

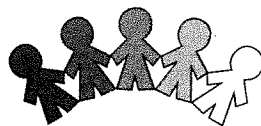
REGISTRATION PACKAGE

PARENTS/GUARDIANS:

Please use this checklist to make sure you have completed all the forms needed for registration.

TO COMPLETE REGISTRATION:

- Registration Form**
- Payment Form with:**
 - VOID cheque (if paying by PAP) OR** **Post-dated cheques**
- Child History Form**
- Behaviour Code of Conduct** (signed and returned if child is in Grades K-6)
- Topical Creams / Lotions Form**
- Medical Authorization Form**
- Vaccination History Form** (Toddler/Preschool only)
- Consent for Communication Between School and Child Care Form** (Grades K-6 only)



Umbrella Family and Child Centres of Hamilton

umbrellafamily.com | 905.312.9836



REGISTRATION

All fields on this form MUST be completed. Incomplete forms will not be processed.

Child's First Name: _____ Child's Last Name: _____

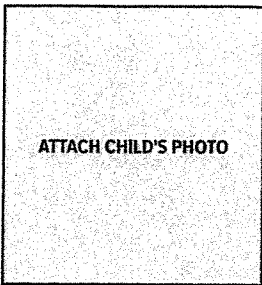
Birth Date (Y/M/D): ____ / ____ / ____ Gender (M/F): _____ Centre Requesting: _____ Grade*: _____

FOR OFFICE USE ONLY

*If applicable, indicate grade at start of enrollment.

Date Rec'd: _____ Date Processed: _____ Staff Initials: _____ Admission Date: _____

Withdrawal Date: _____ Date Confirmation Sent: _____ Re-Admission Date: _____



ATTACH CHILD'S PHOTO

PLEASE REGISTER MY CHILD FOR: (choose one Program option only)

Toddler/Preschool Program

Full Time, 5 days/wk

Part Time, please indicate days:
 M T W T F

School Age Program (Gr K-6)
(Full Time, 5 days/wk)

Please check one:
 AM PM BOTH

School Age Program (Gr K-6)
(Part Time, less than 5 days/wk, please indicate days)

AM					PM					BOTH				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD AND FAMILY CONTACT INFORMATION

Child's Address: _____

City: _____ Postal Code: _____

Home Phone: _____

Custody: Parent/Guardian 1 Parent/Guardian 2 Both

1. Parent/Guardian: _____ Relationship: _____

Employer/School Name: _____

Employer/School Address: _____ City: _____

Daytime Phone: _____ Mobile Phone: _____

Email*: _____

Address: (if different from child) _____

City: _____ Birth Date: _____

2. Parent/Guardian: _____ Relationship: _____

Employer/School Name: _____

Employer/School Address: _____ City: _____

Daytime Phone: _____ Mobile Phone: _____

Email*: _____

Address: (if different from child) _____

City: _____ Birth Date: _____

Emergency Contacts (If primary or secondary contacts cannot be reached. Must be an adult, 16 years of age or older who can assume responsibility for the child.)

1. Full Name: _____ Relationship: _____

Address: _____ City: _____

Phone: _____

2. Full Name: _____ Relationship: _____

Address: _____ City: _____

Phone: _____

Authorized Pick-Ups (In addition to the primary, secondary and emergency contacts. Must be an adult, 16 years of age or older who can assume responsibility for the child.)

1. Full Name: _____ Relationship: _____

2. Full Name: _____ Relationship: _____

3. Full Name: _____ Relationship: _____

Family Physician: _____

Address: _____ City: _____

Phone: _____

- I have read the Umbrella Program Handbook and agree to comply with the policies as specified

- I consent that any photographs or video taken at Umbrella may be used for promotional purposes

- I understand that there may be student observation and student-led activities under the guidance and supervision of Umbrella staff

- My child is able to participate in the full range of activities

- I will not hold Umbrella responsible for lost or stolen items

- I understand that Umbrella may decline a child due to physical and/or verbal aggression towards staff or other children or if the safety of the child/others is at risk

INDIVIDUAL CHILD INFORMATION

Indicate if your child experiences or has experienced any of the following:

NOTE: If your child has any life-threatening allergies or medical conditions, you must also complete an Individual Emergency Plan.

Allergies? YES NO Are they life-threatening? YES NO

If yes, indicate all allergy types: _____

Medical/physical issues? (e.g. vision/hearing/seizures/diabetes/mobility) YES NO

If yes, indicate details: _____

Asthma? YES NO Inhaler? YES NO

Is inhaler given during program? YES NO Will your child self carry? YES NO

Currently taking medication? YES NO

If yes, indicate type(s): _____

Will medication be given during program time? YES NO (If yes, please fill out a Consent to Administer Medication Form and review the medication policies outlined in the Program Handbook.)

Developmental/learning issues? (e.g. ADD/ADHD/autism/delays) YES NO

If yes, indicate details: _____

Does your child require any additional assistance? YES NO (Umbrella maintains the following staff ratios in our programs: 1:5 Toddler, 1:8 Preschool, 1:13 Kindergarten, 1:15 School Age.)

If yes, is there anything we should know concerning school, relationships, learning abilities? (e.g. does the child have support within the school board?, etc.)

Dietary restrictions? YES NO

If yes, indicate details: _____

Is your child immunized? YES NO (If yes and your child is registering for our Toddler or Preschool Program, please fill out an Immunization Form. If no, please attach a copy of the exemption.)

*Email addresses are collected so that you can receive updates and communication regarding Umbrella Programs. The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act. We will never share your email address.

Signature of Parent/Guardian: _____ Date: _____



TOPICAL CREAMS / LOTIONS

All fields on this form MUST be completed. Incomplete forms will not be processed.

Good care educates.
Good education cares.

Child's First Name: _____ Child's Last Name: _____ Centre: _____

SUNSCREEN

Knowing the harsh effects the sun can have on a child's skin, we feel that it is necessary to have sunscreen applied to each child. Because of the active ingredients in sunscreen, it is essential that we have parent/guardian approval.

Name of sunscreen printed on container: SUNZONE KIDS SPF 50+ LOTION Sun protection factor printed on container: 50 SPF UVA/UVB PROTECTION

Name of sunscreen printed on container: COPPERTONE KIDS Sun protection factor printed on container: 60 SPF UVA/UVB PROTECTION

Name of sunscreen printed on container: CROC BLOC Sun protection factor printed on container: 30 SPF UVA/UVB PROTECTION

I agree to allow Umbrella to use these brands of sunscreen as needed: YES NO, I will provide my own If no, please indicate:

Name of sunscreen printed on container: _____ Sun protection factor printed on container: _____

Parent/Guardian Signature: _____ Date: _____

INSECT REPELLENT

Mosquitoes and biting insects can carry disease. In warmer weather during outdoor activities, staff may deem insect repellent necessary. Children will be assisted and supervised during application. Because of the active ingredients in insect repellent, it is essential that we have parent/guardian approval.

Name of repellent printed on container: OFF! FAMILY CARE % of DEET printed on container: DEET PLUS RELATED ACTIVE TOLAMIDES 7%

I agree to allow Umbrella to use this brand of repellent as needed: YES NO, I will provide my own If no, please indicate:

Name of repellent printed on container: _____ % of DEET printed on container: _____

Parent/Guardian Signature: _____ Date: _____

To be signed only if you have not provided consent above for sunscreen or insect repellent:

I understand that, in refusing consent, Umbrella Family and Child Centres of Hamilton is not responsible for any adverse results from not applying these products.

Parent/Guardian Signature: _____ Date: _____

TOPICAL MEDICATIONS / CREAMS

Written consent is required from parents to allow staff to apply topical creams and lotions with active medicinal ingredients (e.g. diaper cream).

Name printed on container: _____ Medicinal ingredients printed on container: _____

Symptoms/conditions when this is to be used and the times/intervals to be re-applied: _____

Parent/Guardian Signature: _____ Date: _____

INFO ON TOPICALS PROVIDED BY UMBRELLA

Sun Zone Kids SPF50+ Lotion

FEATURES: Water resistant, PABA & Paraben Free, Non-Comedogenic (doesn't block pores), Dermatologist tested, Hypoallergenic, made in Canada

DIRECTIONS: Apply liberally and spread evenly 15 minutes before sun exposure. Reapply after 80 minutes of swimming or sweating, immediately after towel drying, and at least every 2 hours.

MEDICINAL INGREDIENTS: Avobenzone 3.0%, Octinoxate 4.0%

NON-MEDICINAL INGREDIENTS: Acrylates Copolymer, Aloe Barbadensis Leaf Extract, Aminomethyl Propanol, Ammonium Acryloyldimethyltaurate/VP Copolymer, C12-15 Alkyl Benzoate, Camellia Oleifera (Japanese Green Leaf) Leaf Extract, Carthamus Tinctorius (Safflower) Oleosomes, Ethylhexylglycerin, Glycerin, Octyldodecyl Citrate Crosspolymer, Phenoxyethanol, Phenyl Trimethicone, Tocopheryl Acetate, Water.

Coppertone Kids

DIRECTIONS: Apply generously 15-30 minutes before sun exposure. Reapply as necessary especially after swimming, towelling, vigorous activity or perspiring heavily. Do not spray directly onto face. Spray into hands and apply to face.

MEDICINAL INGREDIENTS: Homosalate 15.0%, Octocrylene 10.0%, Octisalate 5.0%, 3.0%, Oxybenzone 6.0%, Avobenzone 3.0%.

NON-MEDICINAL INGREDIENTS: Acrylates Copolymer, Aloe Barbadensis Leaf Extract, Aminomethyl Propanol, Ammonium Acryloyldimethyltaurate/VP Copolymer, C12-15 Alkyl Benzoate, Camellia Oleifera (Japanese Green Leaf) Leaf Extract, Carthamus Tinctorius (Safflower) Oleosomes, Ethylhexylglycerin, Glycerin, Octyldodecyl Citrate Crosspolymer, Phenoxyethanol, Phenyl Trimethicone, Tocopheryl Acetate, Water.

Croc Bloc

DIRECTIONS: Apply liberally, 15-30 minutes before exposure to the sun. Reapply after prolonged swimming or exercise.

MEDICINAL INGREDIENTS: Octymethoxycinnamate 7.5%, Benzophenon 3.5%, Octyl Salicylate 5.0%

NON-MEDICINAL INGREDIENTS: Water, Mineral Oil, Propylene Glycol, Cetyl Alcohol, DEA Cetyl Phosphate, PVP Copolymer, Germaben IIE, Triethanolamine, Acrylates/C10-30 & Alkyl, Acrylate & Cross Polymer, Aloe Vera Extract and Tetrasodium EDTA.

OFF! Family Care

FEATURES: Provides up to 2 hours of protection against mosquitoes that may carry the Zika or Dengue virus. Repels mosquitoes that may carry the West Nile virus. Repels biting flies, gnats, no-see-ums, ticks, chiggers, and mosquitoes.

DIRECTIONS: Hold container 6 to 8 inches from skin or clothing and spray with a slow sweeping motion. Do not apply over cuts, wounds, irritated or sunburned skin. Do not spray in enclosed areas. Use just enough repellent to cover exposed skin and/or clothing. Avoid over-application of this product. Frequent reapplication and saturation are unnecessary. When using on children, apply to your own hands and then put it on the child. After returning indoors, wash treated skin with soap and water. Spread evenly with hands to moisten all exposed skin. TO APPLY TO FACE: Spray palm of hand first and then apply sparingly and avoid eyes. Do not spray directly onto face. Do not apply near eyes and mouth. Apply sparingly around ears.

MEDICINAL INGREDIENTS: 7% DEET.



PAYMENT

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Good education cares.

All fields on this form MUST be completed. Incomplete forms will not be processed.

Child's First Name: _____ Child's Last Name: _____ Birth Date (Y/M/D): ____/____/____ Gender (M/F): _____
Centre: _____ Parent/Guardian: _____
Sibling(s) in program? YES NO Name(s): _____

PROGRAM ENROLLMENT STATUS

<input type="radio"/> Toddler/Preschool Program	<input type="radio"/> School Age Program (Gr K-6) (Full Time, 5 days/wk)	<input type="radio"/> School Age Program (Gr K-6) (Part Time, less than 5 days/wk, please indicate days)									
<input type="radio"/> Full Time, 5 days/wk	Please check one: <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> BOTH	AM		PM		BOTH					
<input type="radio"/> Part Time, please indicate days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F		<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F

SUBSIDIZED CHILD CARE ASSISTANCE

Are you receiving subsidized assistance through the City of Hamilton to assist you with child care fees? YES NO If yes, please indicate:

Subsidy Worker Name: _____ Subsidy Expiry Date: _____ Daily Rate: \$ _____

IMPORTANT INFO FOR SUBSIDIZED FAMILIES:

- Please remember to contact your subsidy worker if you change your enrollment status.
- If you become ineligible for subsidy, you immediately become responsible for full child care fees.
- You must register separately, through the child care centre, for any programs on non-instructional days. (e.g. P.A. Days, March Break, Christmas Break, etc.)

METHOD OF PAYMENT

<input type="radio"/> Pre-Authorized Payment (PAP)	<input type="radio"/> Post-Dated Cheques (payable to Umbrella Family and Child Centres of Hamilton)
Please complete the Pre-Authorized Payment section below. Fees will be automatically withdrawn from your financial institution on a bi-weekly basis according to the Fee Schedule.	Please provide a series of post-dated cheques covering two-week blocks of contracted care according to the payment dates on the Fee Schedule.

Are you splitting payments between payors? YES NO If yes, please indicate:

Name of Payor 1: _____ Name of Payor 2: _____
% or amount being covered: _____ % or amount being covered: _____

YEARLY INCOME TAX RECEIPT

For parents who are in the same household and who are not splitting fees with another party (e.g. program fees are debited from separate bank accounts), we require that you choose **one name** for your tax receipt. Please indicate the name to appear on your yearly tax receipt:

Last Name: _____ First Name: _____

PRE-AUTHORIZED PAYMENT INFORMATION (PAP)

In order to set up a PAP account, please attach a cheque marked "VOID".

↓ This section is only to be filled out if you are not attaching a VOID cheque. If you do not have a cheque, please have your **BANK** fill out this section to ensure accuracy. ↓

Account Holder Name: _____ Address: _____
Name of Financial Institution: _____ Branch Address: _____
Bank Number: _____ Transit Number: _____ Account Number: _____

Should you move your account from one bank or branch to another, you **MUST** advise Umbrella Family and Child Centres of Hamilton of the change immediately and your Centre Supervisor will arrange a new PAP agreement with you so your payments can continue uninterrupted. You will continue to have control just as with cheques you have written. You can discontinue payments if desired, by advising your Centre Supervisor in writing.

TERMS:

- You, the Payor, authorize Umbrella Family and Child Centres of Hamilton to debit the account indicated above, on a bi-weekly basis for payment of Parent Fees for Child Care services provided. The fees debited will match the Fee Schedule provided to you.
- You, the Payor, may revoke your authorization at any time subject to providing written notice to the Centre Supervisor of Umbrella Family Child Centres of Hamilton. To obtain a sample cancellation form, or for more information on your rights to cancel a pre-authorized payment agreement, contact your financial institution or visit www.cdnpay.ca
- You, the Payor understand that the cancellation of the above authorization, does not mean cancellation of your contract obligations to Umbrella Family and Child Centres of Hamilton.
- 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 Pre-authorized Payment Authorization Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable): _____
Name (please print): _____ Name (please print): _____
Date: _____ Date: _____



PAYMENT

All fields on this form **MUST** be completed. Incomplete forms will not be processed.

Good care educates.
Good education cares.

PAYMENT POLICIES

Please read and initial each section, indicating you understand and will abide by each of the following policies.

COLLECTION OF FEES

- Families who register for programs are required to pay a one-time, non-refundable administrative fee, of \$25.00 per child. This will be payable with the first weeks fees.
- Fee Schedules are created by the Centre Supervisor and distributed in December (for January to June) and June (for July to December).
- Fee payments must coincide with the current Fee Schedule.
- Fees are collected for holidays as noted in the Program Handbook and during times of absence due to illness, vacation or suspension.
- Fees are set by the Umbrella Board of Directors and are reviewed annually. If fees change for any reason, you will be notified at least four (4) weeks in advance.
- Tax receipts for fees will be issued once annually, no later than February 28th.

_____ Initials

CHILD CARE SUBSIDIES

- Some families qualify for child care subsidy through the City of Hamilton. Staff members working in the Child Care Branch of the City of Hamilton meet with families to determine eligibility for fee subsidy.
- Families receiving child care subsidy may be required to pay a user fee which is set by the City of Hamilton. Payments of this user fee to Umbrella are due on a bi-weekly basis in accordance with the Fee Schedule.
- Parents are required to pay for any absences not covered by subsidy (e.g. absences in excess of the allotted number of days established by the City, or sick days where appropriate documentation was not provided or was not acceptable).
- Parents are responsible for fulfilling all of the requirements of the subsidy contract necessary to maintain the subsidy.
- If parents become ineligible for subsidy or funding, they are responsible for paying the full cost of child care fees to the centre.
- You will need to register your Kindergarten or School Age child separately, through the child care centre, for programming on non-instructional days (e.g. PA Days, March Break, Summer Camp, etc.)

_____ Initials

PART TIME CARE

- A limited number of part-time spaces are available in each program. Whenever possible, Supervisors and Program Leaders will enroll children so that two children requiring part-time care share one spot in the program. Every effort will be made to accommodate your request but priority is given to full time care users.
- When Supervisors are not able to share a spot between two children, the parent will be responsible for paying for a minimum of three (3) days of care per week, despite their individual care requirements.
- Priority is given to full time care users for spots during the summer months or during non-instructional days (e.g. P.A. Days, March Break, etc.).

_____ Initials

LATE FEES

- It is essential that parents/guardians arrive before 6:00pm to pick up their children.
- When a parent knows they will not arrive at the centre by 6:00pm, they must make arrangements with a friend or family member to pick up their child(ren). Please keep the centre informed about any change in your plans.
- Should a parent/guardian arrive after 6:00pm, they will be charged a fee of \$5.00 per child, plus \$1.00 per child for each minute beyond the centre's closing time.
- The amount of the late fee will be billed to you by the Supervisor and must be paid within three (3) days.

_____ Initials

NON-SUFFICIENT FUNDS (NSF)

- A charge of \$45.00 will be applied for all cheques or PAPs returned NSF.
- An NSF cheque must be replaced within three (3) business days or processed on the next PAP date.
- Upon receipt of a second NSF cheque/PAP, all of the above will apply. In addition, all future payments to the centre must be made by certified cheque or money order.

_____ Initials

ACCOUNTS IN ARREARS

All accounts in arrears will be subject to an administration fee of \$25.00 per month. If, due to extenuating circumstances, a family is unable to pay their fees on time, they must speak with the Supervisor immediately to discuss a plan of action. An account will be considered to be in arrears when any of the following occurs:

- Post-dated cheques or PAP forms are not submitted to the supervisor by the due date.
- A cheque or PAP has been returned NSF.
- An NSF cheque or PAP has not been replaced within the three (3) day period.
- Failure to submit payment for absences not covered by subsidy.
- Failure to submit post-dated cheques for contracted care, on the date of subsidy expiration, in a situation where subsidy has been discontinued and the parent has therefore become responsible for the fees.

_____ Initials

While Umbrella recognizes that, occasionally, a family may find it difficult to pay fees on time, please be aware that an account in arrears is unacceptable. Failure to keep your payments up-to-date may result in any of the following courses of action, depending on the situation:

- The Supervisor will inform the Administrative Office of the overdue account.
- The child will not be re-admitted to the centre until the arrears have been settled.
- The Administrative Office will contact the family to may repayment arrangements.
- The account will be referred to Collectrite Collections Canada.

EMERGENCY CLOSURE

- In the case of an emergency centre closure (e.g. snow storm, centre without heat/hydro, etc.) fees will be payable for all closures not exceeding two (2) consecutive days.

_____ Initials

NOTICE OF WITHDRAWAL

- Parents are required to provide the Supervisor with two (2) weeks written notice of a child's withdrawal from the program. Should the family wish to register the same child at a later date, the registration fee of \$25.00 will be applied.

_____ Initials

CHANGE IN ENROLLMENT STATUS

- Parents are required to provide the Supervisor with two (2) weeks written notice of a change to a child's program enrollment status.
- Should a family request more than three (3) changes of schedule within the time frame of January to June or July to December, a \$25.00 administrative fee will be charged to the parent/guardian.

_____ Initials

I have read the Payment Policies and agree to abide by them.

Signature of Parent/Guardian:	Date:
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MEDICAL AUTHORIZATION

All fields on this form MUST be completed. Incomplete forms will not be processed.

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Good education cares.

Child's First Name: _____ Child's Last Name: _____ Birth Date (Y/M/D): ____/____/____ Gender (M/F): _____
Centre: _____ Parent/Guardian: _____ Phone: _____
Name of Physician: _____ Physician's Phone: _____

PERMISSIONS

I give the following permissions:

- I understand and accept that in the event of a sudden illness or accidental injury, every effort will be made to contact me. Should I be unavailable, a physician may give emergency medical care to my child.
- My child may be transported by ambulance to the closest emergency ward of a hospital in the case of illness or injury requiring immediate medical attention.

POLICIES

I agree to adhere to the following policies:

- Umbrella programs are not equipped to provide care for ill children. In order to minimize the spreading of illness in our programs, a health check is done upon each child's arrival at the program. Ill children cannot be accepted for the day and parents will be asked to make alternate arrangements when the child is experiencing conditions including but not limited to: Diarrhea, Fever, Headache, Vomiting, Persistent Cough, Severe Pain, Discharge from Eyes, Unusual Rash
- If a child develops any of these symptoms while in the program, a staff member will contact the parent (or designate) at his/her workplace to make arrangements to have the child picked up from the centre as soon as possible.
- Children with contagious diseases will be excluded from the child care centre according to the Regional Health Unit's document "Exclusion Periods for Childhood Infections".
- Before re-admission to the child care centre after an infectious disease, or an absence of more than three (3) days, the child's parent may be requested, at the Supervisor's discretion, to provide a written note from a medical doctor verifying the child's freedom from disease. This note must be submitted to the centre supervisor before the child will be re-admitted to the centre.
- Umbrella staff will administer medications if absolutely necessary, with the necessary consent form filled out, but it is preferred that you arrange for any medications to be administered at home. Medication must be given directly to a staff member to ensure that it is locked up and stored appropriately.
- **Prescription Medications:** Umbrella Administration of Medication procedures require that parents provide written instructions including the name of the drug, prescription number, dosage and administration times. Staff will provide a Consent to Administer Medication Form for this purpose. The medication must be in the original container clearly labeled with the child's name, date, name of drug and instructions for storage and administration of the drug, including dosage and administration times.
- **Non-Prescription Medication:** Program staff are not allowed to administer over-the-counter medication (e.g. Tylenol, cough syrup) unless the parent provides a doctor's note on the doctor's letterhead stating the name of the medication and instructions for storage and administration of the drug, including dosage and administration times. The parent will also be required to complete a Consent to Administer Medication Form.
- **Topical Medications:** A consent form is to be completed and signed by a parent to allow staff to apply topical creams and lotions with active medicinal ingredients. These would include, but not be limited to, diaper creams, sunscreen and insect repellent.
- **Anaphylaxis Policy:** Staff must receive training on administration procedures from parents if a child has an Epinephrine Auto-Injector (Epi-Pen.) Parents will be requested to complete the applicable authorization forms and provide the staff with new medication prior to expiry. A child who has been prescribed an Epi-Pen will not be admitted to the program without a current (not expired) Epi-Pen.
- **Inhalers and EpiPens:** School-age children may carry their own inhalers and EpiPens, according to Ministry guidelines. Since it is important that this type of medication be easily accessible in an emergency, it will be important that you discuss how this can be achieved with staff and with your child.

Signature of Parent/Guardian: _____	Date: _____
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BEHAVIOUR CODE OF CONDUCT

All fields on this form **MUST** be completed. Incomplete forms will not be processed.

Good care educates.
Good education cares.

Child's First Name: _____ Child's Last Name: _____ Centre: _____

RIGHTS AND EXPECTATIONS FOR CHILD, PARENTS AND STAFF

Children have the right to:

- feel safe and secure from physical, verbal or any other form of harassment
- be treated in a fair, consistent and respectful manner
- be provided with a clean, safe and pleasant environment
- be listened and responded to in a respectful manner, appropriate to their age and stage of development
- be guided in a positive manner
- be given clear direction regarding the limits of the play area or routine
- be protected from exposure to offensive language of a racial or sexual nature

It is expected that the child will:

- report directly to child care before and after school (in the case of school aged children)
- participate in activities to the best of their abilities
- play an active role in establishing the rules and regulations which will be followed in the child care program
- follow school code of conduct
- respect the rights, feelings and property of others
- ask for help when it is needed
- set a good example
- refrain from using inappropriate language, or making offensive comments of a racial or sexual nature
- be responsible to replace or to repair any item they deliberately damage, whether belonging to the centre or another child
- be honest and polite
- practice good health and hygiene habits

Members of Staff have the right to:

- feel secure and safe from physical, verbal, or any other form of harassment
- expect the child to behave in a co-operative and respectful manner
- receive support from parents, co-workers and the Umbrella in fulfilling their duties
- exclude the child from an activity if they are interfering with others
- be treated in a fair, consistent and respectful manner
- seek and receive support in dealing with difficult behaviour

It is expected that members of staff will:

- carry out their duties in a professional manner at all times
- follow the Umbrella Behaviour Management Policy
- use appropriate and respectful language in their interactions with children, parents and colleagues
- treat the children as individuals and attempt to meet their needs in a fair, respectful and consistent manner
- provide a pleasant and friendly environment for the children
- keep parents informed about their child's participation in the program
- set a good example for the children
- use positive reinforcement to strengthen desired behaviour
- be responsible for the physical care and safety of each child

Parents have the right to:

- be informed about their child's participation in the child care program
- expect the program to be conducted in an orderly manner
- be provided with a program for their child designed to meet both individual as well as group needs and interests
- have their child receive care in a warm, pleasant and secure environment

It is expected that parents will:

- notify the centre with any changes to the child's regular routine involving their care
- communicate with child care staff regularly regarding their child
- help their child to make wise use of the decision-making process at all times
- support and co-operate with child care staff in situations where there is a concern about the child's behaviour
- discuss the Behaviour Code of Conduct with their child

INFRACTIONS

When infractions of this agreement occur, it is understood that disciplinary actions will be taken, and may include the following, depending on the severity and frequency of the occurrence:

- redirection from the activity and/or activity area
- discussion of the problem with the child care staff and supervisor
- discussion of the problem involving the child, staff and parents
- suspension or expulsion from the child care program

NOTE: When a child is suspended from school, they will not attend childcare during the time of their suspension. Fees, regardless of funding source, are the responsibility of the parent during the term of any suspension, as outlined in the Payment Policies.

AGREEMENT

The above items have been discussed by all parties and agreed to.

Signature of Parent/Guardian:	Date:
Signature of Child: <small>(if applicable)</small>	Date:
Signature of Staff	Date:



SCHOOL AGE (GR 1-6) HISTORY

All fields on this form MUST be completed. Incomplete forms will not be processed.

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Good education cares.

Child's First Name: _____ Child's Last Name: _____ Birth Date (Y/M/D): ____/____/____ Gender (M/F): _____
Centre: _____ Parent/Guardian: _____

HOME LIFE

Siblings? YES NO If yes, please provide details below:

1. <input type="radio"/> M <input type="radio"/> F Name: _____	Age: _____	Grade in School: _____	3. <input type="radio"/> M <input type="radio"/> F Name: _____	Age: _____	Grade in School: _____
2. <input type="radio"/> M <input type="radio"/> F Name: _____	Age: _____	Grade in School: _____	4. <input type="radio"/> M <input type="radio"/> F Name: _____	Age: _____	Grade in School: _____

Please list any other people that live in your home: _____

Languages spoken at home: _____

Do you observe any religious or cultural practices that we should be aware of? YES NO If yes, please provide details: _____

Have there been any major changes in your family recently? (e.g. move, death, divorce/separation, illness) YES NO If yes, please provide details: _____

What is your accustomed mode of reassuring/rewarding your child? _____

What is your accustomed mode of disciplining your child? _____

Is your child using any special services? (e.g. Children's Aid, McMaster Children's Hospital, Chedoke Child and Family Centre, Speech Therapist) YES NO If yes, please provide details: _____

Are there any concerns you have regarding your child's development that we should be aware of? YES NO If yes, please provide details: _____

Additional comments: _____

PHYSICAL HISTORY

NOTE: If you identified any life-threatening allergies or medical conditions on the registration form, you will need to complete an Individual Emergency Plan for your child.

Has your child had any major illnesses/diseases? YES NO If yes, please provide details: _____

Does your child have regular medical check-ups? YES NO Does your child have regular dental check-ups? YES NO

Is your child susceptible to colds/ear infections, etc? YES NO If yes, please provide details: _____

Has your child ever been hospitalized? YES NO If yes, please provide details: _____

Do you have any concerns regarding your child's hearing or vision? YES NO If yes, have they been tested? (provide date) _____

Additional comments: _____

SOCIAL / EMOTIONAL DEVELOPMENT

Does your child relate well to other children? YES NO My child will: seek friendship wait until approached

Does your child have a special friend(s)? YES NO My child is: outgoing quiet

Does your child (single parent home) have opportunities to spend time with male/female figures? YES NO

Does your child have a pet? YES NO If yes, how do they respond to them? _____

Does your child have nightmares? YES NO Does your child cry often? YES NO

Does your child have any particular fears? YES NO If yes, please provide details: _____

Is your child easily frustrated? YES NO If yes, please provide details: _____

How does your child react to anxiety or stressful situations? Cries Withdraws Throws tantrum Other: _____

Additional comments: _____

SELF-HELP SKILLS

Can your child use the toilet and wash hands independently? YES NO If no, will they accept help from an adult? YES NO

Are there any special concerns about your child's eating habits? YES NO If yes, please provide details: _____

Additional comments: _____



SCHOOL AGE (GR 1-6) HISTORY

All fields on this form **MUST** be completed. Incomplete forms will not be processed.

Good care educates.
Good education cares.

INTERESTS

My child enjoys: (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Creative Art Activities (e.g. drawing, painting, etc.) | <input type="checkbox"/> Dramatic Play (e.g. role-playing, dress-up, etc.) | <input type="checkbox"/> Science Activities (e.g. experiments, discovery, etc.) |
| <input type="checkbox"/> Sports/Active Games (e.g. soccer, basketball, etc.) | <input type="checkbox"/> Outdoor Play (e.g. skipping, tag, etc.) | <input type="checkbox"/> Quiet Activities (e.g. puzzles, LEGO, etc.) |
| <input type="checkbox"/> Other: | | |

GOALS

What do you hope your child will gain during their time in our program?

What are your expectations of the child care staff members?

OTHER

Is there any other information about your child or your family that you would like us to be aware of?



CONSENT FORM FOR

COMMUNICATION BETWEEN SCHOOLS AND CHILD CARE CENTRES



Please return this form to the Child Care Centre Supervisor

On-going communication between the school and child care centre provides compatibility and enhances a student's educational experience.

If you wish the school to communicate with the child care centre, would you please sign the consent listed below.

I/We hereby give consent for:

_____ and _____
NAME OF SCHOOL NAME OF CHILD CARE CENTRE

to exchange information which relates to the physical, emotional and social development of my child/ward,

_____ CHILD'S NAME CHILD'S DATE OF BIRTH

a student at the above-named school and child care centre.

This consent is valid to June 30, 20____, and will be kept on file for use only by staff in the school and in the child care centre. (In accordance with the Municipal Freedom of Information and Privacy Act, 1989, Subsection 32(b).)

Signature of Parent(s)/Guardian(s):

SIGNATURE SIGNATURE

DATE

FOR OFFICE USE ONLY

Child's Name _____	M / F _____	Date _____
Date of Birth _____	Room# _____	Teacher _____
Grade _____	Address _____	Telephone # _____

Parents and Guardians (Full Names):		
Parent/Guardian #1 _____	Parent/Guardian #2 _____	
Siblings _____		

RATES/FEE SCHEDULE: JAN-JUN, 2019

Please find below a list of rates for programs operated by Umbrella Family and Child Centres of Hamilton as well as the fee payment schedule for January through June, 2019. These rates will be effective until January 3, 2020. Should you have any questions, please speak with your Centre Supervisor, or call our Head Office at 905.312.9836.

Please note that we require 2 WEEKS WRITTEN NOTICE to process any change to a child's enrollment.

RATES

Program	DAILY RATE/CHILD:	
	Full Time (5 Days/Wk)	Part Time (Less than 5 Days/Wk)
Toddler* (see below)	\$44.65	\$47.55
Preschool* (see below)	\$35.35	\$37.80
Kindergarten		
Before School	\$11.15	\$11.70
After School	\$17.15	\$17.90
Before and After School	\$25.80	\$27.10
P.A. Days	\$45.45	
School Breaks	\$45.45	\$50.05
School Age		
Before School	\$10.80	\$11.35
After School	\$15.35	\$16.20
Before and After School	\$22.10	\$23.65
P.A. Days	\$44.30	
School Breaks	\$44.30	\$48.80

* IMPORTANT RE. TODDLER/PRESCHOOL RATES:

- These rates are currently **\$10.00/day lower than our regular rates** due to funding from the Child Care Affordability Plan.
- If the funding level is not maintained by the government, the reduction will end and families will be given reasonable notice.

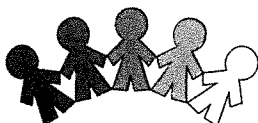
** Last day of school is Thurs. Jun. 27. PA day is Fri. Jun. 28. Summer Camp starts Tues. July 2, 2019.

FEE SCHEDULE

PAP/CHQ DATE	PERIOD COVERING	NOTES
04-Jan-19	Jan 7-11 and Jan 14-18	
18-Jan-19	Jan 21-25 and Jan 28-Feb 1	Fri. Jan. 25: PA Day Program available at selected sites
1-Feb-19	Feb 4-8 and Feb 11-15	
15-Feb-19	Feb 18-22 and Feb 25-Mar 1	Mon. Feb. 18: Family Day - all centres closed. Fri. Mar. 1: PA Day Program available at selected sites
1-Mar-19	Mar 4-8 and Mar 11-15	Mar. 11-15: March Break Program available at selected sites
15-Mar-19	Mar 18-22 and Mar 25-29	
29-Mar-19	Apr 1-5 and Apr 8-12	
12-Apr-19	Apr 15-19 and Apr 22-26	Fri. Apr. 19: Good Friday - all centres closed. Mon. Apr. 22 Easter Monday - all centres closed
26-Apr-19	Apr 29-May 3 and May 6-10	
10-May-19	May 13-17 and May 20-24	Mon. May 20: Victoria Day - all centres closed
24-May-19	May 27-31 and Jun 3-7	Fri. Jun. 7: PA Day Program available at selected sites
7-Jun-19	Jun 10-14 and Jun 17-21	
21-Jun-19	Jun 24-28**	Fri. Jun. 28: PA Day Program available at selected sites.

IMPORTANT INFO:

- If paying by PAP: submit a void cheque to start the process or if your banking information has changed. Fees for PA Days and School Break programs (i.e. March Break) will be withdrawn according to the Fee Schedule.
- If paying by cheque: submit a series of post-dated cheques to your Centre Supervisor, dated according to the Fee Schedule.
- Parents are responsible for fees on all days our centres are closed for Civic/Statutory Holidays and HWDSB closures.



Umbrella Family and Child Centres of Hamilton

umbrellafamily.com | 905.312.9836