

Before and After School Program 2023-2024 Registration Package Checklist

The following forms are to be completed and returned as part of the registration package (please ensure all forms are signed where indicated)

- Child's Information Form/Emergency contact information sheet
- Parent Code of Conduct
- Publicity Consent Form
- Fees are collected in the form of Pre-Authorized Debit only (P.A.D. Form & Void Cheque required and Fees are processed on the 1st of every month)
\$75.00 registration *fee annually* per child (not refundable)
- Visit our website www.centeredonchildren.education.com to review Parent Manual 2023-2024

What your child is required to bring on a daily basis

- Extra clothes to store in their backpack (labeled)
- Sun Hat/ Sun Screen (seasonal)
- Water Bottle
- Closed shoes are to be worn everyday (**no flip flops or open toe sandals or Crocs**)

Absent or Sick Days

If your child is going to be absent from the before and after school program, whether they are sick or absent, please contact the before and after school program **directly** by **9am**. Please note that there will be **no refund or credits** for an absent day or inclement weather days as the space has been reserved for your child.

I have read the policies and have completed and returned all forms.

Parent Signature

Date



CENTERED ON CHILDREN CHILDCARE CENTRE

Operator of:
Woodbridge Public School Child Care Centre,
Schomberg Village Child Care Centre and
St. Patrick Before and After School Program

Before and After School Program 2023-2024

\$75.00 Registration Fee 'Non-Base Fee'

Kindergarten and School Age (Sept.1, 2023 -June 31,2023) prorated

(6-12 years No Fee Reduction) *(4-6 years old)

Base fee

Before and After School: \$453.80 \$199.11

Before ONLY: \$235.30 \$103.24

After ONLY: \$341.80 \$149.78

P.A Days/ Christmas/ March Break (3 meals included)

(8201 Weston Road, Woodbridge, ON. must pre-register)

\$28.35 per day 'Base Fee 4-6 years old

\$65.00 per day (6-12 years No Fee Reduction)

'Base fee" means any fee or part of a fee that is charged in respect of a child for child care, including anything that is required to provide under this Regulation or anything requires the parent to purchase, but does not include a non-base fee

'Non-Base Fee' registration Fee Late pick up fees for child care provided beyond operational hours outlined in this parent manual NSF fines, Field Trips, Optional Transportation.

Centered on Children has opted-in to the Canada-Wide Early Learning and Child Care system. The Child Care Fee Assistance (subsidy) program is available through York Region at www.york.ca or at 1-888-703-KIDS (5437)

May2023



CENTERED ON CHILDREN CHILDCARE CENTRE

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Child's First Name: _____ Child's Last Name: _____

Birth Date: _____ Gender (M/F): _____

COC Centre Requesting: _____ Name of School: _____

What grade will your child be going into in the _____ school year? _____

Child's Address: _____

City: _____ Postal Code: _____

Home Phone Number: _____

Custody: Primary Secondary Both Guardian

Primary Contact: _____ Relationship: _____

Business Name: _____

Business Address: _____ City: _____

Day Phone #: _____ Cell: _____

Primary Contact Address (If different than child): _____

_____ City: _____

Secondary Contact: _____ Relationship: _____

Business Name: _____

Business Address: _____ City: _____

Day Phone #: _____ Cell: _____

Secondary Contact Address (If different than child): _____

_____ City: _____

Emergency Contacts (If primary or secondary contacts cannot be reached).
An adult, 16 years of age or older, who can assume responsibility for the child.

1. Name: _____ Relationship: _____

Address: _____ City: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____

Phone Number: _____

Authorized Pick-Ups

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

Family Physician Name: _____

Address: _____ City: _____

FOR OFFICE USE ONLY
Date Received _____ W/D Date _____
Date Processed _____ Staff Initial _____
Admission Date _____

Register my child for:
(choose only one option)

Table with 3 columns: FULL TIME, (5 days per week) Please circle one, AM, PM, BOTH

Indicate if your child experiences or has experienced any of the following:

**If your child requires an Epi-Pen, an Individual Anaphylaxis form must be completed. **

Allergies: YES NO Epi-Pen: YES NO

If yes, indicate all allergy types: _____

Medical: (ie. Vision/Hearing/Seizures/Diabetes/Mobility) YES NO

If yes, indicate medical details: _____

Asthma: YES NO Inhaler: YES NO

Is inhaler given during program time: YES NO

Will your child self-carry? YES NO

Developmental /Learning: (ie. ADD/ADHD/Autism/Delays) YES NO

If yes, indicate details: _____

Does your child require any additional assistance? YES NO

(B&A maintains a 1:15 staff to child ratio)

If yes, is there anything we should know concerning school, relationships, learning abilities, does the child have an EA, etc.?

Is your child immunized? (If no, please attach a copy of exemption) YES NO

Any dietary or exercise restrictions? YES NO

If yes, indicate details: _____

-I have read the COC Parent Manual and agree to comply with the rules and regulations specified
-I will not hold COC, its staff or volunteers responsible for accidents which may occur
- I understand the legal obligation of the staff to report any suspected abuse
-My child is able to participate in the full range of activities
- I will not hold COC responsible for lost or stolen items
- I understand that COC may decline a child due to physical and/or verbal aggression towards staff or other children or if the safety of the child/others is at risk
-I give consent that medical treatment be given in the event of an emergency.

Signature of Primary Contact

Signature of Secondary Contact



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Childcare Contract

This contract is made between:

Mother's Name: _____

Address: _____ **Phone #:** _____

and

Father's Name: _____

Address: _____ **Phone #:** _____

and

**Centered on Children Child Care Centre
8201 Weston Road
Woodbridge, ON L4L 1A6**

For the care of: _____

Child's Name

I agree to submit a registration fee of 75.00 per child.

I agree to pay \$ _____ per month for the care for my child, due on the 1st of each month.
This fee will be charged for all contracted months regardless of holidays, sick days or other absences.

I agree to provide one month's notice in writing for withdrawal of the program.

I agree to abide by the Centre's after-hours penalty policy as set forth in the Parent Manual.

I have received and read, and I understood and agree with the policies and procedures in Centered on Children Child Care Centre's Parent Manual.

Parent /Legal Guardian's Signature

Date

Parent /Legal Guardian's Signature

Date

Director/ Supervisor's Signature

Date



CENTERED ON CHILDREN CHILDCARE CENTRE

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HEAD OFFICE

8201 Weston Road
Woodbridge, Ontario
L4L 1A6

Pre-authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name(s) on Account: _____

Name(s) of Children: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

2. Bank Account Information

Name of Financial Institution: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Account Number: _____ Branch Transit Number: _____ Financial Institution: _____

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Please attach a void cheque

3. Pre-Authorized Debit (PAD) Details

I/We authorize CENTERED ON CHILDREN CHILD CARE CENTRE and _____
NAME OF FINANCIAL INSTITUTION

to begin deductions as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising for child care services that are provided for my/our children. Regular monthly payments will be debited to my/our specified account on the 1st of the month in full. CENTERED ON CHILDREN CHILD CARE CENTRE will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until CENTERED ON CHILDREN CHILD CARE CENTRE has received written notification from me/us of its change or termination. This notification must be received thirty (30) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

CENTERED ON CHILDREN CHILD CARE CENTRE may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my /our financial institution or visit www.cdnpay.ca.

I/We am fully aware that should the transaction be returned with non-sufficient funds; I will be responsible to pay an administration charge of \$30.00 in addition to the current monthly fee. I/We am also aware that fees are due in advance of service and failure to pay a fee may result in loss of child care services.

Authorized
Signature(s): _____ Date: _____
_____ Date: _____

Email Authorization and Consent

I agree to receive electronic email communication from Centered on Children Child Care Centre. Periodic emails may include information regarding the Centre, your child's classroom, event reminders and/or quarterly newsletters. You can unsubscribe at any time by clicking on the unsubscribe link at the bottom of our emails.

Email address: _____



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Publicity Consent

Please carefully review the waivers below, check the appropriate boxes then sign below. Each family must return a completed form to the centre upon enrolment.

I have read and understand the Parent Manual.

I give permission for my child's picture to be on the Centre's Instagram Page.

I do not give permission for a photo image to be taken of my child to be used in anyway within the Centre or on the Centre's Instagram Page.

Consent for Neighbourhood Outings

I give permission for my child to leave the premises from time to time to participate in such as neighbourhood walks, the park or any other place of interest which is planned as part of the child's program.

Advance notice will be given for any planned field trips.

Consent for Creams

I give permission for the Centre's staff to re-apply sunscreen, moisturizing skin lotion, insect repellent, hand sanitizer and diaper cream (supplied by the parents)

Child's Name

Date:

D	D

M	M

Y	Y

Signature of Parent



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Parent Code of Conduct

We all have the right to be safe and feel safe in our school and community. Centered on Children's Code of Conduct sets clear standards of behavior that apply to all individuals involved in our centre community including: parents or guardians, volunteers, teachers and/or Board Members.

These standards apply whether parents or guardians, volunteers, teachers and/or Board members are on centre property or at centre-sponsored events and activities.

All members of the centre's community are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability or any other ground protected by Ontario's Human Rights Code.

All adult members have the responsibility to act as models of good behavior. Foul language (swearing, name calling, shouting) is not appropriate. Individuals engaging in such behaviour will be asked to leave the premises immediately.

Inappropriate behaviour or harassment of any kind towards a student, parent or teacher will result in immediate intervention up to and including the family's expulsion from the centre and/or police intervention. This type of behaviour includes but is not limited to harassment or intimidation by written note, email, words, gestures and/or body language.

No weapons are allowed on centre property or at centre functions. The consequences for failure to comply will include but is not limited to the family's expulsion from the centre.

The privacy and confidentiality of our parents, guardians, teachers, volunteers and students is important to us. All concern and comments should be addressed with the teachers. Should this discussion not address your concerns, the next step is to review the situation with the Supervisor and/or Executive Director. Failing resolution with the Supervisor/Executive Director, the matter will be referred to the appropriate member of the Board of Directors.

Gossip and public criticism are unacceptable. There should be **no discussion** of concerns with other parents in the centre hallways, the parking lot or via electronic mediums such as Facebook, Instagram, personal blog sites or any other forms of electronic information sharing.

Any pictures taken at the centre or during centre events are for the private use of the family only. These pictures cannot be posted in on-line photo albums (Facebook, Instagram etc.)

School cubbies are to be used solely for the purpose of communication between parents and Centered on Children. They are not to be used for business promotion.

This code of conduct must be signed by any and all adults that will be involved in your child's experience at Centered on Children including parents, grandparents, siblings and care givers.

I have the read the Code of Conduct and agree to the terms as stated. I have been given the opportunity to review this document, ask questions if required and confirm that no further clarification is necessary.

Child's Name: _____

Parents/Guardians:

Name: _____ Signature: _____

Date: _____

Witness (non-family member):

Name: _____

Signature: _____

Date: _____

May 2023