

LATCHKEY DAY CARE & LEARNING CENTRE  
**Registration Form**

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: \_\_\_\_\_

**CUSTODY INFORMATION (if applicable) :**

Name(s) of Custodial Parent(s) / Guardian: \_\_\_\_\_

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

**LATCHKEY DAY CARE & LEARNING CENTRE**

**Custody information continued:**

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 \$25.00 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 1<sup>ST</sup> 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**

<b>1 CHILD = \$3.90</b>	<b>3 CHILDREN = \$ 7.05</b>
<b>2 CHILDREN = \$5.60</b>	<b>4 CHILDREN = \$8.30</b>

**FULL DAY – PD Day, Christmas and March break**

1 CHILD	\$24.00	3 CHILDREN	\$59.00
2 CHILDREN	\$42.00	4 CHILDREN	\$82.00

**HALF DAY – ( Early Release or PD day using less than 5 hours)**

1 CHILD	\$16.50	3 CHILDREN	\$36.50
2 CHILDREN	\$21.00	4 CHILDREN	\$46.00

**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**

**FIELD TRIP PERMISSION FORM**

I HEREBY GRANT MY SON/ DAUGHTER/ WARD (child's name) \_\_\_\_\_  
PERMISSION TO PARTICIPATE IN ALL LATCHKEY TRIPS AND EXCURSIONS. THESE MAY INCLUDE  
WALKS TO THE PARK AND OTHER NEARBY LOCATIONS.

THE SUPERVISOR OF THIS TRIP WILL EXERCISE REASONABLE PRECAUTIONS TO ASSURE A SUCCESSFUL  
TRIP FOR ALL. ANY INCIDENTS OF IRRESPONSIBLE CONDUCT CAUSING DAMAGE TO OCCUR WILL BE  
THOROUGHLY INVESTIGATED. YOU WILL BE HELD RESPONSIBLE FOR ANY INTENTIONAL DAMAGE  
INCURRED BY YOUR CHILD OR WARD. YOUR SIGNATURE ON THIS FORM INDICATES APPROVAL OF THESE  
TRIPS AND YOUR ACCEPTANCE OF THIS CONDITION.

IT IS UNDERSTOOD THAT THE BOARD IS ONLY RESPONSIBLE FOR ANY NEGLIGENCE OF ITSELF; IT'S  
EMPLOYEES, SERVANTS OR AGENTS.

I UNDERSTAND AND AGREE THAT THE BOARD ASSUMES NO RESPONSIBILITY FOR DAMAGES, LOSSES OR  
COSTS UNLESS CAUSED BY THE BOARD BY REASON OF ANY CLAIM MADE IN ACCOUNT OF INJURY  
RECEIVED WITHOUT SUCH NEGLIGENCE.

IT IS UNDERSTOOD THAT THE SUPERVISOR WILL CONTINUE TO PROVIDE US WITH ALL THE ESSENTIAL  
INFORMATION THAT WE REQUIRE BEFORE THE TRIP. WE CAN AT ANY TIME PREVENT OUR CHILD/WARD  
FROM GOING ON A TRIP.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

## 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: \_\_\_\_\_

**LATCHKEY DAY CARE & LEARNING CENTRE**

**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: \_\_\_\_\_

## LATCHKEY DAY CARE & LEARNING CENTRE

### 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.

**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.

**DAILY PLANNING** – DAILY ACTIVITIES WILL BE PLANNED IN ADVANCE. THIS INFORMATION WILL BE GIVEN TO YOU; AS WELL AS IT WILL BE POSTED ON THE BULLETIN BOARD. IT IS IMPORTANT TO LOOK FOR NOTES POSTED ON THE CLIPBOARD REGARDING ACTIVITIES AND SCHEDULES. SUPERVISORS WILL PROVIDE YOU WITH MONTHLY CALENDARS WITH PLANNED ACTIVITIES. KEEP IN MIND THAT THERE ARE SOME ACTIVITIES THAT REQUIRE AN EXTRA FEE.

**LATCHKEY DAY CARE & LEARNING CENTRE**

**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.

DATE: \_\_\_\_\_

PARENT’S SIGNATURE: \_\_\_\_\_

SUPERVISOR’S SIGNATURE: \_\_\_\_\_