

# Parkview Daycare Services

## Enrolment Contract – 2020-2021

Last name of child: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

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

Child lives with: Both parent  Mother  Father  Legal/Guardian

Joint custody: Yes  No

**(if yes, you must provide custody calendar and an individual daycare contract for each parent using daycare.)**

Individuals other than parent to contact in the event of emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Individuals other than parent allowed to pick-up child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have any allergies or any serious health problems? Yes  No

If yes, does your child have an Epipen at school? Yes  No

Type of reaction and/or problem: \_\_\_\_\_

Specific measures to take: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to register my child as:

Regular  (*Minimum of 3 times per week or every second week*) Sporadic  (*When needed*)

Starting date (**Obligatory**): \_\_\_\_\_

Child will attend the following days (Obligatory):

Monday  Tuesday  Wednesday  Thursday  Friday

Monday a.m. \_\_\_\_\_ Tuesday a.m. \_\_\_\_\_ Wednesday a.m. \_\_\_\_\_ Thursday a.m. \_\_\_\_\_ Friday a.m. \_\_\_\_\_

(*Morning period from 7:10 to 7:45*)

Pedagogical days: ALL \_\_\_\_\_ OCCASIONALLY \_\_\_\_\_ NO \_\_\_\_\_

***The parent must give a 2 week written notice to end their child's use of the Daycare program, or to modify their existing contract. The parent is responsible to pay for the total of the current month fee.***

#### **Income Tax receipts**

Name of person to receive tax receipt (payer): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

I refuse to give the S.I.N. number:  Signature: \_\_\_\_\_

***Please note that online payments are preferred, and checks must be made by the payer in order to receive the income tax receipt. If check is in another person's name, that person becomes the payer. This is a government law. If paid in cash please indicate payer's name on payment envelope.***

I have read the attached "Daycare guidelines" and agree with all its components (and daycare fees).

**Your signature is obligatory, without this signed contract, your child may not attend daycare.**

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

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