

## 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 \_\_\_\_\_

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

### **Acknowledgment and Consent for Photographs/Video**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_,

(print name) (print child's name)

Authorize my child's photograph to be used for Centre activities and for the purpose of in class documentation.

Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_



Orchard Grove Nursery

**Child's Sleep/Rest Preferences**

Name of Child: \_\_\_\_\_ D.O.B \_\_\_\_\_ (MM/DD/YR)

Time child normally goes to bed at night: \_\_\_\_\_

Time child normally wakes up in the morning: \_\_\_\_\_

Does your child nap? \_\_\_\_\_

Regular nap time(s): \_\_\_\_\_

**If your child doesn't nap, what quiet activities do they enjoy?**

\_\_\_\_\_  
\_\_\_\_\_

**What is your child's normal routine for falling asleep?** For example, do they fall asleep on their own or do you stay with them and rub their back? Let us know what works at home. While we may not be able to do what you do at home, staff will make every effort to support your child in getting a good rest.

NOTE: If your child is resting and falls asleep on their own, they will continue to sleep until they wake up naturally or will be woken up by staff at 2:30 p.m.

\_\_\_\_\_  
\_\_\_\_\_

**Please provide us with any information that will help staff support your child with establishing and maintaining a sleep routine.** \_\_\_\_\_

\_\_\_\_\_

**I have read the centre's Sleep Policy**

Parent/Guardian \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YEAR)

Health Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent 1 Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent 2 Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CHILD PICK-UP INFORMATION** (Please list below the people who have \*Permission to pick up your child. \*Note: Anyone picking up your child must have picture ID.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Primary Emergency Contact *(other than parents or guardian)*

Name: \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



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





## Orchard Grove Nursery

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

General Consent for local excursions and Walks outside the Centre

Parent/Guardian I, \_\_\_\_\_

give permission for my child \_\_\_\_\_ permission to participate in the local excursions and walks outside the Centre.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Lillio APP (Formely HiMama)

## What is the Lillio program?

Orchard Grove Nursery is excited to be using the Hi Mama App to communicate with you about your child's day. Lillio will be used by our educators to record activities and updates throughout the journal day. Everything from naps to snacks, it will provide you with a complete history of your child's experience in our program with photos stored safely and securely in a format.

Whether it be at work, home or on the go through Lillio mobile apps, you'll receive real-time updates on your child's activities to your email and smartphone.

Want to learn more? Great! You can visit the Lillio [website at www.lillio.com](http://www.lillio.com)

where you can find terms, conditions and more information about this software.

***Please complete form attached.***

Lillio will keep you in the loop with digital updates on your child to complement our important face-to-face interactions. It is also a great way to reinforce your child's in program learning at home, as you'll have timely insight into what they've been working on. Updates of your child will automatically be sent to you via email.

You may also elect to login to your special Parent Portal online or via the Lillio Parent app.

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

At that point you can create an account. If you want to share updates with additional family members, you can also do so once you've created an account. If you have any questions, as well as a [Contact Us](#) page

At Orchard Grove Nursery we utilize the **Lillio** app to communicate with parents. **Lillio** is an E-Communication application that connects parents to the centre.

**Lillio** enables us to have ongoing and direct communication with our families.

I, \_\_\_\_\_ (*print name*), authorize Orchard Grove Nursery to add my child to the Lillio 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: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please notify/update the centre with any changes to your 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)

Part-time:  Monday/ Wednesday/Friday  Tuesday and Thursday

Other which days: Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ (authorized by Director based on availability)

Fulltime:  Monday - Friday

Fee of care: Please refer to the scheduled fees listed on website. Fees are due and payable no later than the **1<sup>st</sup> day of each month.**

Fee is to be paid monthly, by **E-transfers to [info@orchardgrovenursery.com](mailto:info@orchardgrovenursery.com)** 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 1<sup>st</sup> day of the month by the parent/guardian.

The registration fee is **non-refundable** (one-time fee). Please see the rate guide on website or parent handbook for applicable registration fees.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

**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](http://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](http://www.payments.ca)