



**REGISTRATION PACKAGE
FOR
ENROLLMENT**

The Chestnut Tree Pre-School Inc.,

REGISTRATION FORM - BEAMSVILLE DAYCARE

Today's Date:		Start Date:		Withdraw Date:	
CHILD INFORMATION					
Child's Last Name:		First:		Middle:	
Birth date: M / D / Y / /		Age:		Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Street address:				Home phone no.:	
City:		Province:	Postal Code:		Email:
Remarks: (Special Information)					
PARENT (OR) GUARDIAN INFORMATION					
Mother's Last Name		First:			
Address (if different):		Home phone no.:		Cell phone no.:	
Occupation:	Employer:	Employer address:		Employer phone no.: ()	
Father's Last Name		First:			
Address (if different):		Home phone no.:		Cell phone no.:	
Occupation:	Employer:	Employer address:		Employer phone no.: ()	
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):		Relationship to child:		Home phone no.:	Work /Cell phone no.:
Child's Physicians Name		Physician's address		Work phone no.:	
ADMISSIONS & RELEASE FORM					
People authorized to pick-up your child from pre-school:					
Name:	Relationship:		Home phone no:	Cell phone no.:	
Name:	Relationship:		Home phone no:	Cell phone no.:	

REGISTRATION FORM - BEAMSVILLE DAYCARE

APPROXIMATE AGE AT WHICH YOUR CHILD

The Chestnut Tree Pre-School Inc.,

REGISTRATION FORM - BEAMSVILLE DAYCARE

Named Simple Objects		Repeated Short Sentences		Began Toilet Training	
Word your child uses for urination			Word your child uses for bowel movement		
Does your child have to be reminded to use the washroom? Yes <input type="checkbox"/> No <input type="checkbox"/>			Usual Time for a bowel movement		
Is your child...? Right handed <input type="checkbox"/> Left handed <input type="checkbox"/>		Unknown <input type="checkbox"/> What time does your child usually go to bed at nights?		Does your child sleep well? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Remarks: (Special Information) (ie: my child can dislocate his shoulder easily)					

SOCIAL & LEARNING DEVELOPMENT

What are your child's favorite indoor activities?	
Does your child have fears that you are aware of?	Does Your child Speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> Other Languages:

If your child has been identified or diagnosed with a special need, please use this area to elaborate your concerns:

Parent/Guardian signature	Date
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The Chestnut Tree Pre-School Inc.,

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PHOTOGRAPH / VIDEO CONSENT FORM

Child's Name: _____

Date: _____

I _____ give permission to the Chestnut Tree Preschool to take photographs of my

Child _____ for the purpose of class projects and activities.

I _____ give permission to the Chestnut Tree Preschool to take photographs

of my child, _____ to use for publicity and promotion on both their Website and Facebook page.

I hereby certify that I am the parent/guardian of _____,
(Child's Name)

Signature or parent or guardian

FIELD TRIP PERMISSION FORM

Occasionally trips are made to special places of interest for our preschool children's group (only). A notice will be posted and sent home in advance of the excursion informing you of the destination, time, date and any cost involved. It will also include a permission slip to be signed and returned to the school.

I _____ hereby give permission for my child _____ participate in the Center's field trips.

In case of emergency, I can be reached by phone at _____. By signing this permission form, I understand that:

- ☐ My child will be in the direct supervision of an Educator while away from the center.
- ☐ In case of accident or illness during the field trip, if a parent or guardian cannot be reached, the Child Care Services staff will phone an ambulance and a staff member will accompany your child to the hospital.
- ☐ I am giving my authorization for emergency health services to be engaged for my child.

Parent/Guardian signature

Date

The Chestnut Tree Pre-School Inc.,

REGISTRATION FORM - BEAMSVILLE DAYCARE

Child's Name	Child's Age	Requested Start Date	Finish Date
PROGRAM PREFERENCE			
Infant (12w - 30 mths)	Mon	Tues	Wed
	Thurs	Fri	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM PREFERENCE			
Toddler (18 - 30mths)	Mon	Tues	Wed
	Thurs	Fri	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM PREFERENCE			
Preschool (31 – 60mths)	Mon	Tues	Wed
	Thurs	Fri	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM __ PM__Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPOSIT – RATES & FEE REQUIRMENTS			
<p>Daycare fees must be received prior to the first of each month, post-dated cheques are required. Cheques are to be made payable to <u>The Chestnut Tree Preschool Inc.</u> There is a required \$200.00 deposit, payable to the centre along with your child's application forms. This amount is refundable up to 60 days prior to your enrolment start date, after which no refund will be issued. A \$150 of your deposit will be applied to your last month's fee payment; \$50 is a registration fee. All childcare spaces are allocated based on 12 months a year. Half-day care will be considered once all full time spots have been allocated. Care is on a first come first serve bases. Parents are required to pay for a minimum of 2 days per week, if your child attends school on alternate days, you will be required to pay for that alternating day that your child is attending school. (eg) If you child attends school Monday, Wednesday and alternating Fridays, you will be charged daycare fees for every Tuesday, Thursday and Friday or 3 days per week.</p>			
Deposit *required	Amount Included \$200	<input type="checkbox"/> YES	<input type="checkbox"/> NO
First Months Payment *required (refer to the fee guide)	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Post Dated Checks (refer to the check schedule)	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>There is a \$25.00 charge for all NSF checks. If paying monthly (12 cheques) or bi-weekly (26 cheques) please give your post-dated cheques to the Supervising Teacher or use the drop lock box located at the front of the school or by return mail. Cheques are preferred, however cash will be accepted only if paid directly to the Supervising Teacher and a receipt is issued. Annual receipts will be issued for income tax purposes. (see attached fee guide for additional program post dated cheque requirements)</p>			
FEE GUIDE			
Rates	Daily Rate	Full-Time (5 days) Bi-Weekly Post Dated Cheques	Part-Time (2 days) Bi-Weekly Post Dated Cheques
Infant	\$55	\$550	\$220
Toddler	\$44	\$440	\$176
Preschooler	\$42	\$420	\$168
Half Day Rate	\$33	\$330	\$132
Parent/Guardian signature		Date	

5407 King St Beamsville, Ontario L0R 1B3 905-563-1113

Issued: Sep 5, 2018

E-Mail: info@chestnuttreepreschool.com

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Child Care Immunization Form

Vaccine Preventable Disease program

Phone: 905-688-8248 or 1-888-505-6074 ext. 7425

Fax: 905-688-8225

This form must be completed by the child's parent or legal guardian. A "legal guardian" is an individual who has been awarded legal guardianship of a child by a court of law.

Section one: Child Information

Child Care program/facility			
Name of previous Child Care facility			
Child's Name (Last)		Child's Name (First) (Common)	
Birthdate (yy/mm/dd)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Child's Ontario Health Card Number (optional)	
Mailing Address (Apt.#/Unit/P.O. Box) (Number) (Street)			
(City)		(Postal Code)	
Physician/Health Care Provider			

Section two: Parent/Legal Guardian Information

Name(s) of <u>ALL</u> Parent(s)/ Legal Guardian(s)	Relationship to Child	Contact Phone Number(s)
1. _____ (Last) (First)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	Home: _____ Cell: _____
2. _____ (Last) (First)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	Home: _____ Cell: _____

Please attach two copies of the child's original immunization card

One copy to stay with operator and one copy for Niagara Region Public Health

I hereby consent to the disclosure of this information and immunization record to the Medical Officer of Health.

Signature of Parent/Legal Guardian

Date

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act, 2004 (PHIPA). Information is collected for the purpose of providing services to you under the Vaccine Preventable Disease program and in accordance with the Health Protection and Promotion Act or other applicable legislation. You have the right to view and correct this information, or withhold or revoke your consent usually without affecting the services provided here. If you have any questions about our policy, please contact the Freedom of Information and Privacy Coordinator at 905-685-4225 ext. 3741.

Beamsville Daycare –Posted Dated Cheque Fee Schedule

Rates & Fee Schedule		
Preschool Program Ages - 2 ½ - 5 yrs		
Full Day (7:30am to 5:30pm)		
Program Days	Daily Rate	Bi-weekly (post dated cheques)
5 days	\$42	\$420
4 days		\$336
3 days		\$252
2 days		\$168

Rates & Fee Schedule		
Preschool Program Ages - 2 ½ - 5 yrs		
Half Day (7:30am to 12:00)or (12:30 to 5:30pm)		
Program Days	Daily Rate	Bi-weekly (post dated cheques)
5 days	\$33	\$330
4 days		\$264
3 days		\$198
2 days		\$132

Rates & Fee Schedule		
Toddler Program Ages - 18 to 30 months		
Full Day (7:30am to 5:30pm)		
Program Days	Monthly (post dated cheques)	Bi-weekly (post dated cheques)
5 days	\$44	\$440
4 days		\$352
3 days		\$264
2 days		\$176

Rates & Fee Schedule		
Infant Program Ages - 12 weeks – 18 months		
Full Day (7:30am to 5:30pm)		
Program Days	Daily Rate	Bi-weekly (post dated cheques)
5 days	\$55	\$550
4 days		\$440
3 days		\$330
2 days		\$220

Full & Part-Time Daycare offered Year-Round:

We are a year-round school open during the summer months and closed each year for one week between Christmas and New Years.

Deposit Required: A \$200 deposit is required to secure your child's spot (\$150 is applied to your last month's fee, \$50 is the Registration Fee)

Six (6) Months: of post dated checks on a bi-weekly schedule is due two weeks prior to your child's start date.

Please see: the Program Supervisor to obtain a copy of the fee schedule with dates of the post dated check payment cycle.





Appendix B: Authorization for Non-Prescription Skin Products

Child's Full Legal Name: _____

Date of Birth: _____

The following non-prescription items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- ☐ Sunscreen ☐ Diaper Creams/Ointment ☐ Lip balm
- ☐ Insect repellent ☐ Lotions Other _____

Parent has agreed to provide:	Parent has agreed to provide:

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd/mm/yyyy)

Signature of Parent



Niagara Children's Centre Speech and Language Referral Checklist Consent Form

The Speech & Language Referral Checklist is a screening tool completed on an *annual* basis with **ALL** children from age 6 months until August 31 prior of the year the child is eligible to enter Year 1 Kindergarten.

The Referral Checklist was developed by Niagara Children's Centre, however it will be completed by one of your child's Educators. The Educator will review the results with you and ask you for your input.

If the results of the Checklist indicate that a referral should be made to Niagara Children's Centre for a speech & language assessment, the Educator will complete the referral with your consent.

The first step is asking for your consent to have your child's Educator complete the Speech & Language Referral Checklist with your child. Do you consent?

Child's Name

Birthdate

☐ I consent ☐ I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Recommendation:

- ☐ No further action is recommended at this time
☐ Recommend referral to Niagara Children's Centre for follow up

Reason: _____

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____



This program is a member of Quality Child Care Niagara

Revised October 2020

☐ I consent ☐ I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Recommendation:

☐ No further action is recommended at this time

☐ Recommend referral to Niagara Children's Centre for follow up

Reason: _____

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____

☐ I consent ☐ I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Recommendation:

☐ No further action is recommended at this time

☐ Recommend referral to Niagara Children's Centre for follow up

Reason: _____

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____



This program is a member of Quality Child Care Niagara

Revised October 2020



Your Centre Name _____

**Diagnostic Inventory for Screening Children (DISC)
DISC Preschool Screen (DPS) Consent Form**

Once a year, a developmental screening tool is completed with each child in the centre called the DISC Preschool Screen (DPS). It is a simple 15 – 20-minute developmental checklist based on 12 items, using specific materials on a 1:1 basis.

Based on the results of the DISC Preschool Screen, one of the following suggestions will be made:

- No further developmental screening is recommended (annual screening)
- A referral to a Resource Consultant is recommended for follow up with second stage screening with Diagnostic Inventory for Screening Children (DISC and DPS)
- Recommend alternate screening tool.

We are requesting your consent to have our staff complete the DISC Preschool Screen (DPS) with your child. The results will be shared with you. Do you consent?

Child's Name _____ Birthdate _____

☐ I consent ☐ I do not consent

Signature of Parent/Guardian _____ Signature of Witness _____

Date: _____ Date: _____

Year: _____

Date of completion: _____ Completed by: _____

Scoring Outcome (Score out of 12): _____

Recommendation: ☐ No further developmental screening is recommended at this time
☐ Recommend referral to Resource Consultant
☐ Recommend completion of Behaviour C.A.R.E. Checklist

Parent/Guardian Signature _____ Educator/Supervisor _____

Date: _____ Date: _____



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Revised February 2021

☐ I consent ☐ I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Year: _____

Date of completion: _____

Completed by: _____

Scoring Outcome (Score out of 12): _____

Recommendation: ☐ No further developmental screening is recommended at this time
 ☐ Recommend referral to Resource Consultant
 ☐ Recommend completion of Behaviour C.A.R.E. Checklist

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____

☐ I consent ☐ I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Year: _____

Date of completion: _____

Completed by: _____

Scoring Outcome (Score out of 12): _____

Recommendation: ☐ No further developmental screening is recommended at this time
 ☐ Recommend referral to Resource Consultant
 ☐ Recommend completion of Behaviour C.A.R.E. Checklist

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____



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Revised February 2021

Appendix A: Supplementary Information for Children Under 12 Months

Child's Full Legal Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Age (in months): _____

Feeding Arrangements

My child drinks: ☐ breast milk ☐ formula ☐ breast milk and formula

My child has started eating solid foods YES NO

If YES, food must be: ☐ pureed ☐ mashed ☐ steamed until soft ☐ other:

My child can self-feed: YES (independently) YES (with support) NO

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods):

Sleep Arrangements

Note: According to the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).¹

The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., soother, must be rocked to sleep)?

YES NO

If yes, please provide relevant details:

Date (dd/mm/yyyy) _____

Signature of Parent _____

¹ Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>