

**OFFICE USE ONLY**

( ) New Application  
( ) Renewal Application  
Attending: CCCP ( ) VPCCC ( )



**OFFICE USE ONLY**

Start Date: (D)\_\_\_\_(M)\_\_\_\_(Y)\_\_\_\_  
Withdraw Date: (D)\_\_\_\_(M)\_\_\_\_(Y)\_\_\_\_

**COOK'S CHILD CARE PROGRAM**

700 D'Arcy Street  
Building 18, Unit 31  
Cobourg, Ontario K9A 5T3  
Phone: 905-372-4525  
Fax: 905-372-3227  
Email:  
[cooks.on.darcy@cooksdaycare.ca](mailto:cooks.on.darcy@cooksdaycare.ca)

**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  
Email:  
[vic.park@cooksdaycare.ca](mailto:vic.park@cooksdaycare.ca)  
[cooks.home@cooksdaycare.ca](mailto:cooks.home@cooksdaycare.ca)

**APPLICATION - CENTRE**

**ANNUAL REGISTRATION FEE: \$20.00 PER CHILD/\$30 PER FAMILY**

**(ADDED TO THE 1<sup>ST</sup> PRE-AUTHORIZED DEBIT AND EVERY JANUARY 1<sup>ST</sup> THEREAFTER)**

**MONTHLY & SUMMER HOLDING FEE: \$50 PER CHILD PER MONTH (Payable on the 1<sup>st</sup> of every month)**

**SCHOOL-AGE SUMMER PROGRAM ACTIVITY FEE: \$30 PER CHILD (Added to June 1<sup>st</sup> /15<sup>th</sup> Pre-Auth.Debit)**

**FAMILY INFORMATION**

Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Sex: M or F

Child Lives With: \_\_\_\_\_ Date Of Birth:(D)\_\_\_\_(M)\_\_\_\_(Y)\_\_\_\_\_

<b>MOTHER/ GUARDIAN</b>	<b>FATHER / GUARDIAN</b>
Name:	Name:
Address Street, R.R. #, Apt:	Address Street, R.R. #, Apt:
Town, Province:	Town, Province:
Postal Code:	Postal Code:
Telephone: ( ) -	Telephone: ( ) -
Cell Phone: ( ) -	Cell Phone: ( ) -
Email Address:	Email Address:
Employer/School	Employer/School
Address (Street, Town):	Address (Street, Town):
Telephone: ( ) -	Telephone: ( ) -
Department/Extension:	Department/Extension:
School Program Name:	School Program Name:

**CUSTODY / VISITING ARRANGEMENTS**

If applicable, a copy of the CURRENT court document, outlining custodial/visiting arrangements, must be submitted to the office to ensure your child/ren's safety.

**CUSTODY DOCUMENT PROVIDED? YES ( ) NO ( ) NOT APPLICABLE ( )**

**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. MUST BE LOCAL. *This space cannot be left blank.***

Name: _____	Name: _____
Address: Street: _____ Town: _____	Address: Street: _____ Town: _____
Telephone: (    ) _____ - _____ (    ) _____ - _____	Telephone: (    ) _____ - _____ (    ) _____ - _____
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name: _____	Name: _____
Address: Street: _____ Town: _____	Address: Street: _____ Town: _____
Telephone: (    ) _____ - _____ (    ) _____ - _____	Telephone: (    ) _____ - _____ (    ) _____ - _____
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>

**CHILD'S HEALTH HISTORY**

Child's Physician: \_\_\_\_\_ Physician's Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Physician's Address (Street): \_\_\_\_\_ (Town): \_\_\_\_\_  
 List all symptoms / reactions that indicate that your child is feeling unwell: \_\_\_\_\_

**ALLERGIES / FOOD RESTRICTIONS**

List all allergies / restrictions or limitations below:

Food Allergies (Items to be omitted)	Food Restrictions (Items to be limited)	Environmental Allergies (Medication, insect bites, etc.)

**COOK'S CHILD CARE PROGRAM / VICTORIA PARK CHILD CARE CENTRE**

List all signs/symptoms/reactions that are observed if your child has contact with the source of the allergy: \_\_\_\_\_

Has medical attention been obtained because of allergies/ongoing medical conditions or illness? YES ( ) NO ( )

**IS YOUR CHILD AT RISK OF ANAPHYLAXIS** (life threatening allergic reaction)? YES ( ) NO ( )

If YES, you must complete an **Individual Emergency Response Plan** for your child. The forms may be obtained from the office and must be updated immediately as changes occur.

**WHAT CONDITIONS AND/OR ILLNESSES HAS THIS CHILD EXPERIENCED TO DATE?**

Chicken pox ( ) age \_\_\_\_ Scarlet fever ( ) age \_\_\_\_ Diabetes ( ) age \_\_\_\_ Mumps ( ) age \_\_\_\_  
Measles ( ) age \_\_\_\_ Hepatitis ( ) age \_\_\_\_ Other( ). Specify: \_\_\_\_\_ age \_\_\_\_

May your child participate freely in physical exercise? YES ( ) NO ( )

Comments: \_\_\_\_\_

**IMMUNIZATION**

At enrollment, a child will be excluded from our Program until such time as proof of immunization or a written affidavit that excludes the child from being immunized is provided for our files.

Families are encouraged to provide proof of any further boosters once enrolled in the program.

The local Health Unit will obtain a copy of the record from the agency office.

**MORE ABOUT YOUR CHILD**  
(Personality, Fears, Sleeping/Eating Habits, Etc.)

Help us get to know your child! Any additional information about your child to ensure his/her comfort is appreciated. \_\_\_\_\_

\_\_\_\_\_

**CHILD'S SCHEDULE**

Indicate precisely the days of the week and the hours of care required on the CHILD CARE SCHEDULE REQUEST FORM available from the office or on our website [www.cooksdaycare.ca](http://www.cooksdaycare.ca).

You are expected to submit the completed form to the office on or before the deadline date indicated on the form.

If you require a change to the schedule, it MUST be submitted to the office AT LEAST TWO WEEKS in advance of the change, using the form provided by Cook's School Day Care Inc.

Pre-Authorized Debit amounts are calculated directly from the schedules submitted to and approved by the Administration.

**KINDERGARTEN / SCHOOL-AGED CHILDREN**

Name of School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Location (Town, Village): \_\_\_\_\_

**SCHEDULE: PLEASE CHECK BELOW THE TYPE OF CARE REQUIRED**

<b>Non-School Days</b>	<b>Before School</b>	<b>After School</b>	<b>PA Days, School Holidays</b>
YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )
	<b>Escort to School by Child Care Means</b>	<b>Escort to Child Care by Child Care Means</b>	

**TRANSPORTATION / ESCORT TO AND FROM SCHOOL**

I grant permission to Cook's School Day Care Inc to carry out the arrangements made for my child to be transported or accompanied to and/or from School according to the option checked below:



( ) My child be escorted directly to and/or from school by a Cook's Staff.



( ) My child be escorted directly to and/or from the bus-stop by a Cook's Staff where he/she may be transported to school or returned to the Child Care Centre.



( ) I have made arrangements for my child to be transported to and/or from School. My child is traveling to and/or from school using a taxi arranged by the family/school. The taxi company is:\_\_\_\_\_. Before school pick-up time is: \_\_\_\_\_am. After school return time is: \_\_\_\_\_pm. The taxi company has been informed that the driver must pick-up the child inside from a Cook's Staff before school and deliver the child inside to a Cook's Staff after school.



( ) Not applicable. I do not require transportation nor 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 playgrounds are 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? \_\_\_\_\_

**COOK'S CHILD CARE PROGRAM / VICTORIA PARK CHILD CARE CENTRE**

**PARENT / GUARDIAN AGREEMENT**

**Please read and initial beside each of the following statements to confirm your acknowledgement:**

<input checked="" type="checkbox"/> I have received and take responsibility to read my copy of the Parent Handbook.	<b>Your initials:</b>
<input checked="" type="checkbox"/> I understand and agree to abide by the financial arrangements.	<b>Your initials:</b>
<input checked="" type="checkbox"/> I understand that ALL FAMILIES must enroll in the Pre-Authorized Debit (PAD) payment program to pay child care fees. Payments are automatically withdrawn from my savings/chequing account	<b>Your initials:</b>
<input checked="" type="checkbox"/> I am responsible for any applicable service charges if a payment is declined or does not clear the bank.	<b>Your initials:</b>
<input checked="" type="checkbox"/> I have fully completed the consent form and attached/included my account information (void cheque/savings account information).	<b>Your initials:</b>
<input checked="" type="checkbox"/> I understand I must submit each Child Care Schedule Request form to the office on or before the deadline date. My space is not guaranteed unless I submit my schedule on or before the date indicated on the form.	<b>Your initials:</b>
<input checked="" type="checkbox"/> I understand that regular fees are billed for ALL STATUTORY HOLIDAYS/DAYS OF CLOSURE - NO EXCEPTIONS. Please refer to your Parent Handbook for a list of the days.	<b>Your initials:</b>
<input checked="" type="checkbox"/> I understand that a fee of \$5.00 per minute is charged if my child is dropped off prior to 6:30am and/or picked up after 6:00pm ( <b>according to the Child Care Centre clock</b> ).	<b>Your initials:</b>
<input checked="" type="checkbox"/> I understand that <b>two weeks written notice</b> is required if I plan to TEMPORARILY OR PERMANENTLY withdraw my child/ren from any Program of Cook's School Day Care Inc. I will be billed until Cook's School Day Care Inc receives my <b>written notice</b> .	<b>Your initials:</b>
<input checked="" type="checkbox"/> I understand bullying, harassment and violence are not tolerated in this workplace.	<b>Your initials:</b>

Parent/Guardian Signature: \_\_\_\_\_ Date:(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_

**CHILD CARE ACCOUNT UPDATES**

In an effort to reduce the amount of paper we use, we will not prepare a monthly statement of account unless the Parent/Guardian of a child in our care requests it. If you request an update, please allow a minimum of 24 hours for its preparation. Account updates must be picked up at your child care centre office – they are not mailed unless you provide a stamped, self-addressed envelope.

**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. I understand that Parents/Guardians are contacted and 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)\_\_\_\_\_

**ANNUAL FUNDRAISING COMMITMENT**

Fundraising profits help to minimize fee increases and purchase program enhancements (field trip costs, craft supplies, new toys & equipment, some food costs, etc.). This commitment applies to ALL families, including those enrolled in our Summer Program. You must check one of the following statements.

- ( ) **I/we will assist the Fundraising Committee of Cook's School Day Care Inc with running one (per family) of our FUNDRAISING BINGO events during the period January 1<sup>st</sup> to December 31<sup>st</sup>.**
  - I understand I must book a bingo date with the Administration.
  - Free child care is provided when helping with a WEEKDAY matinee (1pm) bingo. I must book my child's space before the bingo date.
  - I am responsible to show up on the date for which I sign up or send a replacement if unable to attend.
  - If I do not show up for a scheduled bingo date or send a replacement, I will be billed the \$50 per child fundraising fee immediately.
  - If I do not assist with a bingo on or before December 31<sup>st</sup>, the \$50 per child will be included on the pre-authorized debit transaction run on December 1<sup>st</sup> or 15<sup>th</sup>.
  
- ( ) **I/we will donate \$50 per child between the period from January 1<sup>st</sup> to December 31<sup>st</sup> (annual commitment).**
  - I will receive a receipt for the donation for income tax purposes.
  - If I do not show up for a scheduled bingo date or send a replacement, I will be billed the \$50 per child fundraising fee immediately.
  - If I do not assist with a bingo on or before December 31<sup>st</sup>, the \$50 per child will be included on the pre-authorized debit transaction run on December 1<sup>st</sup> or 15<sup>th</sup>.

Parent/Guardian Signature: \_\_\_\_\_ Date:(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_

**PROTECTION FROM THE SUN**

Cook's School Day Care Inc purchases sunscreen in bulk to be applied to the children attending our centre-based programs from May 1<sup>st</sup> to September 30<sup>th</sup>. You will be notified of the brand and strength before applications begin and if changes occur. Product labels are checked to ensure that no traces of nut/peanuts are contained in the ingredients.

We do not purchase individual containers for every child.

Although no fee is charged, a donation of the **same product being used** or cash to help offset the cost would be greatly appreciated. A tax receipt is issued for all donations.

**Parents / Guardians are responsible for providing labelled sunscreen if:**

- \* You do not want your child to use the brand supplied by Cook's School Day Care Inc.
- \* You want sunscreen applied to your child before or after the period stated.

It is important that sunscreen be applied for our outdoor activities. Please sign the agreement below to allow us to apply sunscreen to your child.

- ( ) I give permission for 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 1<sup>st</sup> to September 31<sup>st</sup>. I give permission for Cook's School Day Care Inc to apply the labelled sunscreen I supply prior to and after the period stated.
  
- ( ) I will supply labelled sunscreen from May 1<sup>st</sup> to September 30<sup>th</sup>. I give permission for Cook's School Day Care Inc to apply the sunscreen supplied as required for outdoor activities while my child is in attendance. I give permission for Cook's School Day Care Inc to apply the labelled sunscreen I supply prior to and after the period stated.

Parent/Guardian Signature: \_\_\_\_\_ Date:(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_

### CHILDREN'S PHOTOS: Please check ALL that apply

Before completing this section, please refer to your Parent Handbook for details regarding our Photography Policy. A description of Learning Stories is included.

- I give permission for my child's photo to be taken and displayed by Cook's School Day Care Inc in the following ways (check all that apply):
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Learning Story classroom bulletin board | or   | <input type="checkbox"/> Learning Story personal logbook |
| <input type="checkbox"/> In-house slide shows                    | <input type="checkbox"/> In-house photo albums | <input type="checkbox"/> Postings in classrooms          |
| <input type="checkbox"/> Postings in cubby area                  | <input type="checkbox"/> Creative activities   | <input type="checkbox"/> Parent gifts                    |

I give permission for my child to be included in class photos taken on-site by the professional photographer. I understand that class photos are available for all families to purchase.

I do not give permission for my child to be photographed by Cook's School Day Care Inc or a photographer for Cook's School Day Care Inc for any reason.

Parent/Guardian Signature: \_\_\_\_\_ Date:(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_

### MEDIA RELEASE: Please check ONE statement

- ( ) **PERMISSION IS GRANTED** for my child to be involved in media coverage involving Cook's School Day Care Inc. His/her name may accompany media photos.
- ( ) **PERMISSION IS DECLINED** for my child to be involved in media coverage involving Cook's School Day Care Inc.

Parent/Guardian Signature: \_\_\_\_\_ Date:(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_

### EARLY ENROLLMENT

This section must be reviewed and signed by the parent/guardian of a child who is beginning care and is 12 to 15 months of age.

I confirm that my child is able to:

- Walk unassisted.
- Eat/drink the items provided on the menu by Cook's School Day Care Inc.
- Sleep/rest on the cot provided by Cook's School Day Care Inc.

I confirm that:

- I have visited the program with my child prior to the start date.

Parent/Guardian Signature: \_\_\_\_\_ Date:(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_

