



**REGISTRATION PACKAGE
FOR
ENROLLMENT**

The Chestnut Tree Pre-School Inc.,

REGISTRATION FORM - BEAMSVILLE II

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.:		

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Child's Name

HEALTH CONSIDERATIONS:

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)? ☐ YES ☐ NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

ALLERGY INFORMATION

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)? ☐ YES ☐ NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])? ☐ YES ☐ NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

DIETARY REQUIREMENTS

Is the Family Vegetarian?

Yes ☐

No ☐

Other dietary restrictions: (please elaborate)

FAMILY & SOCIAL HISTORY

Mother's Name

Father's Name

Guardian's name (if applicable)

Marital Status

☐ Married Living Together

☐ Divorced

How Long? _____

☐ Separated

How Long? _____

Stepmother's name (if applicable)

Stepfather's name (If applicable)

Brother's & Sisters of the Child

Name:

Birth Date:

Grade in School:

Name:

Birth Date:

Grade in School:

Other Members of the household

Relationship

Has the Child had a play Group Experience?

Yes ☐

No ☐

If yes where

In general how does your child react to a stressful situation?

What method of behaviour control is used in your home? What is your child's usual reaction?

How would you describe your child's personality?

How does your child relate to other children?

Friendly ☐

Aggressive ☐

Hesitant ☐

What do you expect your child to gain by attending pre-school?

Are there any other conditions or information of the Parent/Child status that would help the teachers in their work with your preschooler? If so please elaborate:

Parent/Guardian signature

Date

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APPROXIMATE AGE AT WHICH YOUR CHILD

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 favourite 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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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

5041 King St Beamsville, Ontario L0R 1B3 905-563-1113

Issued: Oct 23, 2024

E-Mail: info@chestnuttreepreschool.com

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Child's Name	Child's Age	Requested Start Date	Finish Date
PROGRAM PREFERENCE			
Infant (12w - 30 mths)	Mon	Tues	Wed
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thurs	Fri	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM PREFERENCE			
Toddler (18 - 30mths)	Mon	Tues	Wed
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thurs	Fri	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM PREFERENCE			
Preschool (31 – 60mths)	Mon	Tues	Wed
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM __ PM__Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thurs	Fri	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPOSIT – RATES & FEE REQUIREMENTS			
<p>Daycare fees must be received prior to the first of each month, direct deposit or post-dated cheques are required. Cheques are to be made payable to <u>The Chestnut Tree Preschool Inc.</u> There is a required \$150.00 deposit, payable to the centre along with your child's application forms. A \$150 of your deposit will be applied to your last month's fee payment. 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 \$150	<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	\$22.00	\$220.00	\$88.00
Toddler	\$20.79	\$207.90	\$83.16
Preschooler	\$19.85	\$198.50	\$79.40
Half Day Rate	\$15.59	\$155.90	\$62.36
<div style="display: flex; justify-content: space-between;"> Parent/Guardian signature Date </div>			

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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)		(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.

White copy: Child Care Facility
Yellow copy: Niagara Region Public Health

Revised October 2018

Amended Childcare – Posted Fee Schedule

Canada-Wide Early Learning and Child Care

(CWELCC) - Beamsville Plaza (Only)

Flat Fee Reduction in fees to \$22/day Effective January 01, 2025

Rates & Fee Schedule

Preschool Program Ages - 2 ½ - 5 yrs

Full Day (7:30am to 5:30pm)

<i>Program Days</i>	<i>Daily Rate</i>	<i>Bi-weekly (post dated cheques)</i>
5 days	\$22.00	\$220.00
4 days		\$176.00
3 days		\$132.00
2 days		\$88.00

Rates & Fee Schedule

Toddler Program Ages - 18 to 30 mths

Full Day (7:30am to 5:30pm)

<i>Program Days</i>	<i>Daily Rate</i>	<i>Bi-weekly (post dated cheques)</i>
5 days	\$22.00	\$220.00
4 days		\$176.00
3 days		\$132.00
2 days		\$88.00

Rates & Fee Schedule

Preschool Program Agnes - 2 ½ - 5 yrs

Half Day (7:30am to 12:00)or (12:30 to 5:30pm)

<i>Program Days</i>	<i>Daily Rate</i>	<i>Bi-weekly (post dated cheques)</i>
5 days	\$22.00	\$220.00
4 days		\$176.00
3 days		\$132.00
2 days		\$88.00

Rates & Fee Schedule

Infant Program Ages-12 wks–18 mths

Full Day (7:30am to 5:30pm)

<i>Program Days</i>	<i>Daily Rate</i>	<i>Bi-weekly (post dated cheques)</i>
5 days	\$22.00	\$220.00
4 days		\$176.00
3 days		\$132.00
2 days		\$88.00

Full & Part-Time Daycare offered Year-Round:

We operate year-round during the summer months and closed each year for one week between Christmas and New Years. **Deposit Required:** A \$150 deposit is required to secure your child's spot (\$150 is applied to your last month's fee) **Electronic Funds Transfer (ETF) is the preferred method of payment on a bi-weekly schedule prior to your Childs attendance or 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.



Lincoln Manor 4329 Ontario St, Ont L0R 1B5 Tel: 289-566-9098
 Grimsby 14 Ontario St, Ont L3M 3G9 Tel: 905-309-1000
 Beamsville 5407 King St, Ont L0R 1B3 Tel: 905-563-1113
 Beamsville Plaza 7-5041 King St Ont L0R 1B0 Tel: 289-566-9232
info@chestnuttreepreschool.com www.chestnuttreepreschool.com

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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

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Appendix C:

Supplementary Information for Children Under 12 Months

Child's Full Legal Name: _____ Child's Date of Birth: _____

<u>Feeding Arrangements</u>			
My child drinks:			
<input type="checkbox"/> breastmilk	<input type="checkbox"/> formula	<input type="checkbox"/> breastmilk and formula	
My child has started eating solid foods:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, food must be:			
<input type="checkbox"/> pureed	<input type="checkbox"/> mashed	<input type="checkbox"/> steamed until soft	<input type="checkbox"/> other:
My child can self-feed:			
<input type="checkbox"/> yes (independently)	<input type="checkbox"/> yes (with support)	<input type="checkbox"/> no	
Please provide any other relevant details regarding feeding arrangements for your child (e.g., meal times, favourite foods):			
<u>Sleep Arrangements</u>			
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) 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 have each day?			
At what times does your child nap?			
How long does your child usually nap?			
Does your child have any special sleep arrangements (e.g., soother, must be rocked to sleep)?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If yes, please provide relevant details:			
Date (dd-mm-yyyy)		Signature of Parent	