



REGISTRATION PACKAGE

Start date: _____ **Termination date:** _____

LATCHKEY PROGRAM: _____

CHILD'S FULL NAME: _____

BIRTHDATE: (M) _____ (D) _____ (Y) _____ HEALTH CARD NUMBER: _____

CHILD RESIDES WITH: BOTH PARENTS MOTHER FATHER GUARDIAN

LEGAL PARENT/ GUARDIAN INFORMATION:

MOTHER

FULL NAME: _____

Date of Birth: _____
Day / Month / Year

Marital Status: _____

Home telephone: _____

Home Address: _____

Postal Code: _____

Workplace: _____

Occupation : _____

Work Telephone: _____

Work Address: _____

Postal Code: _____

Cell Number: _____

Email Address: _____

FATHER

FULL NAME: _____

Date of Birth: _____
Day / Month / Year

Marital Status: _____

Home telephone: _____

Home Address: _____

Postal Code: _____

Workplace: _____

Occupation : _____

Work Telephone: _____

Work Address: _____

Postal Code: _____

Cell Number: _____

LATCHKEY DAY CARE & LEARNING CENTRE

CUSTODY INFORMATION (if applicable) :

Name(s) of Custodial Parent(s) / Guardian: _____

Can child be released to non – custodial parent? YES NO

Is there a court order outlining custody conditions? YES NO

- **IF yes, a copy of the court order must be attached to this registration.**

Date when copy of court order received at Latchkey: _____

Do we have your permission to verbally release progress and development information about your child with a non-custodial Parent? YES NO please initial beside the appropriate box.

**Note: Childcare staff will make every effort to release children to only CUSTODIAL PARENTS
Visits by non-custodial parents will not be allowed at Latch Key.**

EMERGENCY/HEALTH INFORMATION

NAME OF DOCTOR: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: _____

ALLERGIES: _____

ANAPHYLACTIC ALLERGIES: _____
(Please obtain the ‘ALLERGY ACTION PLAN’ from the program Supervisor)

SPECIAL CONCERNS: _____

MEDICATION: _____ (IF MEDICATION IS TO BE ADMINISTERED AT LATCHKEY, A MEDICATION FORM NEEDS TO BE COMPLETED. PLEASE ASK YOUR SUPERVISOR FOR ASSISTANCE)

IN CASE OF EMERGENCY PLEASE CALL: (PLEASE INDICATE SOMEONE CLOSE TO THE PROGRAM LOCATION)

(NAME) _____ (RELATIONSHIP) _____

(PHONE) _____

(NAME) _____ (RELATIONSHIP) _____

(PHONE) _____

LATCHKEY DAY CARE & LEARNING CENTRE

REGISTRATION

REGISTRATION: THERE WILL BE A YEARLY \$30.00 NON- REFUNDABLE FEE PER FAMILY

PAYMENT FOR ALL SCHEDULED DAYS FOR EACH MONTH IS REQUIRED IN ADVANCE. CASH OR POST DATED CHEQUES DATED FOR THE 1ST OF THE MONTH ARE ACCEPTABLE. FEES PAID IN ADVANCE ARE NON-REFUNDABLE UNLESS YOU PROVIDE NOTIFICATION IN WRITING, AT LEAST TWO (2) WEEKS IN ADVANCE, OF CHANGES IN YOUR SCHEDULED DAYS.

THE REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION. CHEQUES MUST BE DATED FOR THE DAY OF REGISTRATION.

IF YOU DO NOT REGISTER BY THE REGISTRATION DAY YOU WILL BE REQUIRED TO PAY A LATE FEE OF \$25.00, IN ADDITION TO THE REGISTRATION FEE. LATE REGISTRATION SPACES ARE SUBJECT TO AVAILABILITY.

RATES ARE AS FOLLOWS:

BEFORE AND AFTER SCHOOL PROGRAM

1 CHILD = \$4.00	3 CHILDREN = \$ 7.25
2 CHILDREN = \$5.75	4 CHILDREN = \$8.50

FULL DAY – PD Day, Christmas and March break

1 CHILD	\$24.60	3 CHILDREN	\$60.50
2 CHILDREN	\$43.00	4 CHILDREN	\$84.00

HALF DAY – (PD day using less than 5 hours)

1 CHILD	\$16.90	3 CHILDREN	\$37.40
2 CHILDREN	\$29.00	4 CHILDREN	\$47.15

PLEASE DO NOT SEND YOUR CHILD OR CHILDREN TO LATCHKEY ON A DAY THAT THEY HAVE NOT BEEN REGISTERED TO ATTEND. THEY WILL NOT BE ALLOWED TO STAY UNDER ANY CIRCUMSTANCES.

PLEASE FILL OUT THE ATTACHED CALENDAR AND RETURN BEFORE THE REGISTRATION DATE FOR YOUR SCHOOL.

DATE: _____

PARENT'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE _____

LATCHKEY DAY CARE & LEARNING CENTRE

AUTHORIZATION FOR EMERGENCY TREATMENT

NAME OF CHILD: _____

DATE OF BIRTH: _____

HEALTH CARD NUMBER: _____

ALLERGIES: _____

ANAPHYLACTIC ALLERGIES: _____

(Please obtain 'ALLERGY ACTION PLAN' from the program Supervisor)

SPECIAL CONCERNS: _____

ADDRESS: _____

PHONE NUMBER: _____

IN THE EVENT OF AN ACCIDENT, SUDDEN ILLNESS OR OTHER EMERGENCY, I HEREBY AUTHORIZE AND DIRECT LATCHKEY DAY CARE & LEARNING CENTRE TO HAVE MY CHILD EXAMINED BY A HEALTH CARE PROVIDER AND TO CONSENT TO SUCH EMERGENCY TREATMENT AS MAY BE RECOMMENDED BY A HEALTH CARE PROVIDER INCLUDING, IF NECESSARY, THE ADMINISTRATION OF ANESTHETIC.

I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT ME, MY SPOUSE OR MY CHILD'S LEGAL GUARDIAN.

I AGREE TO PAY ALL MEDICAL EXPENSES INCURRED BY LATCHKEY OF ALL EMERGENCY MEDICAL EXPENSES PROVIDED TO MY CHILD UNDER THIS AUTHORIZATION.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

DOCTOR'S NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: _____

LATCHKEY DAY CARE & LEARNING CENTRE

REMOVAL OF CHILD FROM LATCH KEY POLICY

ACCORDING TO THE LATCHKEY DAY CARE & LEARNING CENTRE HEALTH AND SAFETY POLICY, IT IS THE RESPONSIBILITY OF ALL STAFF TO ENSURE A SAFE AND HEALTHY ENVIRONMENT FOR ALL CHILDREN AT LATCHKEY. CONTINUED PARTICIPATION IN LATCHKEY PROGRAMS REQUIRES CO-OPERATION AND RESPECT FOR LATCHKEY PROGRAM POLICIES AND PROCEDURES.

THIS POLICY OUTLINES THE PROCEDURES, WHICH WILL BE FOLLOWED WHEN A CHILD DISPLAYS DEFYING AND DISRUPTIVE BEHAVIOURS WHILE ATTENDING LATCH KEY.

DEFYING AND DISRUPTIVE BEHAVIOURS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- (A) PHYSICALLY/EMOTIONALLY HARMING OTHER CHILDREN OR STAFF
- (B) DISPLAYING DEFIANCE TOWARDS STAFF WHEN REASONABLE REQUESTS HAVE BEEN MADE. (EXAMPLES: REFUSAL TO STOP SWEARING OR HITTING, PORTRAYING AN "I DON'T CARE" ATTITUDE)
- (C) LEAVING THE LATCH KEY LOCATION/PROPERTY WITHOUT PERMISSION
- (D) STEALING/DAMAGING EQUIPMENT OR PROPERTY

SUPERVISORS ARE RESPONSIBLE FOR RECORDING AND DOCUMENTING ON A SERIOUS OCCURRENCE FORM THE DATE AND TIME OF THE INCIDENT AS WELL AS DETAILS OF WHAT HAPPENED AND WHAT THE END RESULTS WERE.

STEP 1

INFORM THE PARENTS OF WHAT HAPPENED; MAKE A WRITTEN NOTE IN THE DAILY LOGBOOK AND CONFIRM WITH A FAMILY CORRESPONDENCE FORM STATING THAT YOU SPOKE TO THE CHILD'S PARENTS, AND THE RESPONSE. PARENTS AND THE CHILD ARE REQUIRED TO DISCUSS THE INCIDENT WITH THE SUPERVISOR AND GUIDELINES FOR APPROPRIATE BEHAVIOUR AND EXPECTATIONS WHILE AT LATCHKEY.

THE SUPERVISOR WILL FORWARD A COPY OF THE SERIOUS OCCURRENCE AND THE FAMILY CORRESPONDENCE FORM TO THE EXECUTIVE DIRECTOR FOR REVIEW.

STEP 2

AFTER 3 BEHAVIOURAL INCIDENTS HAVE OCCURRED, THE PROGRAM SUPERVISOR, THE EXECUTIVE DIRECTOR AND THE PARENTS MUST MEET TO DISCUSS THE SITUATION AND STRATEGIES TO SUPPORT THE SITUATION.

STEP 3

IF WE CANNOT RESOLVE THE DIFFICULTIES AND THE BEHAVIOUR CONTINUES, THE EXECUTIVE DIRECTOR WILL ISSUE A LETTER STATING THE DATE THE CHILD INVOLVED WILL NOT BE ABLE TO RETURN TO THE LATCH KEY PROGRAM.

PARENTS SIGNATURE _____

DATE: _____

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ADMINISTRATION OF MEDICATION FORM-

CHILD'S NAME: _____

HEALTH CARD NUMBER: _____

DATE OF BIRTH: _____

NAME OF MEDICATION: _____

DATE(S) TO BE ADMINISTERED: _____

TIMES TO BE ADMINISTERED: _____

AMOUNT EACH TIME: _____

DOCTOR PRESCRIBING THE MEDICATION: _____

PHONE NUMBER OF DOCTOR: _____

ADDRESS: _____ POSTAL CODE: _____

I, _____ GIVE MY PERMISSION FOR THE STAFF TO
ADMINISTER THE ABOVE MEDICATION (ACCORDING TO THE ABOVE GUIDELINES)
TO (CHILD'S NAME) _____. I UNDERSTAND THAT THE STAFF
CANNOT BE HELD RESPONSIBLE FOR ALLERGIC REACTIONS OR OTHER COMPLICATIONS RESULTING
FROM THE ADMINISTRATION OF THE ABOVE MEDICATION ACCORDING TO THE DIRECTIONS.

SIGNED: _____

DATE: _____

SUPERVISOR: _____

STAFF ADMINISTERING

MEDICATION: _____

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GENERAL INFORMATION

ARRIVAL - THE SUPERVISOR WILL NOTIFY PARENTS, IN ADVANCE, OF THE DAYS AND TIMES THE CHILDREN SHOULD ARRIVE BY FOR THE PLANNED ACTIVITIES.

CHILD CARE FEES – WE ARE A NON-PROFIT ORGANIZATION. THE CONTINUED OPERATION OF OUR PROGRAMS DEPENDS ON YOUR PROMPT PAYMENT OF YOUR CHILD CARE FEES. PRIOR TO THE FIRST OF EACH MONTH IN WHICH YOU REQUIRE CHILD CARE, YOU MUST PROVIDE US WITH PAYMENT IN FULL FOR EACH DAY OF CHILD CARE YOU REQUIRE IN THAT MONTH. PAYMENTS MAY BE MADE IN CASH OR BY CHEQUE. CHEQUES DELIVERED IN ADVANCE OF THE FIRST OF THE MONTH MAY BE POST DATED TO THE FIRST OF THE MONTH. ALL PAYMENTS ARE NON-REFUNDABLE UNLESS YOUR CHILD IS ABSENT FOR FOUR CONSEQUETIVE DAYS AND A DOCTOR’S NOTE IS PROVIDED.

YOU WILL NOT BE ABLE TO REGISTER FOR ANY SUMMER PROGRAM UNTIL ALL PREVIOUS BALANCES HAVE BEEN PAID IN FULL.

The Executive Director, on behalf of the Board of Director’s reserves the right to ask for a child’s withdrawal from Latchkey if there is any outstanding balances owing past 30 days and payment arrangements have not been made.

All payments in arrears will be forwarded to a collection agent.

LATE FEES – THE DAY NURSERIES ACT STIPULATES, A FULL-DAY OF CHILD CARE IS NO MORE THAN 9 HOURS PER DAY. **OUR PROGRAMS CLOSE PROMPTLY AT 6:00PM.** FROM 6:00PM – 6:15PM THERE WILL BE A LATE FEE OF \$10.00 PER CHILD CHARGED. \$1.00 PER CHILD PER MINUTE WILL BE CHARGED AFTER THE FIRST 15 MINUTES. IF THERE HAS BEEN MORE THAN 3 LATE OCCURANCES, THE EXECUTIVE DIRECTOR WILL CONTACT YOU TO DISCUSS FUTURE CHILD CARE ARRANGEMENTS.

CHANGES TO SCHEDULES/SICKNESS – WE REQUEST THAT IF THERE IS A CHANGE IN YOUR CHILD CARE SCHEDULE YOU NOTIFY THE LATCH KEY SUPERVISOR IMMEDIATELY. WE REQUIRE 7 days NOTICE FOR SCHEDULE CHANGES OR REGULAR RATE CHARGES APPLY. PAYMENTS ARE NON-REFUNDABLE WITHOUT A DOCTOR’S NOTE AFTER TWO CONSECUTIVE DAYS OF ABSENCE DUE TO ILLNESS.

SIGN IN/SIGN OUT PROCEDURE – CHILDREN ARE TO BE ESCORTED INTO THE BUILDING AND PICKED UP BY AN ADULT 18 YEARS OR OLDER. WHEN ARRIVING OR DEPARTING YOU ARE REQUIRED TO SIGN THE ATTENDANCE SHEET LOCATED ON THE CLIPBOARD. THE TIME AND INITIALS MUST BE ENTERED. **Failure to sign your child out on the sign in/sign out sheet will result in a minimum charge of 3 hours per occurrence.**

PARENTS MUST NOTIFY STAFF REGARDING ANY CHANGES IN ARRIVAL OR DEPARTURE TIME, CHANGE IN SCHEDULE, AS WELL AS CHANGES IN PERSONS ALLOWED TO PICK UP YOUR CHILD. WE WILL NOT RELEASE YOUR CHILD TO SOMEONE UNLESS THEY HAVE PROPER IDENTIFICATION, AND APPEAR ON THE DESIGNATED LIST. THIS PROCEDURE IS TO ENSURE THE SAFETY OF THE CHILDREN IN THE PROGRAM.

LUNCHES – YOU MUST PROVIDE A LUNCH FOR YOUR CHILD DAILY. YOU WILL BE NOTIFIED IN ADVANCE IF WE ARE HAVING A SPECIAL DAY OR TRIP WHERE A LUNCH ISN’T NEEDED. YOU MAY ALSO SEND EXTRA JUICE OR WATER WITH YOUR CHILD. WE WILL BE PROVIDING AMPLE SNACKS.

PROGRAM CURRICULUM – SCHOOL-AGE PROGRAMS ARE ADAPTED, MODIFIED AND NEWLY DEVELOPED TO MEET THE NEW STAGES OF GROWTH AND DEVELOPMENT SCHOOL-AGE CHILDREN UNDERGO. SCHOOL-AGE CHILDREN HAVE INCREASINGLY POWERFUL DESIRES TO BECOME MORE SELF-EXPRESSIVE AND INDEPENDENT, TO FORMULATE AND POSTULATE THEIR OWN IDEAS AND

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THEORIES, AND TO SEEK 'PROOF' OF SUCH BY 'TESTING' AND EVALUATING THROUGH OBSERVATION, CLASSIFICATION AND EXPERIMENTATION. SCHOOL-AGE CHILDREN NEED INCREASING AMOUNTS OF INDEPENDENCE-ALONG WITH INCREASING AMOUNTS OF ACCOUNTABILITY. THE E.C.E. FACILITATES THIS PROCESS AND OFFERS GUIDANCE, SUPPORT AND DIRECTION ON WAYS TO OBTAIN INFORMATION, FACTS AND ORGANIZATION OF THOUGHT AND IDEAS FUNDAMENTAL IN HELPING THEM DEVELOP INTO CREATIVE, INQUISTIVE AND DISCERNING INDIVIDUALS.

CLOTHING – CHILDREN ARE REQUIRED TO WEAR APPROPRIATE AND COMFORTABLE CLOTHING TO THE PROGRAM. COTTON SHIRTS WITH SHORTS OR JEANS ARE APPROPRIATE. PLEASE KEEP IN MIND THE WARM TEMPERATURES AND HUMIDITY. CHILDREN WILL BE ACTIVE AND WILL NEED TO STAY COOL

YOU ARE WELCOME TO KEEP EXTRA CLOTHING AT THE PROGRAM. RUNNING SHOES WITH SOCKS ARE TO BE WORN AT ALL TIMES AND SANDALS ARE NOT RECOMMENDED. IF YOUR CHILD ISN'T DRESSED APPROPRIATELY, THEY MAY NOT BE ABLE TO PARTICIPATE IN SOME ACTIVITIES. HATS SHOULD ALSO BE WORN, AS WE WILL BE SPENDING AS MUCH TIME AS POSSIBLE OUTDOORS. PLEASE SEND SUNSCREEN IN FOR YOUR CHILD. FOR SAFETY, PLEASE LABEL YOUR SUNSCREEN BOTTLE TO AVOID CONFUSION WITH OTHER SUNSCREEN BOTTLES.

MEDICATION – IF ANY MEDICATION IS TO BE GIVEN TO YOUR CHILD, YOU MUST HAVE THE MEDICATION IN THE ORIGINAL CONTAINER WITH THE WRITTEN DOSAGE AND ADMINISTERING PROCEDURE. A LATCH KEY MEDICATION FORM MUST ALSO BE FILLED OUT.

PERSONAL CARE POLICY – WE ARE COMMITTED TO PROMOTING THE INDEPENDENCE OF ALL CHILDREN AT LATCH KEY. ALL CHILDREN MUST BE INDEPENDENT IN ALL AREAS OF PERSONAL CARE. LATCHKEY DOES NOT HAVE THE RESOURCES OR FACILITIES TO ENSURE PRIVACY AND ASSISTANCE WITH PERSONAL CARE NEEDS. PLEASE SPEAK TO YOUR SUPERVISOR OR SEE OUR PERSONAL CARE POLICY FOR ADDITIONAL DETAILS.

STAFF SAFETY AND SECURITY- LATCHKEY DAY CARE & LEARNING CENTRE BELIEVES IN THE PREVENTION OF VIOLENCE AND PROMOTES A VIOLENCE-FREE WORKPLACE IN WHICH ALL PEOPLE RESPECT ONE ANOTHER AND WORK TOGETHER TO ACHIEVE COMMON GOALS. THE EXECUTIVE DIRECTOR, ON BEHALF OF THE BOARD OF DIRECTORS, RESERVES THE RIGHT TO ASK FOR A CHILD'S WITHDRAWAL IF A PARENT OR GUADIAN DISPLAYS THREATENING, VIOLENT, ABUSIVE, HARASSING AND/OR ANY INAPPROPRIATE BEHAVIOUR TOWARDS ANY LATCHKEY DAY CARE STAFF OR CHILDREN.

DATE: _____

PARENT'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____