

## REGISTRATION PACKAGE- 2016-2017



In order to register your child, the following must be completed and returned to the administration.

**ENCLOSED PLEASE FIND:**

1. **REGISTRATION FORMS** – Fill out and sign each sheet.
2. **PROTOCOL Form-** for SUNSCREEN, ZINC OXIDE, SALINEX AND BENADRYL. Fill out and sign each section.
3. **PROTOCOL Form-** for the administration of ACETAMINOPHEN.
4. **PICTURE CONSENT FORM**
5. **PAYMENT SCHEDULE** – Submit to the administration a series of post-dated cheques according to schedule.

Should you have any questions, please call or see Dora Stea, Franca, or Dora Leszkovics.

Thank you

### Article 1. Description of Care

- Continuous period of 2h30 or more per day until a maximum of 10 hours per day (additional time spent will be charged.)
- The days and hours of care are: Monday to Friday from 7:00 a.m. to 18:00 p.m.
- The center is closed Saturday and Sunday; no child care is offered on weekends or evenings.

### Article 2. The daycare will not provide care the following days:

- Labor Day – Monday, September 5<sup>th</sup>, 2016
- Thanksgiving – Monday, October 10<sup>th</sup>, 2016
- Christmas – Monday, December 26<sup>th</sup>, 2016
- New Year's- Monday, January 2<sup>nd</sup>, 2017
- Good Friday- Friday, April 14, 2017
- Victoria Day- Monday, May 22, 2017
- Saint-Jean Baptiste Day – Friday, June 23<sup>rd</sup>, 2017
- Canada Day- Friday, June 30<sup>th</sup>, 2017

### Article 3- Payment method

- Series of post-dated cheques (September 2016 to August 2017, 12 post-dated checks)
- \$ 42 per day for children 18 months to 5 years
- \$ 47 per day for children ages 0 to 18 months (or until the child transfers to the toddler room)
- Fees must be paid for absences, days of illness and statutory holidays
- If the check is NSF, Garderie le Nid de Namur charges a fee of \$ 25.00 to the parents
- The payment shall be required by the first day of each month.

### Article 4- Delay parent

The **Parent** must meet the hours of opening and closing outlined in the contract. The **parent** who arrives after closing time has violated their agreement and must notify the administration as soon as possible.

An amount of \$1.00 per minute after closing time will be paid to the daycare. The amount is calculated as of the closing time which is 6:00 p.m.

### Article 5- Unplanned closure of daycare

If for reasons beyond its control, Garderie le Nid de Namur must close its doors, the parent will be notified as soon as possible. If closing occurs after the **child** has been entrusted to the **daycare**, the **Parent** must pick up the **child** at the location designated by the **daycare**.

- Depending on the reason for closure, (reasons beyond our control) the daycare administration reserves the right to determine if a reimbursement will be given for that day.

### Article 6- Absences

- Parents must notify the daycare as soon as possible of the absence of their Child.

### Article 7- Agreement Term

This agreement comes into effect on \_\_\_\_\_ and ending on \_\_\_\_\_.

### Article 8- Termination of the agreement by the daycare

The daycare may terminate the agreement in the following cases:

1) when the parent, although they have been notified in writing by the administration of the daycare, refuses or neglects to pay the costs of childcare that the center is entitled to request.

2) If the parent repeatedly fails to comply with the internal rules of the daycare

3) when, following a remediation plan prepared in collaboration with the parents to meet the needs of the child, it becomes apparent that the resources of the center cannot respond adequately to these needs of the child or that the parent does not cooperate with the implementation of the plan.

The center, before terminating the agreement, must provide two weeks notice to the parent. However, the center may terminate this agreement at any time without notice if the health or safety of the children or staff of the daycare is threatened.

#### Article 9- Termination of the agreement by the Parent

The parent may terminate the agreement at any time by sending a notice to the daycare in accordance with the law on consumer protection; the daycare asks that the parents provide the administration a letter or email to confirm that the child will be leaving the daycare 2 weeks prior to the child's anticipated last day.

#### Article 10- Additional costs

The daycare reserves the right to request additional fees or costs within reason, in order to enhance or improve the services rendered by the daycare.

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Parent / Guardian's signature

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Garderie le Nid de Namur - Administrator

Date:

Place of Signature:

**PAYMENT SCHEDULE  
CHILDCARE FEE  
2016-2017**

Childcare fees for 2016-2017 school year are \$42.00 for children 18 months and older, and \$47.00 per day for children 18 months and younger or until the child switches to the toddler room.

Parents are responsible to pay for 12 months of service upon completing the registration package. Kindly indicate your child's name on the front of your cheques and submit them with registration package (a series of post dated cheques.) Fees are payable to the order of Garderie Le Nid de Namur and are to be dated according to the following breakdown:

\*Please note that a registration fee of \$100.00 is required at the beginning of the contract.

Month	Year	Number of days	Monthly Fee \$	
			Poupon (0 to 18 months)	18 months and older
Membership fee	2016-2017	Yearly	\$100.00	\$100.00
September	2016	22	\$1034.00	\$924.00
October	2016	21	\$987.00	\$882.00
November	2016	22	\$1034.00	\$924.00
December	2016	22	\$1034.00	\$924.00
January	2017	22	\$1034.00	\$924.00
February	2017	20	\$940.00	\$840.00
March	2017	23	\$1081.00	\$966.00
April	2017	20	\$940.00	\$840.00
May	2017	23	\$1081.00	\$966.00
June	2017	22	\$1034.00	\$924.00
July	2017	21	\$987.00	\$882.00
August	2017	23	\$1081.00	\$966.00

**REGISTRATION FORM  
SCHOOL YEAR 2016-2017**

**VERY IMPORTANT: PLEASE SIGN EACH SECTION OF THE REGISTRATION FORMS.**  
**All registration forms will be returned to you or destroyed at the end of your service contract.**

**Information of Child:**

Last name: _____	Given name: _____
Date of birth (dd/mm/year): _____	Male ____ Female ____
Address: _____	City: _____
Postal Code: _____	Tel. No. _____
Medicare no: _____	Expiry Date: _____
Languages spoken: _____	Understood: _____
Sibling(s) Name: _____	D.O.B. (dd/mm/year): _____
Name: _____	D.O.B. (dd/mm/year): _____

**Information of Parents/Guardians:**

Name of Mother: _____	
Address: _____	City _____
Postal Code: _____	Tel. Home _____
Tel. Work _____	Tel. Cell _____
E-Mail: _____	Occupation: _____
Name of Father: _____	
Address: _____	City _____
Postal Code: _____	Tel. Home _____
Tel. Work _____	Tel. Cell _____
E-Mail: _____	Occupation: _____
Parent/Guardian's signature: _____	Date: _____

**Registration Information:**

Date of Admission: \_\_\_\_\_

The days of attendance planned per week:

Full-time	Monday	Tuesday	Wednesday	Thursday	Friday

**Medical Alert:**

Please complete the following:	Yes	No
Is your child taking any medications?		
Has your child ever been hospitalized?		
If yes, please specify:		
Does your child have an allergy?		
Does your child have a prescribed Epipen?		

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Conditions: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

I \_\_\_\_\_, authorize the staff of Garderie Le Nid de Namur to administer the above mentioned medications to my child \_\_\_\_\_ as prescribed by his/her physician. Please print name

**Physician**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.no: \_\_\_\_\_

**Signature:**

Name of parent / guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This card shall be kept on the premises of Garderie Le Nid de Namur.*

**Name & S.I.N. of parents to whom the Income Tax receipt is to be issued:**

Name: \_\_\_\_\_

Social Insurance No: \_\_\_\_\_

Parent / Guardian's signature: \_\_\_\_\_

**HEALTH POLICY**

**Medication:**

In reference to Regulation 116, no medication will be administered to a child if it is not accompanied by a medical prescription. This excluded the oral hydration solutions, insect repellent, calamine lotion, zinc oxide and sun cream without PABA. In addition, the label of the medication container must indicate the name of the child, the medication name, expiry date, the dosage and duration of treatment. The acetaminophen will be permitted only if the parents sign the sheet authorization at the time of registration.

For any other drug (example Epipens), parents will give us written authorization by completing the form "Medication Authorization" which will be given to the teacher in charge. These forms will be available in the office.

Any medication should be stored under lock and key in a bag identified with the child's name. It is strictly forbidden to leave medication at a location other than the one designated for this purpose. This place will be specified by the administration .

The daycare cannot accept a sick child for his own welfare and for the welfare of the children in his group. The educator cannot take care of a group of children and a sick child requiring more attention.

It is understood that all children should be able to follow the activities of the day (outings, special events, outdoors, etc).

Upon drop-off, the educators hold the right to refuse a child if his health is affected by one or more of the following symptoms, and asked that the child is absent from the daycare without any symptoms for 24 hours:

- Fever 37.5 (Measured under the armpit-axillary)
  - For children under the age of 2 years, a call is made to the parents at 37.5.
  - Fever begins at 37.5 (monitored closely by the educators, at 37.7 a call to the parents.)
  - or if the educators notice the following:

Difficulty breathing; uncontrolled breathing  
Signs of Infection  
Any rash

In addition we cannot accept a child in the following cases:

- Gastroenteritis: (2) diarrhea or (2) vomiting and diarrhea only. The child may return to the center when his stools are no longer liquid.
- Impetigo: 24 hours of starting treatment
- Nuisance parasitic skin (lice, scabies) for 72 hours after starting treatment. The child cannot return to the daycare if there are any lice or eggs in their hair.
- \* Conjunctivitis: return to daycare 24 hours after beginning treatment

## INFECTIOUS DISEASES:

- \* Measles 5 days after rash onset.
- \* Rubella: 7 days after rash onset.
- \* Scarlet fever, Streptococcal Pharyngitis: 24 hours of starting treatment.
- \* Chickenpox: for 10 days and when the rashes have dried.
- \* Hand, foot and mouth disease: the child can return to daycare after the blisters have begun to dry and there are no new blisters appearing or symptoms and once he or she feels well enough to participate in all activities.

In cases observed by the daycare staff, parents will have up to 1.5 hours to pick up their child.

**It is important to inform the educators of the health of your child (restless night, Tempra administered prior to the daycare: time and dose, vomiting and diet to follow if necessary).**

The daycare is allowed to administer Tempra/acetaminophen **only** when a fever is present. The daycare may not administer Tempra/acetaminophen for teething pain, only a note from a doctor indicating a need will qualify.

Parents should avoid the center immediately if their child has a contagious disease. Parents should also inform the daycare if their child has any allergies (ex: peanuts, eggs, dust etc.).



<b>Internal Rules</b>
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I \_\_\_\_\_, have read, understood and agree to abide by the Internal  
Please print name  
Rules & Health Policy of Garderie Le Nid de Namur. I understand that failure to do so could result in the termination of  
the service contract between myself and Garderie Le Nid de Namur.

Parent / Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>PERMISSION FORM</b>
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I hereby grant permission for my child\_\_\_\_\_ to participate in all activities at Garderie Le Nid de Namur.

I grant permission for my child to leave the center premises under the supervision of staff members for field trips in an authorized vehicle (school bus or public transportation.) Garderie Le Nid de Namur will notify me of any excursions in advance.

I authorize the personnel at Garderie Le Nid de Namur to conduct observations and evaluations of my child and to take photos of my child, provided that these activities are related to the childcare program.

I authorize the personnel at Garderie Le Nid de Namur to take any measures they deem necessary in ensuring proper medical attention in case of emergency. I will be contacted immediately in case of emergency.

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Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Holiday and Birthdays

We view holidays as a learning experience as well as a time for celebration. We encourage parents to inform staff of dates and traditions that may be shared by all. We highlight each child's birthday. We offer to have a birthday cake prepared by our cook for your child's special day (which does not contain nuts) for a charge of \$10.00.

☐ Yes, I would like to have a birthday cake prepared for my child this year.

☐ No, it is not necessary.

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/ Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

2016-2017

**In the absence of the parents, persons authorized to pick-up the child:**

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

**In the absence of the parents, emergency contact persons:**

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

**Authorization to pick up your child:**

1. Please notify Garderie Le Nid de Namur of any changes made to the emergency contact persons.
2. Contact persons must have a picture I.D. with them when picking up your child.

**Custody of child:**

Is there a legal custody issue regarding your child. Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that it is my responsibility as the parent, to inform Garderie Le Nid de Namur, in writing, of any custody issue relating to my child who is registered at Garderie Le Nid de Namur.

This includes any instructions related to those who I authorize to visit my child at the center and those who are authorized to pick-up my child from Garderie Le Nid de Namur.

I will provide a copy of the legal custody document for my child's file at Garderie Le Nid de Namur.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARKING LOT SAFETY  
PARENT COMMITMENT FORM**

Although the parking lot may seem quiet, it is dangerous. In order to ensure the safety of the children, we request that as a parent of Garderie Le Nid de Namur, you agree to follow these steps to keep the children as safe as possible.

**Steps to follow:**

- 1. Park your vehicle within the yellow lines in order to maximize parking spaces;**
- 2. Supervise your children when arriving and departing the daycare;**
- 3. Do not leave your child without supervision in the vehicle;**

I \_\_\_\_\_, have read and hereby acknowledge the above mentioned  
(Parent's name)  
steps to follow for parking lot safety.

Name of child: \_\_\_\_\_

Parent/ Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION  
2016-2017

**In the absence of the parents, persons authorized to pick-up the child:**

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

**In the absence of the parents, emergency contact persons:**

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. Home \_\_\_\_\_

Tel. Work \_\_\_\_\_ Tel. Cell \_\_\_\_\_

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