	NAL INFORMATION					C 1	Λ □F	
Child's	Name (Last, First): Birth: (D/M/Y)					Gender: □N	1 ⊔F	
Child's	Address:	/	/	Home Phone				
Alherta	Address: Health Care Number			IIOIIIC I HOIIC	·•			
Who sh	ares this address with ch	nild: □ Mo	other \square Father \square C	Other Guardian:				
	Address							
PERSO	NAL INFORMATION			1	1		,	
- 1	Name	Address	5	Home Phone	Wor	kplace Address	Work pl	none
Father								
Mother								
	dren in family:					T		
Name			Age			School	Day	care
	y we release your child							
3			4					
Legal Custo	ody / Special instruction	s:						
Emorgon	cy Contacts (other tha	n navanta)	•					
Name:	cy Contacts (other than	Addre						
Phone:	worl	number		Relationship to ch	 nild			
		_						
	is provided, we will contact t							
	worl	Addre k number	ss:	Relationship to ch	.ild			
Phone:	WOII	c number _		Kelationship to ci	mu			
(If no addre	ss is provided, we will contac	t them to get	it)					
Du · D	1 1							
Ethnic Bac	e kground ar child's ethnic backgro	aund?						
	r language spoken in you		f ves. what language	re				
Please shar	e any common phrases of	or greeting	you regularly use					
	•							
Are there a	ny special religious or c	ultural eve	ents that are importa	ant to your family	?			

Health Information:		
Physician Name:	Address:	Phone:
Is the child's immunization up to da	te? □ Yes □No	Phone:
Any serious health concerns?		
Any ongoing medications?		
Dietary Restrictions:		
Any other information/ special need	s you would like to tell us a	bout your child?
SCHOOL AGE RESPONSIBILIT	Y (Gr.1 to 6 only) School	Information (Only for children attending School)
Name of School:	Grade:	Phone:
grade 1-6), Kindergarten children wi will be absent.	ill be picked up at designate	come to After school door after school (children ed room door. Parents, please notify us if your child
I give permission for my child to be	allowed to go outside in the	e morning before school starts with school
supervision.	8	8
Signature:	Date:	
Transportation Policy I give permission to the staff of Jolly my child in the event of field trips an		(by: city bus, walking, school bus, daycare van, taxi) n.
	vill make the following con	o the center door, if my child did not show up at the tacts, in the following sequence if child is not found,
Signature:	Date:	

ADMISSIONS AGREEMENT

I/We,	of (address)
Wish to	o enroll my/our child(ren),
With y	o enroll my/our child(ren),, and I/We hereby AGREE on the following:
1.	I understand that the center is open 6:30-5:30 Monday to Friday. After school care is only available during non school hours. The center is closed on all statutory holidays and additional days may be added but sufficient notice will be given (Initial here)
2.	I/We will pick up my/our child from Jolly Time Daycare no later than the closing time of 5:30 pm. And further agree to pay a late charge of \$1.00 per minute past 5:30 pm. A responsible adult will drop off and pick up my child under all circumstances (Initial here)
3.	In the case that I require my child to be picked up by someone who is under 18 years, I hear by agree that I will not hold Jolly time daycare liable for anything that may happen once my child is released into their care. (Initial here)
4.	I/We will notify Jolly Time Daycare if my child will be absent from the center.
5.	If I am receiving government subsidy, I understand that I am responsible for the difference of what subsidy pays and what the centre charges. (Initial here)
6.	I/we give Jolly time daycare consent to contact subsidy on my behalf if they require information regarding the status of my subsidy or any information that may be needed about my subsidy (Initial here)
7.	I/we give Jolly time daycare consent to contact Alberta works on my behalf if need be to inquire update on my parent portion (Initial here)
8.	I understand and agree to give one month written notice to the director of the daycare before removing my child(ren) from the daycare. I understand that if I fail to do so, I am responsible for the total fees for that period, in addition to 30% for the collection agency fees. (Initial here)
9.	A \$50.00 non refundable registration fee will be charged to register in the centre. All childcare fees are due on or before the first (1st) calendar day of each month and if not fully paid by this date are subject to an additional late payment. Posted cheques are welcome if this makes it easier for parents. After the first NSF cheque, only cash, certified cheque or money order will be accepted. Childcare fees are rates on a per calendar month bases and shall not be subjected to any adjustment on grounds of partial month's attendance, statutory or civic holidays, sick days, vacation, or other absent times of the month. In the event fees are unpaid, Jolly Time has the right to terminate services effective immediately. (Initial here)
10	. I / We agree to abide by your sickness policy and will not bring my / our child to the centre if he/she is not well. If he/she have been exposed to or have contracted a contagious disease, I/we will report and discuss the circumstances immediately with the director. A medical clearance doc tors note may be required before the child may return. If my child is sent home from school due

Parent /Guardian name	Signature	Date:
Parent/Guardian name	Signature	Date:
Child's name:		
By signing here, I agree that I have been given the procedures written in it and this Admission agree		
relationship with Jolly Time Daycare & After sc		
dispute. We can call authorities if legal put we ask your support and that you comply with r	papers are on file. (In	itial here)
18. I / We understand Jolly time center will a personally. If I have made special arrang expect. The Centre cannot refuse any pa	gements on a given, I	will let the center know who to
17. I / We understand that any Emergency r container, with label, instructions intact medication needs to go home I understate medication is not brought in. (EpiPen, e.	and It must also be a nd that my child will	t the center. In any case that the not be allowed to attend if
16. I / We understand medications will not be Form. The medicine must be in the original (Initial here)	•	1 0
15. I / We understand that the center does not my child, and that the center will supply (Please no gum or candy) (Initial here)	two snacks each day	
14. I / We agree to send a complete change of including a pair of "inside" shoes with r		
13. I / We agree any articles the child brings responsible for lost articles or personal t		
12. I/We agree Jolly time daycare will sup held responsible for accidents or injuries		· · · · · · · · · · · · · · · · · · ·
11. I / we will advise the director immediate phone number, place of employment, or when necessary. (Initial here)	•	_
to illness or misbehaviour, I understand for pick up (Initial here)	that they will not be	allowed to stay at the center to wait

FIELD TRIP/OUTING PERMISSION

I	give permission for my child to
participate in Field	Trips and for regularly scheduled activities that occur off of Jolly Time
daycare & after sc	nool Care premises, such as walks. Additional fieldtrips I am aware a signatur
will be required or	the day of the Fieldtrip.
Date:	Parent's Signature:
	MEDICAL AUTHORIZATION
In the even child,	t that I cannot be reached, and emergency medical treatment is required for m
I hereby agree to the	ne Director/Manager or Staff of Jolly Time Daycare & after school care to see tent as deemed appropriate. I agree to be responsible for any costs incurred for tent.
Child's name:	
Date:	Parent's Signature:
	SUNSCREEN APPLICATION uthorize Jolly time daycare & after school care staff to apply sunscree
(provided by parer	its) on my child in spring and summer as needed.
Child's name:	
Date:	Parent's Signature:
	INSECT REPELLENT APPLICATION
	thorize Jolly Time Daycare & After School care staff to apply insect repeller its) on my child in spring and summer as needed.
Child's name:	
Data	Parant's Signatura

Jolly Time Daycare & After School Care Registration

9228-128 A Ave NW 780478-1496

FREEDOM of INFORMATION and PROTECTION of PRIVACY (FOIP)

INFORMATION RELEASE AGREEMENT

Dayca	I, give permission for Jolly Time are & After school care to display my child's name or photo on the following:
0	my child's coat hook,
0	my child's picture(s) on posters showing various activities my child participated in,
0	any artwork done by my child,
0	any birthday activities that my child has participated in,
0	Field Trip Permission List,
0	School List- listing name, grade, and teacher's name,
0	material(s) brought from home for child's use,
0	medication information and allergy information
0	Jolly Time Daycare's Official Facebook, Instagram, and Website Page, Fastoche Journals (Childcare Management App) where my child's pictures will be seen by other families.
I Agı	ne Parent/Caregiver of a Child/Children at Jolly Time Daycare & OSC, ree to the following: y child can paint their nails/color hair as part of Spa Day at Jolly Time Daycare
Comn	nents:
Child'	s name:
Date:	Parent's Signature:

If you have any questions, please feel free to contact the director.

Jolly Time Daycare & After School Care Registration

9228-128 A Ave NW 780478-1496

Parent Volunteer

From time to time, we can need Parents to volunteer in different ways, relating to our Center. If you are able to help in any of the following ways, please indicate below by checking any that apply:

Special Activities		
		oom activities such as projects, story time teers. Would you be interested in helping
<u>Field Trips</u>		
trips?	d you be able to help Jolly Tir	me Daycare and After school care on field
Parent/Guardian si		Date
	Developmenta	al Screening
I		, give permission for Jolly Time Daycare &
After school care to	do Nipissing District Develop	pmental Screen on my child time to time to
monitor my child's o	levelopment.	
Child's name:		
Date	Parent's Signatur	re·

Par	ent(s)/Guardian(s) Orientation Checklist
	now the Relevant Child's Room.
\square N	Mention Daycare Fees.
\square S	how Menu for snacks (children bring their own lunch).
\square R	egistration Fees Paid.
\square S	how the Bathrooms.
\square N	Mention Late Payment Fees.
\square S	how child coat hooks.
\square N	Mention Late Pickup Fees.
\square N	Mention Drop off Time (10am the latest unless centre receives a call by 9:30am).
	Mention month notice required.
	Mention the Parents' Board
	Mention if subsidized sub must always be in place or full fee must be paid
	Five Parent Handbook.
Par	ent(s)/Guardian(s) Signature Acknowledging Orientation Received:
	ent(s)/Guardian(s) Signature Acknowledging Orientation Received: nagement Signature Performing Orientation:
Ma	
Ma	nagement Signature Performing Orientation:
Ma —	nagement Signature Performing Orientation: v child orientation checklist (osc)
Ma Nev	nagement Signature Performing Orientation: v child orientation checklist (osc) Show the Bathrooms.
Ma Nev	nagement Signature Performing Orientation: v child orientation checklist (osc) Show the Bathrooms. Show the child their coat hook