



North Hastings Children's Services
20 Hastings Heritage Way, Box 1232
Bancroft, ON K0L 1C0

Ph#: 613.332.0179
Fax: 613.332.0308

REGISTRATION PACKAGE

FILE FOR: _____

START DATE: _____

COMPLETE THE FOLLOWING:

- FAMILY VISIT
- PARENT CONTRACT
- PAID MEMBERSHIP
- REGISTRATION FORM
- CHILD INFORMATION FORM
- IMMUNIZATION RECORD
- ALLERGY OR SPECIAL REQUIREMENTS
- CONSENT FOR PHOTOS

WITHDRAWAL DATE: _____

PARENT CONTRACT

CHILD CARE NEEDS: CHILDCARE CENTRE () BEFORE & AFTER SCHOOL ()

This contract defines the agreement between NHCS and _____
(Parent's name)

For child care for _____

TERMS & CONDITIONS:

1. I am enrolling my child into North Hastings Children's Services. I agree to comply with the North Hastings Children's Services policies and procedures as stated in the Parent Handbook.
2. I agree to become a member of the NHCS for an annual membership fee of \$25.00
3. If I decide to remove my child from care for summer vacation or any other extended leave of absence, the spot will be held for 2 weeks a year. After 2 weeks time the spot is not guaranteed.
4. I will give two weeks notice in writing for withdrawal of my child. I will be responsible to pay for each day of care agreed upon whether my child attends the program or not in those two weeks. Any increase in hours will be subject to space availability.
5. If I am going to be late picking up my child, I will call ahead and be responsible to pay a late fee in the amount of \$5.00 for each quarter hour or any portion thereof past the scheduled closing time. Paid directly to the closing staff or a \$1/minute late fee will be added to your billing.
6. Payment for care is prior to care received. Payment options are through internet banking (arranged with Scotia, TD Trust or Kawartha Credit Union) using your last name as the account #), cheques or cash. Families are billed semi-monthly (1-15th, 16-31st). There will be a charge for of \$42.50 for any NSF cheques. Interest will be charged on accounts 30 days past due. A receipt for income tax purposes will be issued annually.
7. I agree to keep my child at home for at least 24 hours if they have an infectious or serious illness which could infect others in NHCS. This includes fever, flushing, pallor and listlessness, diarrhea, vomiting, red or discharging eyes or ears, unusual irritability and fussiness.
8. I will ensure that all medical and dietary information on my child is kept current. I will supply and instruct the staff regarding medical treatment or dietary needs. I understand the NHCS staff will only administer medication with an official prescription label, accompanied with written directions and signature.
9. Overdue accounts will result in termination of care, are subjected to all collection and court costs, serving charges, and any other costs that occur in the pursuit to collect the balance owing. As a not for profit centre we rely on prompt payment.

Parent Signature: _____

Date Signed: _____

MEMBERSHIP

Benefits of Membership:

- Use of all NHCS Programs
- Monthly Newsletter
- Experience Summer Camp
- Outreach Programs
- Use of Resource Centre
- Triple P Parenting Program
- Voting at Annual General Meeting

The Membership Fee is \$25 and charged annually on April 1st.

FAMILY NAME: _____

CONTACT PERSON(S): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CELL: _____

NAME OF CHILD _____ DATE OF BIRTH _____

I, the undersigned, agree to comply with the letter patent, objects, by-laws and resolutions, rules and regulations of the Corporation.

Members Signature: _____

Date: _____ Amount Paid: \$ _____
(new membership _____ / renewed membership _____)

Child Care Registration Form

CHILD INFORMATION:

SURNAME	GIVEN NAME	DATE OF BIRTH
Child's Address:		

Parent/Caregiver Information:

	Parent # 1	Parent # 2
Name of Parent/Caregiver		
Relationship to Child		
*Legal Custody (yes/no)		
Home Address (same as child's address above? If no, please indicate address)		
Home Phone		
Cell Phone		
Workplace		
Work Phone		
Work Address:		
Email address		

*Should there be special custody agreements, court documentation or Children's Aid documentation must be provided.

Consents:

Please check off your consent for the following outing and photograph options.

I will () will not () allow my child to participate in outings off the premises with North Hastings Children's Services. I understand these outings are fully supervised.

I allow () do not allow () my child's picture to be taken in print media. If you do take my child's picture for print media you may () may not () use my child's first name.

I allow () do not allow () my child's picture to be taken for the website or Facebook page. If you do take my child's picture for the website or Facebook page you may () may not () use my child's first name.

Parent Signature: _____ **Date:** _____

Child Care Fee Schedule

Effective March 1, 2016

Program	Age	Rate
Before School	44 months or older but younger than 68 months	\$10
	68 months or older but younger than 13 years	
After School	44 months or older but younger than 68 months	\$12
	68 months or older but younger than 13 years	
Full Day School Age	44 months or older but younger than 68 months	\$35
	68 months or older but younger than 13 years	
Full Day Preschool	30 months or older but younger than 6 years	\$35
Full Day Toddler	18 months or older but younger 30 months	\$38
Full Day Infant	Younger than 18 months	\$58 (no change)

Do you need help with your child care costs? Is your family eligible for subsidy? Call the County of Hastings for how to apply for Child Care Subsidy. [1-866-414-030](tel:1-866-414-030)

CHILD'S LIKES AND DISLIKES

Is there any information about your child regarding their daily routine and/or needs that may be helpful to the child care setting? (complete where applicable)

Toilet training _____

Eating/Drinking _____

Self Help Skills _____

Physical Skills _____

Social Skills _____

Speech & Language Skills _____

Sleeping patterns, concerns or preferences _____

Specific Goals for your Child _____

Other _____

Your Child's likes and/or interests:

Your Child's dislikes and/or fears: _____

Do you or your child identify with a particular culture, nation or social group?

Is there anything else you would like to share with us regarding your child?

MEDICAL INFORMATION:

Physician _____

Dr. Phone Number _____

Dr. Address including street _____

Allergies: _____

Special Diet Needs: _____

(Note: Caregiver to supply infant food and/or any dietary substitutes)

Special Requirements :(Diet, Rest, physical Activity) _____

Any physical or behavioural exceptionalities or conditions requiring medical attention?

Child's Previous History Of Communicable Diseases: _____

Due to the frequency and their longer term daily usage, sunscreen, diaper creams, lip balms and hand sanitizers have a blanket authorization from a parent and can be administered without a medication form as long as they are non-prescription and/or they are not for acute (symptomatic) treatment, whether they have a drug administration number (DIN) or not.

Please sign here to authorize the use of non-prescription products as provided by yourself for your child.

Signature _____ Date _____

Emergency/Alternate Child Care Pick Designate:

#1 Name: _____

Address: _____

Phone Number: _____ Relationship to Child: _____

#2 Names: _____

Address: _____

Phone Number: _____ Relationship to Child: _____