

Parkview Daycare Services

Enrolment Contract – 2022-2023

Last name of child: _____ First name: _____

Date of Birth: _____

Parent Name: _____

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 am: _____ Tuesday am: _____ Wednesday am: _____ Thursday am: _____ Friday am: _____

(*Morning period from 7:15 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: _____