

**NOAH'S ARK CHILDREN'S CENTRE
118 LIMERIDGE ROAD EAST
HAMILTON, ONTARIO
L9A 2S3
(905) 389-2204**

REGISTRATION PACKAGE

Please read through carefully.

FEE PAYMENT:

FEEES ARE DUE EACH WEEK, THE FIRST DAY OF THE WEEK YOUR CHILD IS AT THE CENTRE. Your first week's payment must be in cash with the registration fee of \$ 15.00 included. However, you may there after pay by post dating cheques dated for MONDAY of each week or the first day of the week your child attends. Any overdue fees must be paid in cash.

DAYCARE FEES:

TODDLERS: Full Day - \$40 Half Day - \$28 Full Week - \$200

JUNIORS & SENIORS: Full Day - \$30 Half Day - \$20 Full Week - \$150

SCHOOL AGE: (grade 1 & up) Before School - \$6.00 After School - \$11.50 After School for kindergarten children - \$12.00 Full Day - \$23 Full Week - \$115

TODDLER PROGRAM:

Please bring with your child the following items:

- *Diaper bag or knapsack
- *Diapers or pull ups (only if they are able to open on the sides)
- *Diaper Cream
- *Extra clothing and indoor shoes in the winter. No slippers permitted.
- *Bottle (if applicable) Bottles must go home daily
- *Soother (if applicable)
- *Soft sleep toy/blanket if you wish

PLEASE PUT YOUR CHILD'S NAME ON ALL ITEMS.

Noah's Ark Management

Please sign and date:

I, _____, HAVE READ THE ABOVE AND AGREE TO THE TERMS STATED.

DATE: _____

**NOAH'S ARK CHILDREN'S CENTRE
REGISTRATION FORM**

NAME OF CHILD _____ **DATE OF BIRTH** _____
ADDRESS _____ POSTAL CODE _____
HOME PHONE NUMBER (905) _____ CELL PHONE _____

Start Date _____ Withdrawal Date _____

Arrival Time _____ Departure Time _____ *Child will be here no more than 9 hours*
Marital Status _____ Visiting Rights _____

Work# _____ Ext. _____

MOTHER'S NAME _____

Place of Employment _____

Complete Address _____

Work# _____ Ext. _____

FATHER'S NAME _____

Place of Employment _____

Complete Address _____

EMERGENCY CONTACTS (other than yourself)

1) Name _____ Address _____

Phone # _____ Cell # _____

2) Name _____ Address _____

Phone # _____ Cell# _____

NAME OF PERSONS TO WHOM YOUR CHILD MAY BE RELEASED TO:

DOCTOR'S NAME _____ Address _____

Postal Code _____ Phone Number _____

City _____

I hereby consent to have my child examined and treated by a physician if an emergency should arise.

HEALTH CARD # _____ (Include the letters at the end)

DATE _____ SIGNATURE _____

NOAH'S ARK CHILDREN'S CENTRE
HEALTH RECORD

PHYSICAL:

Is he/she in good health? _____

Any physical handicaps (Speech, hearing, eye sight, etc.)? _____

Any major injuries? _____

Any Allergies? _____

Medications? _____

Is he/she used to outdoor play? _____

Is he/she used to nap? _____ If so, how long? _____

Does he/she enjoy eating? _____ Any disliked foods? _____

Toilet skills? _____

SOCIAL:

Has your child previously been in daycare or nursery school? _____ How long? _____

How does he/she relate to other children? _____

Is your child outgoing, average, shy? _____

EMOTIONAL:

Does he/she have any particular fears? _____

How does he/she handle frustration? _____

Is he/she easily disciplined? _____

What method of discipline is used at home? _____

Any particular behaviours we should know about? _____

COMMENTS: _____

hereby allow the above information to be given to my child's teachers.

DATE _____ SIGNATURE _____

INFORMATION SHEET

It is my desire to enroll _____ in Noah's Ark Children's Centre.
(Child's full name - Please Print)

Name to appear on tax receipt at the end of the year: _____
(Please print)

FINANCIAL TERMS

I UNDERSTAND THAT DAYCARE FEES ARE DUE THE FIRST DAY OF THE WEEK MY CHILD ATTENDS THE CENTRE. TRANSPORTATION FEES ARE TO BE PREPAID A WEEK AHEAD OF TIME FOR THE FOLLOWING WEEK IF I WISH MY CHILD TO RIDE THE VAN. I understand that my child will not be able to attend if payment is not received upon arrival to the centre. **I agree to pay my child's first week's fees and registration fee in cash.** I may there after pay fees in advance via post dated cheques for the first day of the week my child is in attendance. **ANY OVERDUE FEES MUST BE PAID IN CASH ONLY.** I understand a \$20 fee will be charged for each cheque returned for NSF or other reason.

I, _____ agree to pay the sum of \$ _____ for daycare services on _____ the first day of the week my child attends the centre. I understand that the above rate is subject to change, but I will receive at least two weeks notice of any change.

I, _____ agree to prepay my van rides a week ahead of time for the following week to allow my child to ride the centre's van.

I, _____ am subsidized by the Regional Government for the child care of _____, and agree to pay the user fee, if applicable, in the amount of \$ _____ per day, due by the 15* of the month. User fees of more than \$2.00 a day will be divided into weekly payments due on the first day of your child's week.

POLICIES OF THE CENTRE

LENGTH OF DAY

I understand that my child shall remain at the centre no longer than **9 hours a day** for all day children, except by special permission from the director. I understand half day programs allow for 4 hours attendance (8:30*12:30). Attendance of more than 4 hours will be charged as all day fees.

LATE PICK UP AT END OF THE DAY

Parents picking up their children after 5:45pm shall be charged a late fee of **\$15 every 5 minutes**. Half day children remaining longer than four hours (as specified above) shall be subject to full day fees. Chronic late pick up may result in termination of child care.

VACATION POLICY

I am entitled to 2 weeks waiver of fees for vacation purposes during each 12 month period, following a three month attendance period. I agree to give written notice to the director one week prior to my intended vacation. If this one week notice is not given, I am responsible for all fees during my child's absence. If I wish to take more than 2 weeks vacation, I am still able to do so but regular daycare fees must be paid.

Information sheet con't...

HOLIDAYS

The centre will be CLOSED for the following statutory holidays, but **I am still responsible for my usual fees.**

- | | |
|--------------------------------|---------------------|
| 1) NEW YEAR'S DAY | 6) LABOUR DAY |
| 2) GOOD FRIDAY & EASTER MONDAY | 7) THANKSGIVING DAY |
| 3) VICTORIA DAY | 8) CHRISTMAS DAY |
| 4) CANADA DAY | 9) BOXING DAY |
| 5) CIVIC HOLIDAY | |

TERMINATION NOTICE

Written notice to the director must be given two weeks prior to the withdrawing of my child from the centre. I AGREE THAT IF NOTICE IS NOT GIVEN, I WILL BE RESPONSIBLE FOR TWO WEEKS FEES.

ABSENTEE POLICY

I will receive no reduction in fees for days that my child may be absent (due to illness, appointments, etc.), whether they are enrolled in full time or part time programs. I agree to pay for all scheduled transportation on days my child is absent

REGISTRATION FEE

I agree to pay a \$15.00 fee upon registering my child. This fee is non-refundable.

SCHEDULING OF DAYS

I understand that for any extra days that my child is in attendance, I will be financially responsible. The days that are originally scheduled upon enrolment shall not be changed unless the change is permanent.

ILLNESS

"The child will stay home for a minimum of 24 hours when:

THE CHILD HAS A HIGH FEVER

THE CHILD HAS DIARRHEA OR VOMITS." If my child is ill at the centre, I will be contacted to pick up my child and keep the child home the next day.

TAX DEDUCTIBLE RECEIPTS

Tax deductible receipts will only be issued when all fees have been paid.

DATE: _____

SIGNATURE: _____

Noah's Ark Children's Centre
118 Limeridge Road East Hamilton, Ontario L9A 2S3
(905) 389-2204

A ministry of the Mountain View Christian Church

TRIP FORM

While my child is in attendance at Noah's Ark Children's Centre, I hereby give permission for him/her to participate fully in all and any outdoor excursions. I understand that the daycare is responsible to notify me of any such outings at least 3 days in advance, as well as, one day notice of trip cancellations.

If I do not wish for my child to participate in any trip, it is my responsibility to notify the staff of my child's inability to participate or to find alternate arrangements for that day.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____
ADDRESS: _____

PHONE #: _____ **CELL #:** _____

DOCTOR'S NAME: _____

ADDRESS: _____

PHONE#: _____ **EXT.** _____

HEALTH CARD#: _____ **(INCLUDE THE FINAL LETTERS) ALLERGIES:** _____

PARENTS' NAME & WORK#: _____

EMERGENCY CONTACT NAMES & NUMBERS: _____

Parent's Signature: _____

It is the parents' responsibility to let the supervisor/staff know of any changes to the above information.

In the event of a serious occurrence your child will be taken to the hospital, without parents' consent and will only treat if life threatening. **MAKE SURE STAFF KNOWS WHERE TO CONTACT YOU'AT ALL TIMES.**

Noah's Ark Children's Centre