

*Miss Kelly's Daycare and Preschool*  
*Application for Registration 2011 – 2012*

**Date** \_\_\_\_\_

**STUDENT INFORMATION**

**Child's name** \_\_\_\_\_ Gender: boy  girl

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

**PARENT INFORMATION**

Marital status \_\_\_\_\_  
(if divorced or separated, who is the custodial parent: \_\_\_\_\_)

**Mother:** Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
(or legal guardian)  
Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Allowed to pick up child? Yes  No

**Father:** Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
(or legal guardian)  
Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Allowed to pick up child? Yes  No

**Sibling(s)' Names** \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

**EMERGENCY INFORMATION**

1. Emergency Contact Name (must be a third party) \_\_\_\_\_  
Allowed to pick up child? Yes  No

Relationship to Child \_\_\_\_\_

Contact Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

2. Emergency Contact Name (must be a third party) \_\_\_\_\_  
Allowed to pick up child? Yes  No

Relationship to Child \_\_\_\_\_

Contact Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Physician's Name \_\_\_\_\_ Medicare No. \_\_\_\_\_  
(include photocopy of card with application)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Are your child's vaccinations up to date? \_\_\_\_\_

Does your child have any conditions that you would like us to be aware of? \_\_\_\_\_

\_\_\_\_\_

**ALLERGY ALERT**

Please list any allergies (food or medical) your child may have:

\_\_\_\_\_

\_\_\_\_\_

Has your child already attended daycare or preschool? If so, please specify.

\_\_\_\_\_

Who else has permission to pick up your child from the Miss Kelly's Daycare and Preschool?

\_\_\_\_\_

**ABOUT YOUR CHILD**

Briefly describe your child’s health at birth (premature, separation from mother, etc)

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How would you describe your child’s personality? (shy, angry, curious, anxious, etc)

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What are your child’s favorite foods?

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What things does your child like to do? (looking at books, playing with others, imaginative play, etc)

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What things does your child NOT like to do?

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What do you like best about your child?

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What frustrates you most in caring for your child?

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What is your favorite family activity?

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Do you have any concerns and / or expectations for this school year?

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What elementary school are you hoping to send your child to? (what language – French or English?)

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**TAX RECEIPT INFORMATION**

Name of person receiving income tax receipt (RL-24)

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

**AUTHORIZATIONS**

In case of emergency, I authorize Miss Kelly’s Daycare and Preschool’s staff to take the necessary measures to ensure my child’s health.

\_\_\_\_\_  
Parent’s signature

\_\_\_\_\_  
Date

I authorize the staff of Miss Kelly’s Daycare and Preschool to take my child on outings NOT involving transportation, such as walks around the neighborhood, to the park, or to the library.

\_\_\_\_\_  
Parent’s signature

\_\_\_\_\_  
Date

**POLICIES AND PROCEDURES**

**General program:**

Children attending Miss Kelly’s Daycare and Preschool will be exposed to a Montessori curriculum on a daily basis, emphasizing peaceful learning, early childhood education, community and social education, language and sensory activities and refining gross and fine motor skills. Lunch and two snacks per day will be provided by the center. There is a maximum of 9 children in the center at any given time.

**Hours of operation:**

Miss Kelly’s Daycare and Preschool operates from 8:00am to 5:00pm, Monday to Friday. We are closed for statutory holidays, and for 2 weeks during the Christmas holidays.

**Financial obligations:**

Please refer to the attached schedule of fees.

**Medical:**

Prescription medication will only be administered to a child with the written authorization of both the parent and a doctor. A child with a contagious disease will not be allowed in the center during the period of incubation. In the event of illness, parents must make arrangements to pick-up their children from the center. Miss Kelly’s Daycare and Preschool is a peanut-free zone.

*I have read and am in agreement with the above policies and procedures:*

Signature of Parent / Legal Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

## **DAILY PROGRAM**

- 8 :00 – children start arriving
- 9 :00 – all children have arrived by this time
- 12 :00 – lunch
- 1 :00 – nap time / quiet time
- 5 :00 – center closing time

Children may start arriving no earlier than 8am. Parents must pick up their children no later than 5pm.

## **SCHEDULE OF FEES 2011 – 2012 SCHOOL YEAR**

Attendance of 5 days per week:        \$1,000 per month

We will be closed from Dec 19 2011 to Jan 2 2012 for Christmas vacations.

Part-time attendance:

- 4 days per week                        \$830 per month
- 3 days per week                        \$650 per month

Late pickup:                                \$5 per 15 minutes after 5:00, payable upon picking up your child

### **Method of payment:**

- Cheques are to be made payable to Kelly Symons.
- A cheque equal to one month's fees is due on the first of every month. All post-dated cheques should be dated the first of each month.

### **Cancellation Policy**

If the parents choose to withdraw their child from Miss Kelly's Daycare and Preschool, we require a month's notice such that the parents are expected to pay the current month's fees. The deposit amount will be used for the last month's fees, during which time the child is welcome to continue attending our center. Likewise, if Miss Kelly's Daycare and Preschool chooses to ask a child to withdraw, a month's notice will be given unless circumstances dictate otherwise.