

ORCHARD GROVE NURSERY – REGISTRATION FORM

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: _____

Parent/Guardian First Name: _____ Last Name: _____

Relation to child: _____

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

Cell: _____ Home Phone: _____ email: _____

Business Name: _____ Day Phone: _____ ext: _____

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 _____

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:

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 _____

Does your child require an EpiPen? Yes _____ No _____

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

Parent/Guardian Signature: _____ Date: _____

Enrollment: Check Appropriate Boxes

Child Care:

Full-Time _____ Part-Time _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Half Day Nursery: AM _____ Half Day PM _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Parent/Guardian Signature _____ Date: _____

Office Use Only:

Admission Date: _____ Withdrawal Date: _____

Orchard Grove Nursery Sleep Agreement

(In accordance to the "Safe Sleep" policy) only fill out if registered for full-time program) Half day programs do not require this.

RE: Child's Name _____

DOB DD/MM/YY _____

(Applicable to Nursery Program)

I _____ (parent/guardian) give permission for my child to sleep on a COT.

SLEEP TIME/REST PERIOD *(Please list any instruction/requirements)*

Instruction from parents/guardian:

Orchard Grove Nursery + Before & After School Program

Parent Waiver

Child's Name: _____

Program: Nursery _____ Before & After School _____
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	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: _____

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 \$1.00/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. 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: _____