



CHILDCARE AND DEVELOPMENT CENTRES

## **Registration Information Package**

### **Children's Information**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel#: \_\_\_\_\_ Home email address: \_\_\_\_\_

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

Custody Arrangements if Applicable: \_\_\_\_\_

### **Allergy Information**

Foods: \_\_\_\_\_ Drugs: \_\_\_\_\_

Environmental: \_\_\_\_\_

Is your child at risk of anaphylaxis? \_\_\_\_\_

Please list any communicable diseases that your child has had in the past

\_\_\_\_\_  
\_\_\_\_\_

### **Parent Contact Information**

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Tel#: \_\_\_\_\_

Business Tel#: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

**HEAD OFFICE** - Glen Abbey Campus, 1395 Abbeywood Drive, Unit 16, Oakville, Ontario L6M 3B2 - T: 905.469.2944 - F: 905.469.9577

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### Health/Medical Information

Doctor's Name: \_\_\_\_\_ Doctor's Address \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Any known medical problems:

\_\_\_\_\_  
\_\_\_\_\_

Any special dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Please list any specific rest or exercise habits: \_\_\_\_\_

\_\_\_\_\_

Special notes about your child:

\_\_\_\_\_

### Persons to Contact if Parents cannot be reached:

**(Ideally the people who you choose should be local in case of an emergency and be able to pick up your child if you cannot be reached)**

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

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Home Telephone : \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Home Telephone : \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

I hereby grant the staff at Monkey See Monkey Do permission to obtain transportation to a medical facility and any necessary medical assistance for my child, in the event of an emergency situation and I can't be reached. I also give permission for the physician on duty, if necessary to hospitalize, secure proper treatment, order any imaging tests, anesthetics or surgery for my child.

**In the event of an emergency, Monkey See Monkey Do has my permission to administer First Aid or other emergency treatment in the child's best interest. I agree to pay for all costs incurred.**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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## Food Allergy Policy

### **Anaphylaxis** – an extreme allergic reaction

Intent- The anaphylaxis policy is intended to help support the needs of a child with a severe allergy and provide information on anaphylaxis and awareness to parents, staff, students and visitors at our centre.

We, as a centre, made the decision well before Monkey See Monkey Do opened its doors that we would be a safe place for children who suffer from life threatening anaphylactic allergies. In doing so, we have requested on many occasions, along with the posters that hang in our hallways and on our front door, that parents refrain from bringing any food or drink into our school in order to aid us in our promise to keep all of our children safe.

We do recognize that if your child does not suffer from this serious allergy that it may be difficult to understand its severity. This is the reason for this letter. While you read on, you will hopefully be able to better understand this allergy and the anxiousness that parents endure whose children suffer from this life-threatening allergy.

### **What is Anaphylaxis?**

Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. It is brought on when the allergen enters the bloodstream, causing the release of chemicals throughout the body that try to protect it from the foreign substance.

### **What causes anaphylaxis?**

Anaphylaxis is most commonly triggered by:

- ◇ Stings of bees, wasps, hornets, yellow jackets and fire ants
- ◇ Foods including peanuts, tree nuts (almond, brazil nut, cashew, macadamia, hazelnut or filbert, pecan, pine nut, pistachio, walnut), cow's milk, eggs, fish, shellfish (crustaceans and mollusks), soy, wheat, and sesame seeds.
- ◇ Medications, including certain antibiotics, seizure medications, muscle relaxants, and even aspirin and non-steroidal anti-inflammatory agents
- ◇ Latex

### **Anaphylaxis Policy**

1. The Centre and its staff will only use latex free gloves when doing washroom routines, diapers, cleaning, etc.
2. A posted sign will be posted on the front door that clearly identifies that Monkey See Monkey Do is a **nut free centre**.
3. **Outside foods and drinks will not be permitted inside the centre** and a sign will be posted indicating so on the front door.
4. When staff stay on site for lunch they are to eat in the staff room only and thoroughly clean up their eating area and garbage.
5. If staff receive food gifts they have been instructed to put items in their cars.
6. **Both children and staff must wash their hands with hot soapy water upon entering the classroom** and consistently throughout the day and posters must be clearly visible by all sinks outlining the proper procedure of how to wash your hands and when.
7. All known anaphylactic causative agents (that are known to our current clients) will be avoided when planning the menu and in the materials that may be used in creative and sensory programming. The Centre Supervisor will ensure that this list is revised as necessary depending on the life threatening allergies of the children enrolled.

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8. The Centre Supervisor will ensure that upon hiring, all staff will be trained/informed on safe food handling, purchasing and preparing food and the importance of reviewing food labels to identify possible allergens.
9. Any child that has an allergy other than nuts that cannot eat our centre food will have to provide the centre with their own snacks, lunch and beverages if applicable. In the infant room, only pureed foods and alternative milk is accepted if you child does not have an allergy.
  - a) the lunch/snack must be prepared and ready to serve, we will reheat the lunch/snack if necessary
  - b) all of the food that you supply to the centre **MUST** be **NUT FREE** and **LABELED** with your child's **FIRST** and **LAST NAME** and placed in a separated lunch bag in our designated area/fridge within our kitchen
  - c) as always, we supply milk with our morning snack, and water with our lunch and afternoon snack- if your child has a dairy allergy please be sure to supply all alternatives in original packaging. Milk in baby bottles are not up to standard.
  - d) Monkey See Monkey Do will supply all fruits and vegetable as per our menus
  - e) any child with an allergy other than nuts will sit at a separate table or high chair under the close supervision of a permanent room teacher.
  - f) All Ingredients must be listed and provided for all snack and lunches provided by the parent/guardian.
  - g) All snacks and meals will be documented on an Alternative menu plan by the parent. This document will be kept in the classroom binder. It must be initialed by the staff and parent daily.

All of the above steps are being taken to ensure the overall health and well being of each child with allergies. I thank you in advance for your cooperation and understanding.

I have read and understood all of the above notations and changes made to the allergy/anaphylactic policies.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



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## Parent/Guardian Consents

### **Transportation**

Permission is hereby granted to Monkey See Monkey Do to escort \_\_\_\_\_ (name of child) on scheduled field trips outside of the school premises by transportation by school bus or walks. Unfortunately due to the nature of spontaneous programming, not all trips can be posted and explained prior to the date. These trips may include a library visit, nature walk, etc. An additional consent form will be sent home regarding each specific trip that requires advanced planning and transportation by school bus (i.e.; Spring ridge Farm, Oakville Museum, etc.)

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission for use of personal care products**

I give permission to Monkey See Monkey Do to apply any kind of sunscreen, diaper cream or body ointments that I supply for any reason.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photography**

During the school year, we will video and photograph the classroom and your child both individually and as a group, for annual pictures and special occasions. Please initial the box below indicating your preferences regarding the above mentioned.

<input type="checkbox"/>
<input type="checkbox"/>

I give permission for Monkey See Monkey Do to videotape or photograph my child for archive purposes.

I do not want my child to be videotaped or photographed.

### **Protection of Confidential Information**

Monkey See Monkey Do has adapted under the policy of the Day Nurseries Act, complete confidentiality. All staff, Board of Directors, parents, volunteers and students are made aware of the confidential nature of information concerning children and their families and that the confidential nature of such information will be respected.

All precautions will be taken with regards to all consents and child information. Only Monkey See Monkey Do will have access to your children's records. No information will be released to any agency or third party without signed authorization by the parent(s).

All information that comes forth with regards to your child and or any family situation will be considered confidential and will be respected.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Illness and communicable disease:**

If the centre has any communicable diseases that will directly affect the health and well being of your child, yourselves and staff, you will be notified and all protocols will be adhered to.

If you suspect your child has communicable disease that may spread to others, please keep your child at home and away from others and contact your family doctor for a diagnosis.

Provided is a list of viruses/ diseases commonly found in childcare centers.

1. **Rashes-** Any suspicious rash must be looked at by a doctor. A child may only return with a doctor's note.
2. **Runny Nose-** If discharge is thick, green and mucous like for more than 2 days we recommend that you consult your doctor.
3. **Fever-** Pick up is required if temperature is 101 or above. 24 hour exclusion fever free.
4. **Chicken pox-** Exclusion for 5 days or if spots have scabbed over.
5. **Pink eye-** the child must be on eye drop or cream for 24 hrs prior to his/her return. If pink eye is present while at school, immediate pick up is required.
6. **Diarrhea/vomiting-** after two bouts you will be notified for pick up. Exclusion from the centre for 24 hours from the last bout, or otherwise stated by the health department.
7. **Strep throat-** Until antibiotic treatment prescribed by a doctor is taken for 1 full day.

If the child experiences symptoms at the centre, the child is to be pick-up within the 1 hour after the parent is contacted.

### **Medication:**

Monkey See Monkey Do can administer prescription and non-prescription medication as per our Ministry guidelines. Please ensure that you complete the centres medication forms in your child's classroom as well as verbally communicating the details to your child's teachers.

**Prescription Medication:** The medication bottle must clearly read your child's name, dosage & date in order for administration. **The prescription label must be provided along with the medication.**

**Non-prescription Medication (Tylenol, tempera, etc):** This medication is a temporary treatment to help reduce pain/fever. However you must pick up your child immediately from the centre. The medication bottle must read clearly your child's name, dosage, & expiration date. The teacher's can only administer the medication based on the dosage recommendations listed (your child's age) on the bottle. If your child requires a greater dosage based on his/her weight, please provide a doctor's note stating so. Non-prescription medication can only be administered for a maximum of 2 consecutive enrollment days.

- For non-prescription medication to be administered on an "as needed basis" parents must list signs of symptoms on the medication form and a verbal confirmation from the parent/guardian before the medication is given to the child to confirm that the child is showing symptoms and requires medication to be administered.

**\*\*\*Please be advised that a doctor's note will not supersede Monkey Sees and Monkey Do Current Medication or Health Policy. \*\*\***

Parent signature: \_\_\_\_\_

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

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## Withdrawal Policy

At Monkey See Monkey Do, our teachers are required to provide a safe, caring, educational and fun environment for both the children in our care and the staff. It is therefore the policy of Monkey See Monkey Do that a child will be dismissed from our school should the following infractions occur. Steps will be taken to discuss the following issues prior to discharge, with the legal guardian or parent.

- ◇ Violent, Aggressive or Abusive behavior towards any child, parent or staff member.
- ◇ Damaging/Dangerous remarks and/or actions by a parent towards any child, parent, staff member or facility.
- ◇ Use of Profanity on the Premises
- ◇ Threatening remarks and/or actions towards any child, parent or staff member.
- ◇ Constant neglect of account after numerous reviews.

At Monkey See Monkey Do, our teachers recognize the differing developmental stages of all children. For example, many children will assert aggressive tendencies especially when frustration occurs. Dismissal will take place only when all other options have been exhausted and when/if the safety of other children and staff are at stake.

Should any staff member or parent participate in any of the above statements to any other parent, child or other staff member, it will be the duty of the School Director to facilitate termination immediately.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

### **How did you hear about Monkey See Monkey Do?**

Through a friend or relative: Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

Newspaper: \_\_\_\_\_ Community Facility: \_\_\_\_\_

Other: \_\_\_\_\_

For Office Use:

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

Date of Termination: \_\_\_\_\_

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CHILDCARE AND DEVELOPMENT CENTRES

## Terms and Conditions

1. A non-refundable registration fee of \$50.00 is required upon registration. If I withdraw my child from the program and would like to register at a later date, an additional \$50.00 registration fee is required.
2. A deposit equal to your childcare fees for two (2) weeks is required to secure a space prior to your start date. This deposit is non-refundable and will be used toward your last two weeks of care at the centre. If I withdraw my child from the program prior to his/her start date the deposit will not be refunded. The two (2) week deposit/fee is \_\_\_\_\_.
3. My child will participate in the \_\_\_\_\_ program on the following days:  
\_\_\_\_\_.
4. My child's **daily** program fees are \_\_\_\_\_. I agree to provide Monkey See Monkey Do with a void cheque, which will be used to debit my account on a bi weekly basis. A schedule of payment dates will be provided. A late fee of \$25.00 per day is applicable if payment is not made within 48 hours of an NSF or scheduled payment day. My child will be withdrawn from the program until all fees are collected and all fees are up to date. I agree to pay administration costs of \$35.00 for any returned/NSF cheques.
5. **I agree to give Monkey See Monkey Do a one (1) Month written notice of withdrawal. If proper notice is not received, I understand that my initial deposit will not be refunded to me, but will be used toward my balance. If for any reason there is an outstanding balance, I will be required to pay the difference. If payment is not received prior to my Childs withdraw from the program, my file will be sent to collections.**
6. I agree to pay 100% of my child's childcare fees if my child is absent due to illness and/or vacation. Should a situation arise where your child will be absent for an undetermined amount of time, please speak to your supervisor to make alternative arrangements.
7. I am responsible for payment of all statutory holidays, including Easter Monday (PD Day) and Christmas Eve as outlined in my parent package/handbook. I am also responsible for my fees for up to 2 consecutive emergency closure days. (Only if the holiday or closure day occurs on one of my child's enrollment days). In the case of an emergency closure, my fees will cease upon the 3<sup>rd</sup> day of the closure. I am also responsible for my fees on two early closure dates, one New Year's Eve at 4pm and the other the staff holiday party (date to be determined).
8. I understand that a 5% discount will be given to families of two or more children enrolled in Full-Time Programs. This discount will be applied to my eldest child's fees.
9. I understand that Monkey See Monkey Do reserves the right to transfer my child to another age appropriate classroom at any time during the year. I further understand that teachers may be transferred to another classroom to help facilitate any staffing issue.
10. I agree to abide by all Monkey See Monkey Do policies and procedures, as outlined in the "Parent Hand Book".

By signing below, I confirm that I have read, understand and agree to abide by all Monkey See Monkey Do "Terms and Conditions" and policies and procedures as set out in the "Parent Hand Book"

Child's Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Parent(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_

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CHILDCARE AND DEVELOPMENT CENTRES

## PRE-AUTHORIZED DEBIT FORM

### Customer Information:

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Home Phone: (    )	Business Phone: (    )	
Email:		

### Payments are to be debited from the following account:

Financial Institution Name:		
Financial Institution Address:		
City:	Province:	Postal Code:
Phone: (    )		
Banking Information:		
Bank ID	Transit No	Bank Account No
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Authorization

I/We hereby request and authorize TelPay Incorporated (Payment Processor) to debit payments and [service charges](#) authorized by me/us from the chequing account specified by me. Notice of cancellation of this authorization may be made by me/us at any time. Such notice shall not have effect on debits made prior to cancellation.

\*\* NOTE: If funds are not available, a NSF charge of \$30.00 will be applied.

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

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

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

\*\* Monkey See Monkey Do warrants that it will maintain this information confidential and will use it exclusively for the purposes of affecting the payment services of TelPay.

**A copy of a void cheque or deposit slip is required to process this form.**

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**Child Emergency Record** (All blank spaces must be completed in full prior to your child's admission into the program)

Child's Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's phone #: \_\_\_\_\_  
Doctor's Address \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Is your child at risk of anaphylaxis? \_\_\_\_\_  
Any Known Allergies: \_\_\_\_\_  
Any Known Medical Problems: \_\_\_\_\_

**Parent/Guardian Contact Information**

Parent Name: _____	Parent Name: _____
Home Address: _____	Home Address: _____
City: _____ Postal Code: _____	City: _____ Postal Code: _____
Work Address: _____	Work Address: _____
City: _____ Postal Code: _____	City: _____ Postal Code: _____
Work phone #: _____	Work phone #: _____
Cell phone #: _____	Cell phone #: _____

**Emergency Alternate Contact Information**

1.Name: _____	2.Name: _____
Relationship to child: _____	Relationship to child: _____
Phone #: _____	Phone #: _____
3.Name: _____	4.Name: _____
Relationship to child: _____	Relationship to child: _____
Phone #: _____	Phone #: _____

<p>I hereby grant the staff at Monkey See Monkey Do Childcare Centre permission to obtain transportation to a medical facility and any necessary medical assistance for my child, in the event of an emergency situation and I can't be reached. I also give permission for the physician on duty, if necessary to hospitalize, secure proper treatment, order any imaging tests, anesthetics or surgery for my child.</p> <p>In the event of an emergency, Monkey See Monkey Do Childcare Centre has my permission to administer First Aid or other treatment in the child's best interest. I agree to pay for all costs incurred.</p> <p>Please list any limitations: _____ _____</p> <p>Signature of Parent: _____ Date: _____</p>	<p>Please place a photo of your child here</p>
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CHILDCARE AND DEVELOPMENT CENTRES

To help meet your child's needs, we want to be able to follow through with any goals or strategies already in place from other services. We also welcome any services that wish to consult (with your permission) with the centre regarding your child's needs.

Have you received services or on the wait list for services with any of the following agencies.

- ErinoakKids (EOK)
  - Speech Services
  - Occupational Therapy Services
  - Physiotherapy Services
  - Behaviour Service
  
- ROCK Services
  - Psychological Assessment
  - Behaviour Services
  - Trauma Therapy
  - Family Counseling
  
- DEIPP clinic
  
- Halton Integration Eligibility Clinic (HIEC)
  
- Resource Consulting
- CNIB (Canadian Nation Institute for the Blind)
- Applied Behaviour Analysis Services (ABA)
- Intensive Behaviour Intervention Services (IBI)
  
- Private Speech Services
  
- Other services – please list \_\_\_\_\_

Please describe any concerns you have regarding your child development.

\_\_\_\_\_

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

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



Dear Parents/Guardians,

Monkey See Monkey Do would like to introduce to you our centre and classroom emails with regular updates, reminders and important information to share with you regarding the centre, classroom and community.

Throughout our day here at Monkey See Monkey Do, we capture many special moments through observation and pictures that we would love the opportunity to share with you. We have created a newsletter and calendar for the classroom which will include pictures of the children participating in their daily activities and share with you what we have been learning within our classroom. The classroom and newsletter will be emailed to you on the 1<sup>st</sup> of every month.

To always stay connected with what happening at the centre the general centre newsletter will be emailed at the end of every month with important information such as upcoming events, closures dates, payment dates and other centre details.

This form gives permission for parents of children in your specific classrooms to have access to photos of your child/children in our classroom newsletter. None of the photos will post on our website or our face book page.

We look forward to sharing this new and exciting experience with you.

If you have any further questions please do not hesitate to contact your centre supervisor.

Sincerely,

MSMD

Parent/Guardian Name: \_\_\_\_\_

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

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

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



CHILDCARE AND DEVELOPMENT CENTRES

## Infant Admission

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

Completed by: \_\_\_\_\_

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

### **Infants 6 weeks to 12 months:**

Parents will have to provide the centre with their own snacks, lunch and beverages. All food will be stored in the classroom.

- h) the lunch/snack must be prepared and ready to serve, we will reheat the lunch/snack if necessary
- i) all of the food that you supply to the centre **MUST** be **NUT FREE** and **LABELED** with your child's **FIRST** and LAST NAME and placed in a separated lunch bag in our designated area/fridge within our kitchen
- j) any child with an allergy other than peanuts will sit at a separate high chair or table under the close supervision of a permanent room teacher
- k) All Ingredients must be listed and provided in the original container for all snack and lunches provided by the parent/guardian.
- l) All snacks and meals will be documented in parent communication book with meal schedule and instructions listed. This document will be kept in the classroom. It must be initialed by the staff and parent daily.

### **Infant's 12-18months:**

Children over 12 months can follow centre weekly menu plan and meal schedule. Any additional snacks and beverages such as 3% milk can be provided by the parent otherwise.

Will your child be following the centre menu plan as of 12 months old? Y/ N

**Please advise any food restrictions or allergies?** \_\_\_\_\_

### **Eating schedule**

Breakfast Time: \_\_\_\_\_ Am snack Time: \_\_\_\_\_

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Lunch Time: \_\_\_\_\_ Pm snack Time: \_\_\_\_\_

**Bottle feedings and Fluids required during daily attendance:**

**Please circle:** Breast milk Water 3% Milk 2% milk other: \_\_\_\_\_

**Please list times and oz:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Nap time routine:**

*How does your child like to be put to sleep?*

Please list schedule: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Is there any further information regarding your child that you would like to share with our staff? *If so please make a note below:***

**Diapering:**

Appropriate precautions must be taken by staff to protect children and adults in the centre from the spread of infectious diseases. Monkey See Monkey Do will only agree to disposable diapers being used in the facility. Cloth diaper is not permitted within the centre. Parents are to provide the childcare centre with diapers, wipes and ointments if applicable. Staff will follow diapering procedures and schedule. Diaper changes will be completed at 9:00am, 11:00am, 2:30pm, and 5:00 pm and whenever a child is required to be changed.

By signing below, I confirm that I have read, understand and agree to abide by all Monkey See Monkey Do policies and procedures as set out in all of the above.

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



CHILDCARE AND DEVELOPMENT CENTRES

### **Part time and Full time Enrollment- Increasing and decreasing days:**

I know from experience that a new year always seems to bring upon changes within family schedules. I am also aware that family needs change throughout their time with us for various reasons. Increasing or decreasing your days isn't as easy as one thinks. Below you will find our standard part time and full time schedules. Please review this policy so that everyone is aware of the logistics that surround planning for the future.

As you all know we offer fulltime and part-time care. I have listed typical days of enrollment for 2 and 3 days/wk. As a rule we do not do 3 or 2 consecutive days/wk for obvious reasons, nor do we offer care for 4 days/wk.

Fulltime: (5 days per week) Monday through Friday

Part-time: (2 days per week) Monday-Wednesday or Tuesday-Thursday or Wednesday-Friday, or Monday-Thursday or Tuesday-Friday

Part-time: (3 days per week) Monday-Wednesday-Friday or Monday-Tuesday-Thursday or Tuesday-Wednesday-Friday or Tuesday-Thursday-Friday

When your child is enrolled part-time and you want to increase or decrease your days, you must notify your centre supervisor as quickly as possible. We will make every effort to accommodate you. In the event that we can't, you will be put on a waitlist. Please know that we always accommodate our in-house clients first, before going to the public. There is a chance that your request could take some time, with the possibility of not being able to accommodate you when needed.

If your child is enrolled in 3 days a week and want to drop down to 2 days a week, there will need to be a two-day space available in order for you to transfer. This is not something that happens automatically.

If your child is enrolled full time and you want to drop down to part-time there will need to be a part time space available for you to transfer. This is not something that happens automatically.

If you are taking the summer off, and returning for the fall, your spot will not be held automatically. The only time that this may be possible is if you are graduating from one age group to the next. It is not a guarantee.

When you leave the centre for any undetermined amount of time for vacation or personal reasons you are still responsible for payment.

From time to time some of our clients will ask us if we can graduate their child at the same time of some of their friends. This solely depends on the enrollment in the other classrooms, as well as ages. Under the MOE we are only allowed a 20% variance in each age group.

Parent/Guardian Name: \_\_\_\_\_

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

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

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