Enrollment Application Form

Mom's Dream Daycare endeavors to meet the whole child's needs for emotional security, physical safety, mental (cognitive) enhancement, creativity and social interaction

Name of Child: _____

Birthdate: _____ Home Phone: _____

Home Address: _____

Father: _____ **Mother:** _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Workplace: _____ Workplace: _____

Work Phone: _____ Work Phone: _____

Emergency person(s) to whom your child may be released:

Name: _____ **Name:** _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Workplace: _____ Workplace: _____

Work Phone: _____ Work Phone: _____

MEDICAL AUTHORIZATION

I (We) _____, the parents of _____ do hereby give permission to Mom's Dream Daycare to contact and/or transport the above named child to the following medical facilities for medical attention in case of an emergency.

Parent(s) Signature: _____

Family Physician: _____

Clinic/Hospital: _____

Child's Health Care Number: _____

Is your child on any special medication? **Yes** _____ **No** _____

If yes, please specify _____

Does your child exhibit any allergic reactions to food? **Yes** _____ **No** _____

If yes, please specify _____

Does your child exhibit any allergic reactions to medications? **Yes** _____ **No** _____

If yes, please specify _____

Immunization Record:

Please state if immunizations are up to date. **Yes** _____ **No** _____

Comments: _____

PARENT CONSENT FOR OFF PREMISE:

I (We) _____, give Mom's Dream Daycare permission for my (our) child to participate in regular daily activities of the program that includes walks, neighborhood parks and walking distance activities.

Parent(s) Signature: _____

Authorized Contact Person(s)

Name:	_____	**Name:**	_____
Address:	_____	Address:	_____
Home Phone:	_____	Home Phone:	_____
Workplace:	_____	Workplace:	_____
Work Phone:	_____	Work Phone:	_____

Custody: In the event of one parent having custody of the child, please state which parent

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I, the undersigned parent, do affirm that the information that I have provided on this enrollment application form is true to the best of my knowledge.

Date _____ **Parent Signature** _____

Director/Manager _____

OPERATIONAL TERMS & AGREEMENT

OPEN DOOR: Parents are welcome to enter the Mom's Dream Daycare Center at any time without appointments.

HOURS OF OPERATION: *The Daycare Centre opens at* ***7:00 am*** *and closes at* ***5:30 pm****, Monday through Friday.*

FEE PAYMENT: *Monthly fee payments are required in full by the first day of each month. No refunds will be given for statutory holidays, sick days or absent days.*

LATE PAYMENT PENALTY: *Unless prior arrangements have been made with the Program Supervisor, fees not received by the* ***5th day of the month*** *will be subject to a late payment penalty fee of* ***$30.00****. Non-payment of fees will constitute a dismissal.*

STATUTORY HOLIDAYS: *The Daycare Centre is closed on all statutory holidays.*

VACATIONS: *A paid space is an ensured space. It is the responsibility of each parent to ensure that space is available upon their return. Holiday spaces are paid for as if the child is attending* **.**

CHILD ABSENTEE: *If your child will be absent from the Daycare Centre, please inform the program supervisor as soon as possible.*

DEPARTURES FROM THE CENTER: *Children will only be released to individuals that have been authorized as per you Enrollment Application form. All persons picking up your child must be entered on the form for identification purposes. The Daycare Centre must be notified by you in advance if anyone other than those already authorized will be picking up your child. As a safety precaution, those persons will be asked to produce some form of identification before your child will be released to them.*

REMOVAL OF CHILDREN: Mom's Dream Daycare Centre reserves the right to remove from its enrollment any child who is perceived to be consistently impeding the progress of the group. Mom's Dream Daycare Centre reserves the right to remove from its enrollment any child due to failure to remit monthly fee payments. Parents must give one month notice to Mom's Dream Daycare if terminating service.

COMMUNICABLE DISEASE: *Children contracting a communicable disease will not be permitted to remain at the Centre and will only return after the prescribed length of time as determined by your physician.*

IMMUNIZATION RECORDS: *All children must be immunized in accordance with the Health Care Policy.*

FIRE REGULATIONS: *In accordance with Fire Regulations, children are required to wear shoes during the day.*

RECORD KEEPING: *Attendance records must be kept on a daily and weekly basis. Medical sheets must be completed and signed by parents only.*

INFORMATION UPDATES: *It is the responsibility of each parent to keep the centre updated on changes in phone numbers, jobs, residences, etc.*

REFERENCES: *The Daycare Centre may request parent and/or child references from previously attended daycares.*

INSPECTION REPORTS: *Inspection Reports are posted at all times for parents to review.*

OTHER POLICIES: It is the responsibility of parents to be aware of and to acknowledge all other policies of Mom's Dream Daycare, as found in the information packages.

I, the undersigned parent, have read and do acknowledge the Mom's Dream Daycare Centre Operational Terms and Agreement Policy and the Program Philosophy.

Date _____ **Parent Signature** _____

Director/Manager _____

Application Date: _____
Commencement Date: _____
Termination Date: _____