

ENROLLMENT AGREEMENT



1. Child

Child's Full Name: _____

Nickname: _____

Male ----- Female----- (Please check)

Date of Birth: (Month-----) (Date-----) (Year-----)

Date of Enrolment: (M/D/YR) _____

Start Date: (M/D/YR) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____

Discharge date: (M/D/YR) ----- Reason for leaving Center: -----

2. Child

Child's Full Name: _____

Nickname: _____

Male ----- Female----- (Please check)

Date of Birth: (Month-----) (Date-----) (Year-----)

Date of Enrolment: (M/D/YR) _____

Start Date: (M/D/YR) _____

3. Child

Child's Full Name: _____

Nickname: _____

Male ----- Female----- (Please check)

Date of Birth: (Month-----) (Date-----) (Year-----)

Date of Enrolment: (M/D/YR) _____

Start Date: (M/D/YR) _____

3. Parent 1 (Mom)

Full Name: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____

Employer: _____

Employer's Address: _____

City: _____ Province: _____ Postal Code: _____

Hours at work: _____ to _____ .Days at work: _____

Work Phone: _____ ext. _____ Pager or Cell # _____

Email: _____ **Confirm Email :** _____

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4. Parent (Dad)

Full Name: _____

Occupation: _____

Employer: _____

Employer's Address: _____

City: _____ Province: _____ Postal Code: _____

Hours at work: _____ to _____ Days at work: _____

Work Phone: _____ ext. _____ Pager or Cell # _____

Email: _____ Confirm email: _____

Fill out Section below only if applicable for custody/child safety reasons

Parent/Guardian with legal custody: _____

Decree on file? Yes or No (circle) Parents are: Married / Divorced / Separated / Widowed / Single

Does your child have any physical, social or developmental challenges that the centre should be aware of to ensure we provide the best care -----No -----Yes. Please provide details

Authorized Emergency Contacts/Pick up persons (other than parents)

Primary Emergency Contact:

Name: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Child: _____

***Secondary Emergency Contact**

Name: _____

Home Phone: _____ Work Phone: _____

Second Emergency contact address: _____ City: _____ Prov: _____

Relationship to Child: _____

*** (Photo ID required at 1st pick up. (Child/children will not be released without photo ID)**

Emergency Release

Consent to Emergency First Aid & Transportation and Medical care

I hereby give my permission that my child, may be given emergency treatment by Yunaland. I also give permission for my child to be transported by accessible vehicle or ambulance to an emergency center for

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treatment. In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician. I am aware that Yunaland Inc. will not be responsible for paying for my child's health care and related > all such cost.

Parent/Guardian Signatures: _____ Date _____

Sick Policy

Yunaland Inc. **cannot** care for sick children, who may pose an exposure risk to the other daycare children and staff. Sick children will need to be picked up immediately.

*The Daycare will make a judgement call regarding children who are in "mild" discomfort, pose no health risk to other children and staff, but can be allowed to rest and be monitored. If a child's condition changes, parents will be contacted to **pick up immediately**.

Please do not administer over the counter medication (like Tylenol) to sick children prior to dropping at Centre. Parent/guardian will be contacted to pick up your sick child immediately.

Child's Physician

1. Child's Physician: _____ Address: _____
2. Child's Physician Phone: _____

*Allergies, Diet and Medication

**** We do not serve pork, eggs and shellfish. We are a nut free facility.**

Medicine allergic to: _____ if none please circle **NONE**

Food Allergic to: _____ (We cannot accommodate individual food preferences.

Has to be a food allergy)

My child is vegetarian: **Yes NO (please circle)**

Prescription medication (We can only administer doctor prescribed medications)

A thoroughly completed and signed **medication form** is required by the Center. (Please request form from centre). We **do not take outside food** due to the presence of children with allergies. Birthday/Treat bags must be free of food items

Rest and Outdoor Play Periods

*The Center observes a Ministry mandated **2 hour rest period** (Nap time).for our Toddler and Preschool program. *The Center will endeavour to assist new children with sleep routine adjustments, however we cannot accommodate custom sleep routines and schedules.

The Centre's daily activity also includes 30 minutes (school age) and two 1 hour outdoor gross motor sessions (Toddlers and Preschool). We require written exceptions to this outside schedule and additional child care fees may be charged for extra staff cost to provide individual/custom supervision. Priority will be given to the staff ratio and care of all the children in the Program.

Parent/Guardian Signatures: _____ Date _____

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Consent to *Transportation to Shelter Location or Alternative Location

(In the event of an emergency that prevents occupancy at the daycare facility (building) at 10747 Heart Lake Rd) *Transportation could entail a short walk, or short travel via pre arranged vehicles to our shelter location at: **Lakeside Garden Gallery** at 10753 Heart lake Rd N .Brampton Ont. L6Z 0B7 (905 846-3773)

Parent/Guardian Signatures: _____ Date _____

Consent to Pictures used for posting in Centre and one Centre website.

Occasionally the Center will post pictures on our website or notice boards of the children engaging in activities.

----Yes I give permission for pictures of my child/children to be used if selected.

----No I prefer that my child's /children's pictures not be used.

Parent/Guardian Signatures: _____ Date _____

Programs

7am to 6pm Mon to Thur) (Fri 7am to 5:45 pm)

Toddler Program

Full Time -----5 days Mon to Friday

Part Time----- (Mon Wed Fri) or ----- (Tues and Thur) (

Preschool Programs

Full Time -----5 days Mon to Friday

Part Time----- (Mon Wed Fri) or ----- (Tues and Thur)

I will bring my child to day care at: _____AM I will pick up my child at: _____PM

Day Nursery) (9 am to 2:50 pm). Cannot drop off before 9 am and must pick up by 2:50 pm)

Full Time -----5 days Mon to Friday

***Part Time** ----- (Mon Wed Fri)

***Part Time** ----- (Tues and Thur)

* Part time days selected **may not be changed/rotated.**

Hourly service (3 hours minimum) is available in our **Day Nursery Program**, subject to availability.

Your choice of days (Mon to Fri) There is no refund for early pick up from our hourly program. Hourly rate is subject to change at any time. Customers will be notified well in advance.

Day Nursery program **may not be available during July and August as we run our school age summer program.

A late pick up fee will apply after 2:50 pm for Day Nursery program, and after 6pm for Mon to Thur programs. On Fridays, a late fee applies after 5:45pm at \$2/minute.

- Center may terminate your service for repeat violations.
- 30 days notice is required for all requests to reduce service. Changes are subject to availability, and multi child discounts and rates may be affected.
- . Late pick up after closing time is subject to an additional late pick up fee. (See Late Pick up section).

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I understand that by selecting from the above programs, I have chosen **a dedicated spot** for my child/children. Yunaland Inc.(Yunaland Daycare) must be paid for all sick, absent, vacation, severe weather closure days, statutory days, and closures caused by terrorists 'acts, natural and environmental disasters. All hourly and non school day spots that are reserved must be paid whether child/children attend or not.

Parent/Guardian's Signature _____ Date: _____

School Age Program

School Name & address _____ Schools phone# (_____) _____

Start and end time of school: Start: _____ End: _____

Before School only with Transportation **After School only with Transportation**

Before and After School with transportation ----- **(After school service /Drop off by school bus)**

- ****Before and After school rates are flat rates, regardless of late drop off, or early pick up.**
- Children must be dropped to the Center by the **latest 8 am** to guarantee on time transportation to their school. Drivers will not wait for late children. Late children will be transported to school after regular routes have been completed. Additional transportation fees will be charged.
- Safe transport will be the first priority on extreme weather days; therefore children may be dropped late. Parents will be advised.

Professional Development Days (PD Days) and non school days

Service is available with an adjusted amount payable for the difference between your regular school day service and the full day non school service. PD and non school days booked and not used are payable to the Center in full.

I understand that by selecting from the above program, I have chosen **a dedicated spot** for my child/children. Yunaland Inc.(Yunaland Daycare) must be paid for all sick, absent, vacation, severe weather closure days, statutory days, and closures caused by terrorists 'acts, natural and environmental disasters.

My Child will be utilizing Yunaland Inc.'s Pick up and /or Drop to school service.

I authorized Yunaland Inc. and/or its authorized Service Agents to provide transportation to and from school and to Yunaland Inc.

(Signature of Parent/Guardian): _____ Date: _____

Registration Requirements

- Security deposit (**2 weeks fee** /(10 days) for full time) (**6 days fee** for Part time)
- \$60 non refundable registration fee.
- Immunization records.

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- Post dated cheques required in advance if paying by cheques
- ****If the Region of Peel is providing subsidy for your fees, please note that they do not pay for the required security deposit nor the registration fee.**
- Security deposit is **separate** from your first 2 weeks of service fees. (See below for payment due dates and frequency).

Orientation Schedule

An orientation/Integration period may be required for some children to assist with on boarding.

Yunaland Inc. will endeavour to be flexible during the orientation period, but we cannot accommodate custom on boarding schedules .A hourly on boarding fee is charged.

Payments

- **Post dated cheques** dated for the 1st of each month and given in advance. (Made out to Yunaland Inc)
- **Direct deposit and E transfers.** Please ensure your bank's processing time allows for funds to be in Yunaland's account by or before the 1st of each month, as a late payment fee will be charged as of the 2nd of the month. (See late payment fee section below).

Invoices are not provided. Your monthly receipt must be retained for tax purposes. There is no yearend statement.

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

Custom Services, Speciality and After-School programs, Extended hours

Custom, Emergency, and Speciality services require prepayment in full.

Extended hours are charged at a flat rate. No refund is given if a child is picked up early.

There is no refund for cancellation of prepaid Speciality Programs, as Service Providers will still need to be paid for time booked.

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

Multi child discounts

Rates increase to current regular fees for remaining child/children, once one or more child is withdrawn from program.

My Payment Method

Post Dated Cheques E –Transfer (info@yunaland.ca) *Please use password **daycare** (all lower case letters) Payment on secure website: (Visa, Master card, Discovery, PayPal) **A \$5 processing fee** is charged for online credit card payments. Please add to your payment.

Subsidy (*I am responsible for paying directly to Yunaland Inc. the non refundable registration fee, Parental Portion of subsidy fee and required security deposit fee: Security is refunded(less any outstanding balance) if last service period is paid by Region of Peel, & proper withdrawal notice is given.



Withdrawal

Security deposit can only be used for the last **2 weeks of service**.

- **2 weeks paid notice is required outside of your last payment period (month). You cannot give notice using your fees from the middle of the month that you just paid,**
- **Your security deposit usage follows this 2 weeks paid notice period.**
- **(Withdrawal requires a 1 month period.: 2 weeks paid, 2 weeks not paid)** Failure to give proper withdrawal notice will result in the loss of the security deposit. The Centre cannot accommodate "custom" withdrawal request. **Security deposits** for customers using subsidy are refunded on /or around the 3rd week of the **month following** your last paid.month).

Email address (required to issue receipts). _____ **Confirm Email:** -----

Parent/Guardian Signatures: _____ Date _____

Late payment

Late payment fee is charged **as of the 2nd of the month at a rate of \$50 per payment period**. This fee is subject to change at any time. The Center reserves the right to terminate service after 2 weeks of unpaid fees, or before if appropriate. Parent/Guardian is responsible for any collections or legal fees incurred to recoup outstanding balances.

Parent/Guardian Signatures: _____ Date _____

Legal matters

Yunaland Inc recognizes that a common method of feedback and rating regarding service is via social media. Please ensure that any and all negative postings regarding Yunaland Inc. (Yunaland daycare and Family Services), be factual and provable, and not done in a malicious defamatory manner. **All malicious postings** will be challenged in a court of law, and poster will be responsible for all legal fees plus damages. We **welcome and thank you** for bringing your constructive feedback directly to the center.

Parent/Guardian Signatures: _____ Date _____

Security Deposit/ Withdrawal from Center

Security deposit will be applied to your child's **final 2 weeks of service**. It is not refunded.

****The withdrawal process will take a total of 1 month.** (2 weeks where **paid** notice to withdraw is given plus 2 final weeks of security deposit usage, where there is no payment required.

All outstanding fees and invoices will be deducted, and days available for care will be calculated. Failure to provide the required withdrawal notice will deem your registration agreement to be in breach, and your security deposit will be forfeited.

Security for subsidy customers is refunded(less any outstanding balance) if the last service period is paid by Region of Peel, **and** proper withdrawal notice is given, on /or around the 3rd week of the **month following** your last month of service. (*Fees for service are paid by the Region of Peel in the **month following** the service month).

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Unpaid balances may be reported to Region of Peel, which may affect transfer of your services to another Centre.

I am clear on the registration, security deposit and withdrawal process outlined above:

Parent/Guardian's Full Name: -----

Parent/Guardian's Signature -----Date: -----

Security Deposit Payment Details

Date: -----Amount Paid: ----- Please circle payment method (Cheque, E transfer, Credit card) Yunaland Management Name-----Yunaland Management signature: -----

Parent/Guardian's Signature: ----- Date: -----

Late Pick Up Fee

Late pick up fee is charged at a rate of \$2 per minute. Continuous tardiness may result in service termination. Late pick up fee rate may change at any time.

NSF Fees

NSF fee is \$50. Yunaland Inc. reserves the right to request an alternative method of payment.

Interest and Annual fee Increase

All fees and outstanding balances will accumulate compounded interest until paid in full. Interest rate is subject to change at any time. Yunaland Inc. has an annual cost of living price increase. Parents will be notified in advance..

Parent/Guardian Signatures: _____ Date _____

Potty Training, Breakfast provision, Home Work Supervision

A nutritious breakfast is served to children in our before school program. This service ends at 8:30 to prepare the children for school departure .Parents dropping children after 8:30 must ensure they have had a nutritious meal prior to drop off.

Yunaland will assist parents with potty training efforts started at home, that does not interfere with the centre's regular group toileting schedule. At parent's request, Center staff will ask children to attend to their homework. Center staff will not read agenda notes, homework sheets etc, in an effort to adhere to the privacy mandates around communication meant for the school, children and parents.

Play castle, Indoor and outdoor toys and equipment.

Yunaland conducts weekly, monthly, and yearly equipment checks and repairs. We take every precaution to ensure the children's safety. By signing this registration parents grant authorization for children to use the Play Castle and all of Yunaland Inc. equipment and toys, and absolve Yunaland Inc from any "normal "accidents not caused wilfully or thru negligence.

Parent/Guardian's Signature _____ Date: _____

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Check list

- Copy of **immunization records** attached
- I double checked emergency information and contact section of registration
- Application is signed in all required areas.
- Security deposit, registration and current service period fees are included.
- **E mail address** to receive receipts provided.

I understand that this is a legally binding document that I am signing, and I have read and I understand it.

* Signatures

Provider: Yunaland Inc. _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____