



Enrolment Package

Agreement Between St. Gabriel Child Care Centres of Woodbridge and Parents/Guardians

I, _____ parent/guardian
of _____ enrolled at St. Gabriel Child Care Centre have read and fully understood the Child Care Centre's Policies including:

- Program Philosophy
- Privacy Policy
- Health and Medical Policy
- Fee Policy
- Admission and Discharge Policy
- Termination Policy
- Parent Code of Conduct
- Late Fee Policy
- Sun Protection Policy
- Parent Agreement
- Swipe Card Policy (only at the St. Gabriel location)
- Driveway Policy
- Sleep Policy
- Student Volunteer Policy

The above policies can be found in the Parent Manual. I agree to abide by these policies. I also understand that the Child Care Centre is **not** responsible for the loss or damage of any personal belongings my child may have with him/her.

I have completed and returned the following forms:

- Registration (along with Registration fee \$) – Separate Sheet
- Copy of Immunization Card –Parent/Guardian to Provided
- Permission Form (pg. 2)
- Parent Code of Conduct (pg. 3)
- Code of Conduct Policy (pg. 4)
- Communication Waiver (pg.5)
- Part-time Enrolment Policy (pg.6)
- Emergency Form and Emergency Card (pg.7)
- Take Home Authorization Form (pg.8)
- Enrolment Package Insert (pg. 9)
- Fee Payment Agreement (pg. 10)
- EFT Forms Office to Provide (Bring Void Cheque to Staff)
- Swipe Card Policy (St. Gabriel Location Only) (pg.11)
- Sleep Policy (St. Gabriel Location Only) (pg.12)

Parent/Guardian Signature: _____ **Date:** _____

91 Fiori Drive, Woodbridge Ont. E: info@stgabrielchildcare.com W: www.stgabrielchildcare.com T: 905-850-3358

Permission Form

CHILD'S NAME: _____

St. Gabriel Child Care Centres (SGCC) of Woodbridge is a community based program. We are a training facility for student educators and the occasion may arise for videotaping session in the Centre. These videotapes would not be available for widespread publication but would be used in the centre/classroom. The Centre may also use videotapes and photos in a promotional capacity with presentations at community events, use on our website or on social networks such as **Facebook**. It is our desire that the community be kept well informed of the Centre's program and its child care practices. Due to these activities, we request your permission for your child to be involved.

I acknowledge and give St. Gabriel Child Care Centre and its affiliated centres consent to the use of photographs, videotaped images and/or voice recordings on its social media sites and website for the purposes or marketing and promotion of the centres:

YES

NO

I acknowledge and give St. Gabriel Child Care Centre and its affiliated centres consent to the use of photographs and/or name to be published in SGCC School publications both print and electronic format (newsletters, pamphlets, etc.):

YES

NO

I acknowledge and give St. Gabriel Child Care Centre and its affiliated centres to display my child's school work with name within the centres:

YES

NO

The staff at the Centre occasionally prepares social outings for the children. This activity is felt necessary to give hands on experiences to your child's educational program. This form is requesting permission for local trips such as: public parks, community walks, library etc. Would you kindly mark on the space provided below whether you allow your child to go on visits beyond the boundaries of the Centre (a separate form for trips that require bus transportation will be given out in advance regarding each and every outing). I do permit my child to participate in walking trips outside the boundaries of the Centre:

YES

NO

It is the policy of the Centre that if a child seeks medical attention (broken arm, burns, shock etc.) we will call the parents and send for an ambulance to transport the child to the hospital. Please check below if you would like this policy to be followed:

YES

NO

Signature of Parent (s)/ Guardian _____

Witness _____ **Date** _____

Parent Code of Conduct: All Locations

We all have the right to be safe and feel safe in our school community. The St. Gabriel Child Care Centre Code of Conduct sets clear standards of behavior that apply to all individuals involved in our Centre community including parents or guardians, volunteers, teachers, and/or Board members. These standards apply whether they are on Centre property or at Centre-sponsored events and activities.

All members of the Centre's community are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability or any other ground protected by Ontario's Human Rights Code.

All adult members have the responsibility to act as models of good behavior. Foul language (swearing, name-calling, shouting,) is not appropriate. Individuals engaging in such behavior will be asked to leave the premises immediately.

Inappropriate behavior or harassment of any kind towards a student, parent or teacher will result in immediate intervention up to and including the family's expulsion from the Centre and/or police intervention. This type of behavior includes but is not limited to harassment or intimidation by written note, email, words, gestures and/or body language.

No weapons are allowed on Centre property or at Centre functions. The consequences for failure to comply will include but is not limited to the family's expulsion from the Centre.

Alcohol and illicit drugs are **not** allowed on Centre property or at Centre sponsored events. The consequences for failure to comply will include but is not limited to the family's expulsion from the Centre.

The privacy and confidentiality of our parents, guardians, teachers, volunteers and students is important to us. All concerns and comments should be addressed with the teachers. Should this discussion not address your concerns, the next step is to review the situation with the Supervisor and/or Executive Director. If there is failure of resolution with the Supervisor/Executive Director, the matter will be referred to the appropriate member of the Board of Directors.

Gossip and public criticism are unacceptable. There should be no discussion of concerns with other parents in the Centre hallways, the parking lot or via electronic mediums such as Facebook, MySpace, personal blog sites or other forms of electronic information sharing.

We ask that parents respect the privacy of other parents and their children when deciding to post pictures of SGCC events on social media. *Please post only pictures of your children and make every attempt to only capture photos of your child, without other children in the background.*

School cubbies are to be used solely for the purpose of communicating between parents and St. Gabriel Child Care Centre. They are not to be used for business promotion. This code of conduct must be signed by any and all adults that will be involved in your child's experience at St. Gabriel Childcare including parents, grandparents, siblings and care givers.

I have read the Code of Conduct and agree to terms as stated. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary. Please sign on reverse:

Child's Name : _____ **Parent Signature:** _____

Code of Conduct Policy

Dear Parents:

Enclosed is a copy of the St. Gabriel, St. Gregory, St. Clement, St. Francis, and St. Margaret Mary Before and After School Program Code of Conduct Policy. It has been prepared for all School-Aged participants in our services.

Please sign and return this form upon admissions at St. Gabriel Child Care Centre.

I, _____ parent of _____
have reviewed and understood the Code of Conduct policies of St. Gabriel Child Care Centres of Woodbridge with my child. I also understand that should my child not follow these policies, services may be withdrawn.

Parent/Guardian Signature

PRINT NAME

Date

Witness

PRINT NAME

Date

Communication Waiver

I, _____ hereby give St. Gabriel
(Print Parent/Guardian Name)

Child Care Centres of Woodbridge staff permission to release and share information with teaching and support staff at St. Gabriel, St. Gregory, St. Clement, and St. Margaret Mary Catholic School where my child _____ attends.
(Print Child's Name)

Parent/ Guardian Signature

Date

Executive Director's Signature

Date

Part-Time Enrolment Policy

*(For children enrolled part-time only)

Dear Parent/Guardian,

When St. Gabriel Child Care Centre is at full capacity (except for the days your child does not attend) our policy for part-time enrolled children is as follows:

Given that your child attends part-time and the family that shares the spot with you withdraws and we are unable to accommodate another part-time family, we will notify you of this change.

Should someone from the community come forward and request full-time care, you will be approached to assume a full-time position of withdrawal from services at St. Gabriel Child Care Centre. St. Gabriel Child Care Centre will issue a one month notice should this occur.

In the event that we are able to locate someone to assume the days not occupied by your child, your service will not be affected.

Please sign to acknowledge that you have read and agree to follow the part-time enrolment policy.

Parent/ Guardian Signature

Date

Executive Director's Signature

Date

Emergency Information and Health History Form

To be completed by the parent/guardian prior to entry into St. Gabriel Child Care Centre. All fields must be entered including postal codes, first and last names and full addresses. Example: ABC Street, Woodbridge, Ontario, L4L A1B

A. CHILD'S NAME: _____

Date of Birth (dd/mm/yyyy): _____

MALE

FEMALE

Mother/ Guardian:

Father/ Guardian:

Name: _____

Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home #: _____

Home #: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

B. Child's Physician (First & Last Name): _____ **Telephone #:** _____

Address: _____ **Postal Code:** _____

C. Does your child have the following:

1. A condition or behaviour that would require special attention, medication or a special diet?

2. Allergies (food, medication etc.)?

3. Please specify symptoms of allergic reaction and any special care needed.

4. Please list what communicable diseases your child has experienced in the past

D. Emergency contacts if parents cannot be reached:

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Relationship to Child: _____ Relationship to Child: _____

E. Person (s) other than parent/guardian to pick up child from Centre:

1. _____ 2. _____

Parent/ Guardian Signature

Date

Take Home Authorization Form

I authorize St. Gabriel Child Care Centres of Woodbridge (including all locations) to release my child:

(Print Child Name)

to the following individual's, in the event that I am unable to pick up my child prior to closing, while they are registered at the Centre.

I authorize:

1. Name: _____

Contact Number: _____

2. Name: _____

Contact Number: _____

I am aware that the staff may request to **picture identification:**

Parent/ Guardian Signature

Date

Enrolment Package Insert

Dear Parents,

We have added more information to our enrolment package and wish to share this information with you. Please take the emergency card and update the information we have on your child. Thank you for your time.

Membership:

When you enrol your child at a non-profit Child Care Center such as St. Gabriel Child Care Centre you are committing to become a member of the corporation. This requires attendance at our Annual General Meeting and possibly representing the membership with a seat on the Board of Directors. The Centre requires a minimum of seven and a maximum of twelve Board Members to remain in operation. We currently have approximately 200 families as members and if everyone does their share, we should have an abundance of volunteers. Parent involvement is welcomed and needed to ensure the on-going successful operation of this non-profit Centre. At the Annual General Meeting, elections will be held to elect new Board Members and officers of the Board. In addition, the yearly financial statements will be submitted for approval. Please sign below acknowledging your understanding of this commitment to our community.

Parent/ Guardian Signature

Parent Name (Print)

Date

Email:



Please share with the Centre your email address so that newsletters can be sent out via email. Please be assured that your email address will only be used by St. Gabriel Child Care Centre and that your privacy will be maintained with the use of bbc. Also, be aware that the newsletters will be uploaded to our website www.stgabrielchildcare.com on a regular basis.

Parent Name: _____ **EMAIL:** _____

Child's Name: _____ Program: _____

Fee Payment Agreement

Child(rens) Name:

Admission Date: Program:

AM

PM

AM/PM

I/We agree to pay the following fees on my child's behalf:

- **The Registration Fee**
- **A deposit equal to one month dated no later than start date which will be applied to last month's payment**
- **One month cheque or eft with permission to adjust payment for last month's payment**

If I/We become more than 2 weeks (30th) in arrears in my/our fees, with no written explanation or payment schedule agreed upon with the executive director or the associate, services will be terminated. The Executive Director will consult the Board and I/we will be notified verbally and in writing of termination of services

In the event a non-sufficient funds (NSF) payment, I agree to the following:

1st Incident: To pay my child's fees by certified cheques or money order. NSF payment will be subject to a charge of \$25.00.

2nd Incident: Executive Director will notify me/us to replace fees by certified cheques. The treasurer of the board of Directors will be notified and a written warning will be issued.

3rd Incident: Executive Director will notify me/us to replace fees by cash or certified cheques. The treasurer of the Board of Directors will be notified and the Board of Directors will notify us of the termination of services.

I agree to make every effort to ensure that my child is picked up by my child's programs dismissal time. I understand that not only a late fee will be collected but that child care services can be terminated if lateness occurs three times. Lateness will be documented and I will be requested to acknowledge this with my signature and payment is required.

I understand that St. Gabriel Child Care Centre will be closed on the following days:

- a) All statutory and civic holidays
- b) Possible 12:30 closing in Christmas Eve and New Year's Eve.
- c) Two P.A. Day closures (one (1) during Christmas Break and one (1) on Easter Monday)

A 10% discount will be given to families that have two or more children enrolled at St. Gabriel Child Care Centre.

In the case that there are changes in your child's fees, adjustments will be made to your electronic funds transfer and an email will be sent to _____ informing you of such changes.

I agree to an electronic funds transfer in the amount of \$_____ for the first of every month my child is scheduled to attend any of St. Gabriel Child Care Centre programs.

I agree to submit a one month deposit of \$_____ that will be utilized during my child's withdrawal period **if I provide one month's notice in writing.** Should your children remain with us until June of the next year (2018) the deposit will be used for June fees for the last month. Please see below for breakdown:

Registration: paid by____	November: ___by eft	March: ___by eft
Deposit: paid by____	December: ___by eft	April: ___by eft
September: ___by eft	January: ___by eft	May: ___by eft
October: ___by eft	February: ___by eft	June: paid in full upon registration

I have read and understand St Gabriel Child Care Centre's Fee Payment Policy and agree to abide by the policy.

Parent/ Guardian Signature

Date

Swipe Card Policy (St. Gabriel Location Only)

CHILD'S NAME: _____

1. **Parent/ Guardian Name:** _____
2. **Parent/ Guardian Name:** _____

Dear Parents/Guardians,

Upon registering your child at St. Gabriel Child Care Centre, swipe cards are available for you to enter the Centre. Every family will receive (2) cards per household. All parents, including the School Age parents, will use the front door to enter the building. Simply swipe your card against the swipe mechanism and wait for the light to turn green. Once the light appears green, gently pull on the door handle. If you forget your swipe card, ring the door bell towards the left of the door and a staff member will let you in.

If someone other than a parent/guardian is picking up your child, your card is **not** to be given out. Anyone picking up your child, other than the parent/guardian, must ring the doorbell for a staff member to let them in. In addition, please remember to also inform the Executive Director or a staff member regarding any changes of pick-up for your child by phone or written consent letter so that this information can be noted in your child's file.

Swipe Card Fee:

When registering your child, a \$50.00 deposit is required in order to receive a swipe card. Once your child is withdrawn, your deposit will be returned to you. Please make cheques payable to St. Gabriel Child Care Centre. Sorry, we do not accept cash payments.

Returning Your Card:

Please return your swipe card with your child(ren)'s one month withdrawal notice letter. If your swipe card is not returned during this time, your deposit will be used to replace the cost of the card.

Misplaced Cards:

If your swipe card becomes misplaced, please inform the Centre right away so we can cancel your card number and re-issue you a card with a replacement fee of \$50.00/card. **Please note that your swipe card must be returned to the Centre upon your child's withdrawal date and no later.**

I agree to follow the Swipe Card Policy at St. Gabriel Child Care Centre as stated above:

Parent/ Guardian Signature

Date

1.CARD #: _____

2.CARD #: _____

In co-operation with you,

Rosanna Lacalamita-Masci, Executive Director

SLEEP SUPERVISION POLICY (Toddler and Preschool Program ONLY)

At the time of enrolment and at any other appropriate time such as during tours of the centres, transitions into a program or upon a parent's request, parents will be advised of SGCC policies and procedures regarding children's sleep. Parents will be required to read the Sleep Supervision Policy as outlined below and in SGCC Parent Manual and sign off indicating they are aware of the procedures that SGCC staff will abide by.

- Staff will consult with parents to receive information on the child's sleep preferences, required accommodations and precautions. This information will be shared with all staff, students and volunteers and will also be indicated in the following areas:
- All children will be assigned to individual cots (Labelled with child's name).
- A staff person is physically present beside the child conducting physical checks every 30 minutes as set out in the *Sleep Supervision Practices* while looking for indicators of distress or unusual behaviour.
- Staff are able to visually monitor sleeping children and conduct physical checks regularly to monitor breathing, body temperature and sleep environment.
- Staff completes documentation of direct visual checks being conducted for Toddlers and Preschoolers. Monitoring is indicated on the *Daily Sleep Room Monitoring Chart*. For toddlers and preschool children, visual checks are conducted every 30mins, documentation is required.
- Any change in a child's sleep pattern or behaviour will be documented on the Daily Sleep Room Monitoring Chart. Staff will also verbally inform parents of this change at the time of pick up.
- If there is significant change in child's sleep pattern where a child experiences distress or unusual behaviour, staff will call parent immediately to inform them of this concern.
- Signs of distress or unusual behaviour include:
 - Change in skin colour
 - Change in breathing
 - Signs of overheating
- Any adjustments to the manner in which a child is supervised during sleep time will be in consultation with the parents. Staff will accommodate parent recommendations to the best of their abilities in conjunction with the established Sleep Supervision policies and procedures.
- Lighting in the sleep room must allow for easy visual monitoring. Lights will be dimmed, but staff must be able to see sleeping children clearly. Nature sounds or lullabies will be played softly to create a soothing sleep environment.
- The Executive Director or Designate will ensure that the Sleep Supervision policy is reviewed with staff, volunteers and students at the start of employment or placement and annually thereafter. This policy will be monitored for compliance and contraventions in accordance with the Child Care Early Years Act (CCEYA).

FOR CHILDREN OVER 18 MONTHS AGE (TODDLERS & PRESCHOOL):

- Each child is assigned their own cot which is identified with their name located directly on the cot itself.
- Each child's cot is indicated on a posted cot plan and is placed strategically around the room to allow for optimal supervision.
- Revisions to the cot plan are made when new children are assigned to a cot.
- Children sleeping adjacent to one another will be positioned head to toe in order to deter face to face.
- Children who do not fall asleep within 60 minutes are permitted to get off of their bed and engage in quiet activities. Staff will monitor child for signs of tiredness and encourage him/her to lie down again in an attempt to sleep.
- Children who wake up and are permitted to get off of their beds are engage in quiet activities.
- Staff will document how long each child slept or if they did not sleep at all and if there are any changes in child's sleep patterns. This all will be recorded on the Daily Sleep Chart.
- Staff will abide by each child's sleep preference and will accommodate accordingly (rubbing child's forehead, patting child's back etc.)

Sleep Supervision Practices

While supervising children during sleep periods, a staff person is physically present in the sleep room conducting regular **visual checks every 30 minutes** to ensure that:

- Child is breathing
- Child's temperature is normal (visual check – child is not red, flushed or sweating. Child looks comfortable)
- Blanket is not covering child's face or head
- Toddler and preschool sleep toys are soft in texture
- Toddlers/Preschool children sleeping adjacent to one another are positioned head to toe

*****Between check intervals, staff will be expected to use this time to do programming, sleep room clean up etc.**

Parent Signature _____ Date _____

Witness Signature _____ Date _____