

Office Use Only

- () New Application
- () Renewal Application

VICTORIA PARK CHILD CARE CENTRE
COOK'S HOME CHILD CARE AGENCY
 172 QUEEN STREET
 COBOURG, ONTARIO. K9A 5P6
 Phone: 905-372-2143 Fax: 905-372-2441
 E-Mail: gizmo@eagle.ca



Office Use Only

Starting Date: (D)____(M)____(Y)____
 Withdrawal Date: (D)____(M)____(Y)____

COOK'S CHILD CARE PROGRAM
 700 D'ARCY STREET, UNIT 31
 BUILDING 18, 1st FLOOR SOUTH
 COBOURG, ONTARIO. K9A 5T3
 Phone: 905-372-4525 Fax: 905-372-3227
 E-Mail: cooks@eagle.ca

2008 CHILD CARE APPLICATION 2009

ANNUAL REGISTRATION FEE

\$ 20.00 PER CHILD or \$ 30.00 PER FAMILY

(ADDED TO 1ST PRE-AUTH. PAYMENT AND EVERY SEPT. 1ST THEREAFTER)

MONTHLY & SUMMER HOLDING FEE: \$50.00 PER CHILD PER MONTH (Payable on the 1st of every month)

SCHOOL-AGE SUMMER PROGRAM ACTIVITY FEE: \$30.00 PER CHILD (added to July 1st Pre-Auth.)

FAMILY HISTORY

CHILD'S SURNAME: _____ CHILD'S FIRST NAME: _____ SEX: M or F

CHILD LIVES WITH: _____ CHILD'S DATE OF BIRTH: (D)____ (M)____ (Y)____

MOTHER / GUARDIAN

FATHER / GUARDIAN

NAME: _____

NAME: _____

STREET/RURAL ROUTE: _____

STREET/RURAL ROUTE: _____

TOWN / VILLAGE: _____

TOWN / VILLAGE: _____

POSTAL CODE: _____

POSTAL CODE: _____

TELEPHONE: () _____ - _____

TELEPHONE: () _____ - _____

CELL #: () _____ - _____

CELL #: () _____ - _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

EMPLOYER / SCHOOL: _____

EMPLOYER / SCHOOL: _____

ADDRESS _____

ADDRESS _____

WORK/SCHOOL PHONE:() _____ - _____

WORK/SCHOOL PHONE:() _____ - _____

EXTENSION: _____

EXTENSION: _____

SCHOOL COURSE (if applicable): _____

SCHOOL COURSE (if applicable): _____

CUSTODY / VISITING ARRANGEMENTS

A COPY OF THE COURT DOCUMENT, OUTLINING CUSTODIAL / VISITING ARRANGEMENTS, MUST BE SUBMITTED TO THE OFFICE TO ENSURE YOUR CHILD'S SAFETY!

CUSTODY DOCUMENT PROVIDED? YES () NO ()

OTHER CHILDREN IN THE FAMILY

NAME: _____ DATE OF BIRTH: (D) _____ (M) _____ (Y) _____

NAME: _____ DATE OF BIRTH: (D) _____ (M) _____ (Y) _____

NAME: _____ DATE OF BIRTH: (D) _____ (M) _____ (Y) _____

**IN CASE OF EMERGENCY *and* RELEASE OF THE CHILD
PERSON/S OTHER THAN PARENT or GUARDIAN. *This space cannot be left blank.***

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: () _____ - _____

PHONE: () _____ - _____

Can this Child be released to this Person? YES NO

Can this Child be released to this Person? YES NO

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: () _____ - _____

PHONE: () _____ - _____

Can this Child be released to this Person? YES NO

Can this Child be released to this Person? YES NO

CHILD'S HEALTH HISTORY

NAME OF PHYSICIAN: _____

TELEPHONE: () _____ - _____

ADDRESS OF PHYSICIAN: _____

LIST ALL SYMPTOMS / REACTIONS WHICH INDICATE THAT YOUR CHILD IS FEELING UNWELL:

FOOD LIMITATIONS <i>Items to be REDUCED</i>	FOOD ALLERGIES <i>Items to be OMITTED</i>	ENVIRONMENTAL ALLERGIES <i>medications, insects, etc.</i>

LIST ALL SIGNS / SYMPTOMS / REACTIONS THAT ARE OBSERVED IF THE CHILD HAS CONTACT WITH THE SOURCE OF THE ALLERGY? _____

HAS MEDICAL ATTENTION BEEN OBTAINED BECAUSE OF ALLERGIES / ONGOING MEDICAL CONDITIONS / ILLNESS? NO () YES () PLEASE COMMENT: _____

IS YOUR CHILD AT RISK OF ANAPHYLAXIS (life-threatening allergic reaction)? NO () YES ()
IF YES, YOU MUST COMPLETE AN **INDIVIDUAL EMERGENCY RESPONSE PLAN** FOR YOUR CHILD. THE FORM MAY BE OBTAINED FROM THE OFFICE AND MUST BE UPDATED IMMEDIATELY AS CHANGES OCCUR.

CHILD'S HEALTH HISTORY (continued)

WHAT CONDITIONS and/or ILLNESSES HAS THE CHILD EXPERIENCED TO DATE?

CHICKEN POX () AGE _____

SCARLET FEVER () AGE _____

MUMPS () AGE _____

MEASLES () AGE _____

HEPATITIS () AGE _____

DIABETES () AGE _____

OTHER: _____

MAY YOUR CHILD PARTICIPATE FREELY IN PHYSICAL EXERCISE? YES () NO ()

PLEASE COMMENT: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (PERSONALITY, FEARS, SLEEPING / EATING HABITS, ETC.)

IMMUNIZATION

A COPY OF YOUR CHILD'S UP-TO-DATE IMMUNIZATION CARD MUST ACCOMPANY YOUR COMPLETED APPLICATION FORM. THE LOCAL HEALTH UNIT WILL OBTAIN A COPY OF THE RECORD FROM THE DAY CARE. **BY ORDER OF THE HEALTH DEPARTMENT, A CHILD WILL BE EXCLUDED FROM THE CHILD CARE PROGRAM UNTIL SUCH TIME AS PROOF OF UP-TO-DATE IMMUNIZATION IS PROVIDED FOR THE FILES.**

CHILD'S SCHEDULE

PRECISELY INDICATE THE DAYS OF THE WEEK AND THE HOURS OF CARE REQUIRED ON THE **CHILD CARE SCHEDULE REQUEST FORM** PROVIDED BY THE DAY CARE.

IF YOU REQUIRE A CHANGE TO THE SCHEDULE OF CARE, IT **MUST** BE SUBMITTED TO THE OFFICE **AT LEAST TWO WEEKS** IN ADVANCE ON THE FORM PROVIDED BY COOK'S SCHOOL DAY CARE INC. **BILLINGS ARE CALCULATED ACCORDING TO WHAT IS INDICATED SUBMITTED TO AND APPROVED BY THE ADMINISTRATION!**

KINDERGARTEN and SCHOOL-AGED CHILDREN

NAME OF SCHOOL: _____

LOCATION (Town, Village): _____

PRESENT GRADE (Effective Sept. 2008): _____

CHILD ATTENDS SCHOOL (PLEASE CIRCLE): M T W TH F

INDICATE BELOW WHEN YOUR CHILD REQUIRES CARE

YES () NO () FULL DAY PROGRAM KINDERGARTEN NON-SCHOOL DAYS	YES () NO () BEFORE SCHOOL ESCORT TO SCHOOL BY CHILD CARE MEANS	YES () NO () AFTER SCHOOL ESCORT TO CHILD CARE BY CHILD CARE MEANS	YES () NO () PROFESSIONAL ACTIVITY DAYS	YES () NO () SCHOOL HOLIDAYS CHRISTMAS, MARCH BREAK
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TRANSPORTATION / ACCOMPANIMENT TO AND FROM SCHOOL

I GRANT PERMISSION TO THE CHILD CARE CENTRE TO ARRANGE FOR MY CHILD TO BE TRANSPORTED OR ACCOMPANIED TO SCHOOL ACCORDING TO THE ONE OPTION I HAVE CHECKED HERE:



() MY CHILD BE ESCORTED DIRECTLY TO AND/OR FROM SCHOOL BY A STAFF PERSON



() MY CHILD BE ESCORTED TO AND/OR FROM A BUS-STOP BY A STAFF PERSON WHERE HE/SHE MAY BE TRANSPORTED TO AND/OR FROM HIS/HER SCHOOL



() NOT APPLICABLE. I DO NOT REQUIRE TRANSPORTATION OR AN ESCORT FOR MY CHILD TO AND/OR FROM SCHOOL.

QUIET-TIME / REST-TIME FOR KINDERGARTEN CHILDREN

REGULATIONS STATE THAT ALL KINDERGARTEN CHILDREN WHO ATTEND THE CHILD CARE PROGRAM FOR SIX HOURS OR MORE ARE REQUIRED TO PARTICIPATE IN A SHORT QUIET / REST TIME AFTER LUNCH.

DO YOU WANT YOUR CHILD TO SLEEP? YES () NO ()

ALL PARENTS / GUARDIANS PLEASE NOTE

ON DAYS WHEN THE PLAYGROUND IS NOT SUITABLE FOR USE, THE CHILDREN MAY BE TAKEN FOR A WALK OFF OF THE DAY CARE PROPERTY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE EXECUTIVE DIRECTOR, LYNN STUBBINGS OR THE SUPERVISORS, LISA SMITH AND SHARON WELSH.

ALL PARENTS / GUARDIANS *Please Comment*

HOW DID YOU BECOME AWARE OF OUR SERVICE? _____

WHY DID YOU CHOOSE OUR SERVICE? _____

PARENT / GUARDIAN AGREEMENT

PLEASE READ AND INITIAL BESIDE EACH OF THE FOLLOWING STATEMENTS TO CONFIRM YOUR ACKNOWLEDGEMENT:

- _____
(Your Initials) I have RECEIVED and take responsibility to READ my copy of the 2008 / 2009 PARENT HANDBOOK.
- _____
(Your Initials) I understand and agree to abide by the financial arrangements. I understand that ALL FAMILIES must enroll in the pre-authorized payment program to pay child care fees. Payments are automatically withdrawn from my savings/chequing account or billed to my Visa or Mastercard. I am responsible to pay a \$15 service charge EACH time a payment is declined. I have fully completed the consent form and attached/included my account information (void cheque/savings account authorization form/credit card information).
- _____
(Your Initials) I understand that regular fees are billed for ALL STATUTORY HOLIDAYS / DAYS OF CLOSURE if my child regularly attends on that day of the week - NO EXCEPTIONS. (Refer to your PARENT HANDBOOK for the list of days)
- _____
(Your Initials) I understand a fee of \$5.00 per minute is charged if my child is dropped off prior to 6:30 am and/or picked up after 6:00 pm **(according to the Child Care Centre clock)**.
- _____
(Your Initials) I understand that two weeks WRITTEN notice is required if I plan to TEMPORARILY or PERMANENTLY WITHDRAW my child from Cook's Child Care Program or Victoria Park Child Care Centre. I will be billed until Cook's School Day Care Inc. receives my notice.

PARENT / GUARDIAN SIGNATURE: _____ DATE: (D) ____ (M) ____ (Y) ____

ANNUAL FUNDRAISING COMMITMENT

Fundraising profits are used to assist with minimizing fee increases and purchasing program enhancements (menu items, field trip costs, craft supplies, new toys & equipment, etc.). Please refer to your Parent Handbook for details. This commitment applies to ALL families, including those enrolled for the Summer Program.

I CONFIRM THAT OUR FAMILY WILL: (You must check one of the following statements)

- () **Assist the Fundraising Committee of Cook's School Day Care Inc. with running one (per family) of our FUNDRAISING BINGO EVENTS during the period September 1st to August 31st.**
I understand I **MUST** book a bingo date with the Administration. I am responsible for abiding by that commitment **or** providing a replacement volunteer if unable to fulfill the commitment. If I do not show for my scheduled bingo and do not send a replacement volunteer in my place, I will be billed the \$50/child fundraising fee immediately. The Administration must be informed of any changes, IN ADVANCE of the bingo date. "FREE" child care is provided when helping with a WEEKDAY matinee (1 pm) bingo with advance notice.
- () **Donate \$50 per child between the period September 1st and August 31st (annual commitment).**
A receipt, to be used for income tax purposes, will be issued. If a scheduled bingo is missed, the \$50 per child fee will be billed immediately. If no bingo is worked prior to August 31, the \$50 per child will be billed.

PARENT / GUARDIAN SIGNATURE: _____ DATE: (D) ____ (M) ____ (Y) ____

CHILD CARE ACCOUNT UPDATES

(PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS)

- () I would like a printed account update prepared at the end of each month. I understand a sign will be posted when the monthly account updates are ready for pick-up in the Child Care Centre office. Account updates are not mailed unless I provide a self-addressed, stamped envelope.
- () I do not require a printed account update. If necessary, I will request one.

PARENT / GUARDIAN SIGNATURE: _____ DATE: (D) ____ (M) ____ (Y) ____

PARENT / GUARDIAN AGREEMENT (continued)

IN CASE OF SERIOUS ILLNESS OR INJURY TO MY CHILD WHILE ATTENDING THE CHILD CARE PROGRAM, I AGREE TO:

- The Child Care Centre calling an ambulance to transport my child to the hospital in case of emergency. I understand that parents/guardians will be informed to go directly to the hospital when an ambulance is used.
- Assume responsibility of any resultant expense (i.e., ambulance costs).

PARENT / GUARDIAN SIGNATURE: _____ DATE: (D) ____ (M) ____ (Y) ____

MEDIA RELEASE

(PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS)

- () PERMISSION IS GRANTED for my child to be involved in any media coverage conducted at Cook's Child Care Program / Victoria Park Child Care Centre / Cook's Home Child Care Agency. His / her name may accompany media photos.
- () PERMISSION IS REFUSED for my child to be involved in any media coverage conducted at Cook's Child Care Program / Victoria Park Child Care Centre / Cook's Home Child Care Agency.


PARENT / GUARDIAN SIGNATURE: _____ DATE: (D) ____ (M) ____ (Y) ____


PROTECTION from the SUN

For your child's safety and for your convenience, Cook's School Day Care Inc. purchases sunscreen in bulk from *Pharmacy 101* to be applied to the children attending the Child Care Centres from May 1st to September 30th. You will be notified of the brand name and strength before applications begin and if changes occur.

NOTE: We do not purchase individual containers for every child.

Parents / Guardians are responsible for providing labelled sunscreen if:

 You do not want your child to use the sunscreen provided by Cook's School Day Care Inc..

 You want sunscreen applied to your child before or after the period stated.

It is important that the children apply sunscreen for outdoor activities (at least 1 hour morning and one hour afternoon). You must sign the agreement below to grant permission for the Child Care Centre Staff to apply the sunscreen (whether supplied by you or the Child Care Centre).

NO FEE WILL BE CHARGED. As always, donations to help offset the costs are appreciated. A tax receipt is issued for any donations. ***Thank-you to Pharmacy 101 for donating some of the product.***

- () I give permission for the sunscreen supplied by Cook's School Day Care Inc. to be applied as required for outdoor activities while my child is in attendance from May 1st to September 30th . I give permission for the Child Care Centre Staff to apply the labelled sunscreen I supply prior to and after the period stated.
- () I will supply our child's labelled sunscreen from May 1st to September 30th . I give permission for the Child Care Centre Staff to apply the sunscreen as required for outdoor activities while my child is in attendance. I give permission for the Child Care Centre Staff to apply the labelled sunscreen I supply prior to and after the stated period.

PARENT / GUARDIAN SIGNATURE: _____ DATE: (D) ____ (M) ____ (Y) ____