can self-feed: YES (independently) YES (with support) NO

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods):

Sleep Arrangements

Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).²

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., soother, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

Date (dd/mm/yyyy) _____

Signature of Parent _____

² Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen
 Diaper Creams/Ointment
 Lip balm
 Hand sanitizers
 Insect repellent
 Lotions

Play, Learn, Grow Academy has agreed to provide:	Parent has agreed to provide:
Ex. Sunscreen	
Hand sanitizers	

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd/mm/yyyy)

Signature of Parent

Appendix C: List of Communicable Diseases

Acquired immunodeficiency syndrome (AIDS)

Chancroid

Chlamydia trachomatis infections

Creutzfeldt-Jakob disease, all types

Cytomegalovirus infection, congenital

Encephalitis

Gonorrhea

Hemorrhagic fevers

Hepatitis B

Hepatitis C

Influenza

Legionellosis

Leprosy

Meningitis, acute

Ophthalmia neonatorum

Personal service settings

Respiratory infections, including institutional outbreaks

Severe acute respiratory syndrome (SARS)

Streptococcal infections

Syphilis

Tuberculosis

Regulatory Requirements: Ontario Regulation 137/15

Children's Records

72(1) Every licensee shall ensure that up-to-date records that are available for inspection by an inspector or program adviser at all times are kept of the following matters in respect of each child receiving child care at a child care centre operated by the licensee or receiving child care at a premises where it oversees the provision of home child care:

1. An application for enrolment signed by a parent of the child.
 2. The name, date of birth and home address of the child.
 3. The names, home addresses and telephone numbers of the parents of the child.
 4. The address and telephone number at which a parent of the child or other person can be reached in case of an emergency during the hours when the child receives child care.
 5. The names of persons to whom the child may be released.
 6. The date of admission of the child.
 7. The date of discharge of the child.
 8. The child's previous history of communicable diseases, conditions requiring medical attention and, in the case of a child who is not in attendance at a school or private school within the meaning of the Education Act, immunization or required form completed by a parent or legally qualified medical practitioner as to why the child should not be immunized.
 9. Any symptoms indicative of ill health.
 - 9.1 A copy of any individualized plan.
 10. Written instructions signed by a parent of the child for any medical treatment or drug or medication that is to be administered during the hours the child receives child care.
 11. Written instructions signed by a parent of the child concerning any special requirements in respect of diet, rest or physical activity.
 12. A copy of any written recommendation referred to in subsection 33.1 (1) from a child's physician regarding the placement of a child for sleep.
- (2) The records listed in subsection (1) shall be kept, as the case may be,
- (a) on the premises of the child care centre at which the child receives child care; or
 - (3) See Manual Section 10.3.
 - (4) Revoked.
 - (5) Every licensee shall ensure that the records required to be maintained under this section with respect to a child are kept for at least three years from the date the child is discharged at the child care centre or home child care agency.

Disclaimer: This document is a sample template that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each child care centre it operates.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.

Play, Learn, Grow Academy

Child's Emergency Contact Information

Date Last Updated (dd/mm/yyyy): 30/09/2019

Note: Where applicable, consider adding additional parent or emergency contact information.

Child's Information

Full Legal Name:

Preferred Name (where applicable):

Date of Birth (dd/mm/yyyy):

Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):

Parent 1

Full Legal Name:

Home Address:

Business Address:

Home Phone Number:

Business/Work Phone Number:

Cellphone Number:

Parent 2

Full Legal Name:

Home Address:

Business Address:

Home Phone Number:

Business/Work Phone Number:

Cellphone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Child's Emergency Contact Information

PLAY, LEARN, GROW ACADEMY

Date Last Updated (dd/mm/yyyy): 30/09/2019

Child's Information

Full Legal Name:

Preferred Name (where applicable):

Date of Birth (dd/mm/yyyy):

Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):

Parent 1

Full Legal Name:

Home Address:

Business Address:

Home Phone Number:

Business/Work Phone Number:

Cellphone Number:

Parent 2

Full Legal Name:

Home Address:

Business Address:

Home Phone Number:

Business/Work Phone Number:

Cellphone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:



PLAY, LEARN, GROW ACADEMY

BILLING INFORMATION FORM

Date of Request: _____ Effective date of change: _____

New Registration Change of Schedule Change of Address

End of Care Change of Fees Other: _____

Section 1: Child's Information

Child's Last Name: _____ Child's First Name: _____

Child's Birthdate: _____ Gender: _____

Address: _____ City, Province: _____

Postal Code: _____ Phone Number: _____

Section 2: Payer's Information _____ Address is the same as child above

Payer's Last Name: _____ Payer's First Name: _____

Payer's Birthdate: _____ Gender: _____

Address: _____ City, Province: _____

Postal Code: _____ Phone Number: _____

Email: _____

* By providing your email address, you agree that Play, Learn, Grow Academy may contact you by electronic means regarding any programs and services.

Section 3: Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Toddler Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Age AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Age PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Fees

Daily Rate \$ _____

Section 5: End of Care

Last day of Care: _____ Reason for end of Care: _____

Section 6: Authorization

I acknowledge that all provided information is correct. I understand written notice must be received 14 days prior to but not including the monthly debit rate to reflect any change.

Payer's Name: _____ Payer's Signature: _____

Date: _____

Director's Signature: _____



PLAY, LEARN, GROW ACADEMY

56 Victoria Street East, Alliston, Ontario L9R1L5

Tel. No. 705-250-2100

Website: www.playlearngrowacademy.ca

Email: playlearngrowacademy@gmail.com

CHILDCARE SERVICES- PRE- AUTHORIZED PAYMENT AGREEMENT

Welcome and thank you for choosing Play, Learn, Grow Academy for your child care needs. Please review the following information carefully. After signing this agreement, you will receive a copy for your records.

Program Description:

Play, Learn, Grow Academy is working in partnership with families in our community. It serves to provide a safe and nurturing environment which promotes growth and development of the whole child; cognitively, emotionally, socially and physically. Please review your Play, Learn, Grow Academy Parent Handbook which contains important information about your child(ren)'s care.

Fees:

Play, Learn, Grow Academy fees are paid through Pre-Authorized Payment on the 1st of the month, with the option of splitting the monthly amount equally between the 1st and the 15th of the month. You will receive an invoice 7 days before the 1st of the month indicating your upcoming payment(s) based on the number of contracted days your child(ren) is registered to attend Play, Learn, Grow Academy. Any additions to your contracted days will be added to your next month's invoice.

_____ Play, Learn, Grow Academy fees are subject to change. Play, Learn, Grow Academy will provide written notice to families a minimum of 30 days before the date of change will take place.

Children's Information

Last Name	First Name	Date of Birth (YY/MM/DD)	Gender

METHOD OF PAYMENT

Pre-Authorized Payment:

Bank/Trust/Credit Union (void cheque attached)

Account Holder Information:

Address:

Phone:

Credit Card Visa Mastercard

Name of Cardholder _____

Credit Card Number _____

Expiry Date (MM/YY) _____

Monthly Payment Date:

1st of the month 1st and 15th of the month (your monthly amount will be split evenly)

Starting Date: (YY/MM/DD) ____/____/____

_____ Please advise Play, Learn, Grow Academy’s Centre Supervisor in writing of any changes which would affect the processing of your payment, i.e. name or address change, change in bank, branch or account number, expiry date or new card seven (7) days prior to but not including the next debit date.

Returned Payment:

_____ If a payment does not clear my bank, or my credit card is not approved to cover my payment, I will pay the balance owing plus applicable service charges. If I do not reimburse Play, Learn, Grow Academy the balance due by cash or credit card within twenty (20) days, I understand that my child’s care could be suspended and an additional set up cost may be charged to reinstate the Pre-Authorized Payment Agreement.

I have read, understand and freely accept the fee and payment information and terms and conditions outlined in this agreement.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpa.ca

Account Holder's Name (please print)

Account Holder's Signature

Date

Parent's Name (please print)

Parent's Signature

Date

Staff Name (please print)

Staff Signature

Date

GENERAL TERMS AND CONDITIONS

As a Play, Learn, Grow Academy parent/payer I have signed on the front page that I understand and agree:

- Child care fees are due on the 1st of the month with the option of splitting your monthly amount between the 1st and the 15th. You will receive an invoice 7 days prior to the 1st of the month indicating your upcoming payment(s).
- Fees are charged based on the number of days in the month you child(ren) is registered to attend Play, Learn, Grow Academy. I understand that adjustments are not made if my child(ren) is absent on a scheduled day or if a registered day falls on a Statutory or Public Holiday. (New Year's Day, Family Day, Good Friday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Christmas Day, and Boxing Day)
- I may choose to cancel my child(ren)'s care by following the cancellation policy.
- Funds will be withdrawn from my bank account or credit card as I have indicated above; based on the invoice I receive outlining the fees of my child(ren)'s monthly child care registration.
- Play, Learn, Grow Academy fees are subject to change. Play, Learn, Grow Academy will provide written notice to families a minimum of 30 days before the change will take place.
- Cancellation Policy: This agreement may be cancelled at any time upon receipt of proper written notice. Written notice must be received 14 days prior to but not including the next debit date. Failure to provide proper written notification will result in your payment being processed as agreed. No refund will be provided. Please note we are unable to accept cancellation by phone.
- Play, Learn, Grow Academy reserves the right to suspend or terminate your child's care, without refund, for an account overdue or for failure to comply with terms and conditions.
- Play, Learn, Grow Academy is unable to place your child's care on hold. Any interruption in use of your child's care due to medical, or other personal reason(s), is not subject to a refund.

- **Any interruption in Child Care Services due to inclement weather or loss of facility utilities, is not subject to a refund.**
- **Full time participants are given priority. Should there be an insufficient number of full time enrollee, then part time care will be offered to fill the available spaces. The minimum commitment of part time families is one day per week. Part time families will be offered the first sight of refusal should another enrollee wish the available full time space.**
- **Play, Learn, Grow Academy is unable to accept responsibility for lost or stolen items on our premises.**

