

Maurice Cody Child Care

364 Belsize Drive Toronto, Ontario M4S 1N2

mc@mauricecodychildcare.com

www.mauricecodychildcare.com

Application and Emergency Information

Child's Name _____ Date of Birth _____

Address _____ Postal Code _____

Telephone Number (Home) _____

Parent/Guardian _____

Home Address _____ Postal Code _____

Telephone (Home) _____ Telephone (Bus.) _____

Work Address _____ Postal Code _____

Cellular _____ Pager _____ Other _____

Parent/Guardian _____

Home Address _____ Postal Code _____

Telephone (Home) _____ Telephone (Bus.) _____

Work Address _____ Postal Code _____

Cellular _____ Pager _____ Other _____

1st Emergency Contact (if you can't be reached)

Name _____ Relationship to Child _____

Telephone (Home) _____ Telephone (Bus.) _____

Work Address _____ Postal Code _____

Cellular _____ Pager _____ Other _____

2nd Emergency Contact (if you can't be reached)

Name _____ Relationship to Child _____

Telephone (Home) _____ Telephone (Bus.) _____

Work Address _____ Postal Code _____

Cellular _____ Pager _____ Other _____

Parent to contact first in an emergency _____

If Parents maintain separate residences, outline details of the child's living arrangements. _____

Parent/Guardian Signature Parent/Guardian Signature Date

Office Use -	Date of Admission:	Date of Withdrawal:
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EMERGENCY CARD PERMISSION

If at any time due to an accident or sudden illness, an emergency medical treatment is necessary and I or the person(s) designated by me as the Emergency Contact cannot be reached; I agree that Maurice Cody Child Care or its representatives be appointed as temporary guardian to my child _____ to expedite medical treatment and/or hospitalisation on the understanding that Maurice Cody Child Care is held blameless for any situation arising from such treatment or action undertaken. It is understood that every effort will be made to notify me or the Emergency contact(s) as soon as possible.

1. Allergies (medication, food, etc.) _____
2. Ongoing Medication _____
3. Restrictions for medical treatment _____
4. Current Health Problems _____
5. Other _____

Physician _____

Address _____

Postal Code _____

Signature of Witness

Signature of Parent

Date _____

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Preadmission Information

Child's Name _____ **JK/SK AM** ____ **PM** ____

Allergies/Anaphylactic Reactions _____

Previous experience/childcare _____

Temperament/Personality traits _____

Siblings and their ages _____

Sleep Routines _____

Food – Likes/Dislikes _____

Fears/Concerns _____

Special holidays or festivals celebrated _____

Language Development _____

Behaviour Management Techniques _____

Interests _____

Any further information we should know _____

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Release Information

I/we _____, give permission for the following person(s) to pick
[Name of parent(s)/guardian(s)]

up my child(ren), _____ from Maurice Cody Child Care (MCCC)
(Name of child)

at any time:

Please include fist and last name

1 _____ Telephone number _____
(Pick up person's phone #)

2 _____ Telephone number _____
(Pick up person's phone #)

3 _____ Telephone number _____
(Pick up person's phone #)

4 _____ Telephone number _____
(Pick up person's phone #)

5 _____ Telephone number _____
(Pick up person's phone #)

6 _____ Telephone number _____
(Pick up person's phone #)

For the safety of my child(ren), I/we understand that MCCC cannot release them to anyone without my written/verbal permission (in person or via phone call). Please let the pick up person know they will be asked for photo ID.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Please sign even if you and your spouse are the only people picking up your child.

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Medical Form

Doctor's Name _____

Telephone number _____

Address _____

Postal code _____

Does your child have any...?

Medical conditions _____

Allergies _____

Anaphylaxis: If your child's allergy requires an Epi Pen or other medication, please request the Anaphylaxis policy and forms to complete. Thank-you.

Symptoms of Allergic Reactions _____

Restrictions _____

Dietary Restrictions _____

Special Diet _____

If your child is taking daily or frequent medication indicate:

Medication: _____

Frequency: _____

Child's previous histories of communicable diseases - please check if your child has any of the following:

- Measles
- Mumps
- Rubella
- Pertussis
- Diphtheria
- Chicken Pox
- Other _____

Signature Parent/Guardian

Signature Parent/Guardian

Date

Field Trip Permission Form

I/we hereby grant permission for my child _____ to leave the
(Name of child)

premises of Maurice Cody Child Care from time to time to participate in programs,
activities and excursions of either a planned or spontaneous nature. I understand that
my child will be supervised by Maurice Cody Child Care staff.

I/we _____, give permission for my/our child _____
[Name of Parent(s)/Guardian(s)] (Name of child)

to participate in these outings. I/we understand that MCCC cannot be held responsible
for any accidents or injuries that may occur during the trip.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Authorization and Consent for Pictures/Videos

I/we, _____ parent(s)/legal guardian(s) of

_____ hereby give consent for:
(Name of child)

My child's pictures to be taken and displayed for educational and promotional purposes.

My child's participation in the taking of videos (for educational purposes only).

My child's participation in videos for educational purposes in the field of Early Childhood Education.

I understand that my child's picture will not be displayed on the Maurice Cody Child Care Web Site without my written permission.

I understand that my child will not be identified by name in any of the Maurice Cody Child Care picture or educational materials.

Parent's Signature

Witness

Date

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Contract Between Maurice Cody Child Care and Parents

In consideration of the admission of my child _____ to Maurice Cody Child
(Name of child)

Care, I have read and agree to all the parental responsibilities as well as the policies, procedures and expectations as outlined in the Maurice Cody Child Care Parent Handbook.

Parent/Guardian

Date

Parent/Guardian

Date

Permission for Application of Sunscreen and Hand Sanitizer

Child's Name _____

In order to comply with The Ministry of Children and Youth Services requirements, MCCC must seek permission from parents/guardians to apply sunscreen and hand sanitizer to your child.

Sunscreen:

Please read and sign the following:

I give or I do not give permission to MCCC to apply sunscreen
(Please circle)

Please Indicate either A _____ or B _____

- A. MCCC may apply generic sunscreen
- B. I have supplied my own sunscreen labeled with my child's name

Parent/Guardian signature Parent/Guardian signature Date

Hand Sanitizer:

We use hand sanitizer with an alcohol content of no less than 60%.
It is used with hand wipes when we do not have access to soap and water.
It is also used when we have an outbreak of illness.

I give or I do not give permission for MCCC to apply hand sanitizer
(Please circle)

Parent/Guardian signature Parent/Guardian signature Date

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Fees and Deposits

The following is required upon registration:

Deposit - A deposit is required for each child to secure a place in the Centre. Should a child not enroll at the Centre once the enrolment deposit has been paid and an admission date is confirmed, the deposit will not be refunded. This deposit will be held and credited as payment for the child's last month in the Centre provided the appropriate notice of withdrawal is given. In the event of a fee increase, it will be necessary to "top-up" the deposit equivalent to the new monthly rate.

Monthly Fee - A series of post-dated cheques equal to each monthly fee, dated for the 1st of each month, needs to be provided by September 1st.
Please note that Fees may need to be increased during the year in order to meet expenses.

Notice of Withdrawal - If you wish to withdraw your child from MCCC, you must give four weeks notice in writing to the manager. Your deposit will then be applied to your last month's fees. Please remember that if you withdraw your child from his/her programme and then wish to return the Centre, a space is not guaranteed. If there are no spaces available, your child's name will be placed on our waiting list.

I have read and understood MCCC's deposit, fees and withdrawal policy

Signed Parent/Guardian

Parent/Guardian

Date

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MEMBERSHIP APPLICATION

Maurice Cody Child Care is a non-profit organization governed by the Corporations Act of Ontario. The parents or legal guardians of the children enrolled in the Centre make up the membership of the organization. Membership gives each parent/guardian voting privileges at any General Meeting held which includes the election of the Board of Directors who are responsible for the operation of the Centre.

I hereby apply to the Board of Directors for membership in Maurice Cody Child Care.

Dated this _____ day of _____, 20____.

Signature

Signature