

Orchard Grove Nursery – After School Program Registration

Child's Given Name _____ Child's Surname _____

Home Address: _____ City _____ Postal Code: _____

Home Contact _____ DOB (DD/MM/Y) _____ Gender _____

Parent/Guardian First Name: _____ Last Name: _____

Relation to child: _____

Home Address: _____ City: _____ Prov: _____ Postal Code: _____

Cell: _____ Home Phone: _____ email: _____

Business Name: _____ Day Phone: _____ ext: _____

Business Address: _____ City: _____ Postal: _____

Parent/Guardian First Name: _____ Last Name: _____

Relation to child: _____

Home Address: _____ City: _____ Prov: _____ Postal Code: _____

Cell: _____ Home Phone: _____ email: _____

Business Name: _____ Day Phone: _____ ext: _____

Business Address: _____ City: _____ Postal: _____

School your child attends: _____

Program: Kindergarten: (3 – 5 years old) _____ School Age: (6 – 13 years old) _____

Days: Monday - Friday _____ 3pm-6pm

Parent/Guardian Signature _____ Date: _____

Authorized Emergency Contacts When Parent/Guardian Cannot Be Reached

First Name: _____ Last Name: _____ Relation to Child: _____

Address: _____ Day Phone: _____ Home Phone: _____

City: _____ Postal Code: _____ Cell: _____

First Name: _____ Last Name: _____ Relation to Child: _____

Address: _____ Day Phone: _____ Home Phone: _____

City: _____ Postal Code: _____ Cell: _____

Persons Authorized to Pick-Up Child from Orchard Grove Nursery (PHOTO I.D will be required)

First Name _____ Last Name _____ Phone: _____

First Name _____ Last Name _____ Phone _____

First Name _____ Last Name _____ Phone _____

Dietary/Food Restrictions/Allergies: *(List any) include requirement/instructions to be followed:*

Parent/Guardian Signature: _____ Date: _____

Office Use:

Date Received: _____

Start Date: _____

Withdrawal Date: _____

Supervisor/Director _____

Child's Health Information

Physician's Name _____ Phone # _____

Address _____ City _____ Postal _____

List any Health Considerations, List any Health Conditions, seizures, etc.) include any previous health issues; include any symptoms we should be aware.

List any/all physical activity limitations or requirements/Instruction:

Does your child require an EpiPen? Yes _____ No _____

My Child has been immunized as per Public Health Yes _____ No _____

If yes, a copy has been included _____

My child has NOT been immunized as per Public Health recommendations. Please check one of the following:

Ministry of Education – Notarized Statement of Conscience or Religious Belief _____

Ministry of Education – Notarized Statement of Medical Exemption –
completed by a doctor or nurse _____

Orchard Grove After School Program

Parent Waiver

Child's Name: _____

	YES	NO
I give permission to use any photo/video taken of my child for promotional material, website and/or social media.		
I give permission for the use of my child's photo in Centre displays and documentation.		
I understand that I am responsible for providing Orchard Grove with product/clothing labelled with my child's name, that will protect them from outdoor elements such as sun, rain, insects etc.		
I allow the educators to apply sunscreen to my child as needed. Please label with child's name in the original packaging.		
I allow my child to use hand sanitizers when necessary. Supplied by Centre.		
I allow the application of non-prescribed lotions/balms, wipes, that have been provided by the parent/guardian as needed with directions/instructions listed on the container/packaging.		
I allow my child to engage in activities with sock feet when applicable.		

Any/All non-prescription, over-the-counter items must be in their original packaging and clearly labeled with the child's name. Please note any expired creams/ointments will not be administered.

Parent/Guardian Signature: _____ Date: _____

Orchard Grove Nursery

EMERGENCY CONSENT FORM

I acknowledge being aware that:

It is the policy of Orchard Grove Nursery to notify me when my child is ill or needs medical attention. In the event that the Centre is unable to contact me, or the situation requires immediate medical intervention, the staff will seek medical attention for my child on my behalf.

I, _____, parent/guardian of _____ (Print name) (print child's name)

Authorize the staff or other person(s) in charge of Orchard Grove Nursery to do any or all of the following for my child if it is the opinion of the staff or other person(s) in charge at the school that such services are necessary:

1. Contact a physician
2. Contact a dentist
3. Take my child to the nearest emergency centre
4. Summon an ambulance or other emergency aid

In such an emergency should arise, you shall be notified as soon as possible. I agree to assume responsibility for payment of any costs incurred by the centre on my behalf (i.e. ambulance fees, medical fees).

I agree to release and indemnify Orchard Grove Nursery, its Directors, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities provided by Orchard Grove Nursery, its Directors, Agents and Employees act reasonably and responsibly in any and all situations.

DATED at the city of Toronto,

This _____ day of _____ 20____

Signature of Parent/Guardian: _____



PARENTAL/GUARDIAN TRANSPORTATION CONSENT FORM AND LIABILITY WAIVER

In consideration of Orchard Grove Nursery Inc. providing child care services pursuant to the after school program agreement with Orchard Grove Nursery Inc. dated _____, 20__

For _____(child’s name).

I, _____ (parent name) grant permission for my child, _____ (child name) to be

transported from _____(school) by Orchard Grove Nursery Inc to Orchard Grove Nursery located at 100 Old Orchard Grove, Toronto

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (“participant”).

Assumption of Risk

- 1. I/We understand and are aware of the inherent risks and hazards to which my child may be exposed to while transporting to our After School Program.

I agree on behalf of myself, my child, or our heirs, successors and assigns, to hold harmless and defend the above-named individual, its officers, directors, employees and Orchard Grove Nursery, its employees, agents or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Orchard Grove Nursery Inc.

I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Orchard Grove Nursery Inc. and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child’s behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

- 2. In consideration of Orchard Grove Nursery Inc. providing Child Care to the Child, with its inherent risks and hazards, we agree to: (a) WAIVE ANY AND ALL CLAIMS that we or the Child may have now or in the future against Orchard Grove Nursery its directors, officers, employees, agents, volunteers and representatives, or any of them in connection with Orchard Grove Nursery providing Child Care to the Child; and (b) RELEASE AND AGREE NOT TO SUE Orchard Grove Nursery, its directors, officers, employees, agents, volunteers and representatives, or any of them, from and against any and all liability for personal injury, death or loss that we or the Child may suffer, except where Orchard Grove Nursery, its directors, officers, employees, agents, volunteers and representatives, or any of them did not take reasonable care in providing the Child Care.

Parent/Guardian Name: _____ Signature: _____

Date: _____

Lillio APP

Orchard Grove Nursery is excited to be using the Hi Mama App to communicate with you about your child's day. Lillio APP will be used by our educators to record activities and updates throughout the journal day.

Want to learn more? Great! You can visit <https://www.lillio.com>

Please complete form attached.

You can expect to receive an invitation to log in from Lillio AP soon!

I, _____ (print name), authorize Orchard Grove Nursery to add my child to the Lillio APP application.

Child's Name: _____ D.O.B (MM/DD/YYYY) _____

Parent/Guardian Signature: _____ Date: _____

My child is permitted in photos and videos with other children enrolled in the program:

YES _____ NO _____

An email is required to set-up Lillio. Please provide us with your email(s).

Please print clearly

Parent/Guardian 1

Name: _____ Relation to child _____

Email address: _____

Parent/Guardian 2

Name: _____ Relation to child _____

Email address: _____

Orchard Grove Nursery

Fee Agreement The following fee agreement is made between:

Orchard Grove Nursery Inc. &

Parent/Guardian Name(s):

_____ (print clearly)

Address: _____ Telephone: _____

For the provision of child care for: Child's name: _____ (child's full name)

Child's Start date: _____ Age group/Classroom: _____ After School _____

The terms of this agreement are as follows: **Days of care:** (check one)

Fulltime: Monday - Friday

Fee of care: \$_____, due and payable no later than the **1st day of each month.**

Fee is to be paid monthly. There will be a **\$25.00 fee** for return on any NSF.

This fee is payable whether the child does or does not attend care on the days as agreed upon above. There are no refunds or credits given for a child's absence.

The Centre does not offer make-up days or changes to your regular days. If you require additional days within the month you will be billed a daily rate. Additional days must be approved by email, by the office in advance.

Late or overtime fees of **\$5.00 per minute** apply when the child is picked up after regular program hours and will be due and payable to the staff in cash (within 24hrs or your child's next scheduled school day).

For the termination of care, written notification must be given with at least 30 days notice from the 1st day of the month by the parent/guardian.

The **\$100.00** registration fee is **non-refundable** (one-time fee for NEW registrations).

The undersigned have read, understood, and agreed to the terms and conditions of this agreement as outlined.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____

Parent/Guardian: Terms

Child Care Agreement Between: Orchard Grove Nursery (Child Care) and

_____ (Name of Parent/Guardian).

1. The parent/guardian agrees to the following terms and those outlined in the parent handbook.
2. A non-refundable family registration fee and completed registration package is to be submitted.
3. You agree to pay the monthly/daily fees prior to commencing services, withdrawals will be set for the 1st of each month; the amount established for the services requested., with no reduction for holidays or absences. Receipts for income tax purposes are issued each February.
4. The Centre requires 30 days written notice from the 1st of the month to withdraw from Orchard Grove Nursery or in lieu of notice pay full program fee (1) one month fees.
5. Late Fee - applicable if the child remains at the Centre past centre closing hours. Please be conscientious about picking up your child on time. There is a \$5.00/per minute late fee that will be charged. If the parent/guardian does not contact the centre or cannot be reached past 7pm, it is understood that the Police and any other authorities will be notified.
6. You agree to pay for any extra days, camp programs, PA days, school breaks not covered/paid for in the regular monthly fees that the parent/guardian has pre-registered for.
7. To be withdrawn from Orchard Grove Nursery with verbal and written notice, if the Supervisor/Provider, after discussing with parent/guardian, determine that the child is not benefiting from the program; or that the centre cannot meet the needs of accommodation: or that the parent/guardian has not fully carried out the terms of this contract.
8. To the administration of medication on the conditions stated in the "Administration of Medications" policy outlined in the parent handbook.
9. Supervision of school-age children ages Kindergarten to 12 years at Orchard Grove Nursery adheres to the Child Care & Early Years Act stating "appropriate supervision may not require that children are in the presence of an adult at all times" and allows for increased responsibility and independence. When not in the supervision of an educator; children travel in partners.
10. Official Tax receipts are provided in February.
11. Enrolment into the after school program are processed as they are received on a first serve basis, we offer a waitlist should the program reach capacity and will be prioritized based on the date we received your waitlist.
12. Registration forms are best printed and completed in full please do not take pictures of the forms and submit.
13. Submit completed forms via email at: info@orchardgrovenursery.com or by dropping into the centre directly.
14. Parent/Guardian release Orchard Grove Nursery, its trustees, directors, related corporations, employees, staff from any liability for any loss, personal injury, accident, misfortune or damage to the CHILD or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the CHILD.

I have read and adhere to the Terms and Orchard Grove Nursery Parent Handbook.

Parent/Guardian Signature: _____ Date: _____

Supervisor/Director: _____

ELECTRONIC FUND TRANSFER AGREEMENT

Orchard Grove Nursery Inc. 100 Old Orchard Grove Toronto, Ontario M5M 2E2 info@orchardgrovenursery.com

1. Customer Information (please print clearly):

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ E-mail Address: _____

2. Bank Account Information: (Please include a copy of a blank cheque of your account details)

Financial Institution Name: _____

Financial Institution Branch Address: _____

Financial Institution Number (3 Digits): _____ Branch Transit Number (5 digits): _____

Deposit Account Number: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Orchard Grove Nursery Inc. to debit the bank account identified above for \$ _____ on the 1st of each month for the child care fees dues. Please list monthly fees. Do not include any modified rates.

These services are for (check one) _____ personal _____ business use

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca. Orchard Grove Nursery may also cancel this PAD agreement on not less than 30 day's notice to you. Any changes to the monthly fee billed will be provided in writing to you within 10 days notice of fee changes.

Signature of Account Holders:

Name: _____ Name: _____

(Please print)

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca