



JK SK

And

REC Centre

FOR OFFICE USE ONLY

- Package Complete
- Postdated Chqs
- 2 copies of immunization records
- File Created
- Entered in accounting books
- Give parents handbook/curriculum
- Add to Emergency List
- Tax receipt

PARENTAL INITIALS:



**DUE DATE:
FEBRUARY 14-18**

PARENTAL CHECKLIST

Packages will not be accepted unless they are accompanied by the following items. Please note if you hand in an incomplete package it will NOT BE ACCEPTED and A SPOT WILL NOT BE RESERVED.

Packages will not be accepted prior to or past your due date. Your due date is **February 14-18.**

- ❑ 2 copies of up to date immunization
- ❑ Complete City of Ottawa immunization form
- ❑ Completed Allergy and Asthma forms with appropriate signatures
- ❑ Completed Daycare application with appropriate signatures
- ❑ Completed member contract form
- ❑ Each page MUST BE INITIALED
- ❑ Non refundable down payment of \$100 which will be taken off your September Cheque
- ❑ Non refundable cheques for July and August in the amount of \$375, \$590 or \$700 each month (the full amount of your selection for September-June)
- ❑ Cheques for September to June
- ❑ Signed Parent Handbook form (found in Parent Handbook)

PARENTAL INITIALS:

NEW PAYMENT TERMS

If you are a returning member, in order to save your spot you must pay for the summer months, as outlined in your 2010-2011 handbook that was given to you in August. This fee must be paid whether you attend or not. If you attend, this fee will go towards your camp payment. The fee is the equivalent of the full fee that you will be paying for September to June.

If you are selecting **Option 1 for September-June care**, your fee will be \$700 for July and \$700 for August.

If you are selecting **Option 2 for September-June care**, your fee will be \$590 for July and \$590 for August.

If you are selecting **Option 3 for September-June care**, your fee will be \$375 for July and \$375 for August.

3 registration options: includes all taxes

Option 1	\$700	7-9 and 11:30-5:30 pm	OR	7-9, 9-11, 3-5:30pm
Option 2	\$590	11:30-5:30 pm	OR	9-11 & 3-5:30pm
Option 3	\$375	7-9 and 3-5:30pm (Recreation centre only)		

PARENTAL INITIALS:



Member Info

Name of Child: _____

(PLEASE CHECK MARK ALL THAT APPLY)

	Mon	Tue	Wed	Thur	Fri
7-9					
9-11, 3-5:30					
12-5:30					
7-9 and 3-5:30					
3-5:30					

Name of School Attending: _____

Grade attending: _____

(Kindergarten only) AM or PM class? _____

Have you made arrangements for bus service? _____

Please note that it is the parent's responsibility to ensure that your child is on the right bus.

Meet the teacher night will take place in August, we will inform you by July 15th of the date, if you do not receive an email to confirm the meet and greet night by July 15th please call the centre. Check your blog for the details of the meet and greet the teacher night.

PARENTAL INITIALS:



Day Care Application Page 1

Child's Name: _____ **Date of Birth:** ___m/___d/___y
Nickname: _____

Address: _____ **Phone #:** _____

Mother's Name: _____

Address: _____ Phone #: _____

Work Place : _____ Phone #: _____

Father's Name: _____

Address: _____ Phone #: _____

Work Place : _____ Phone #: _____

Emergency Contacts (other than parents):

1. Name: _____ Relationship: _____

Address: _____ Phone #: _____

Work: _____ Phone #: _____

2. Name: _____ Relationship: _____

Address: _____ Phone #: _____

Work: _____ Phone #: _____

School Attending:

Alternate Persons Authorized to Pick Up Child:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Medical Information:

Ontario Health Insurance Number (Optional): _____ - _____ - _____ Initials: _____

Physician's Name: _____

Address: _____

Phone #: _____

Other persons in the household:

Name: _____ Relationship: _____ Age (if a child): _____

PARENTAL INITIALS:



Day Care Application Page 2

Previous Communicable Diseases:

Date: _____

Date: _____

Previous Illnesses or Injuries:

Date: _____

Date: _____

Special Medical Conditions or Known Allergies:

Record of Immunization: *(or attach 2 copies of child's "yellow card")*

Diphtheria	_____ / _____ / _____	Rubella	_____ / _____ / _____
Pertusis	_____ / _____ / _____	Mumps	_____ / _____ / _____
Tetanus	_____ / _____ / _____	Measles	_____ / _____ / _____
Polio	_____ / _____ / _____		

OR

Immunization Exemption: *(circle one and attach appropriate documentation)*

Reason(s): Medical Religious Conscience

Medication Administered Regularly: *(specify details)*

Special Diet Requirements:

Please comment on your child's development, giving information that will be useful to the teachers in the provision of care, such as: habits, fears, favourite activities, likes, dislikes, etc:

I have read and understood the Policies and Procedures as detailed in the Parent's Handbook and agree to abide by them.

Signature of Parent (or Guardian): _____

Signature of Supervisor: _____

Date: _____

Date of Admission: _____

Date of Withdrawal: _____

PARENTAL INITIALS:



ALLERGIES FORM

Child's Name: _____

- My CHILD **HAS ALLERGIES** PLEASE FOLLOW INSTRUCTIONS BELOW

Signature of Parent: _____ Date: _____

- My CHILD **DOES NOT HAVE ANY KNOWN ALLERGIES**

Signature of Parent: _____ Date: _____

Symptoms of my child's attacks:

Allergens or irritants that are particularly bothersome to my child:

Specific Instructions if my child has an ANAPHALCTIC attack

MEDICATIONS:

<i>Date:</i>	<i>Time of Dose:</i>	<i>Amount Given</i>	<i>How to administer</i>

- I authorize the TINY HOPPERS to administer the medication named above in the manner described. Signature: _____

PARENTAL INITIALS:



ASTHMA FORM

Child's Name: _____

- My **CHILD HAS ASTHMA** PLEASE FOLLOW INSTRUCTIONS BELOW

Signature of Parent: _____ Date: _____

- My **CHILD DOES NOT HAVE ASTHMA**

Signature of Parent: _____ Date: _____

Symptoms of my child's attacks:

Allergens or irritants that are particularly bothersome to my child:

Specific Instructions if my child has an asthma episode, including when to go to the hospital emergency department, how to administer and possible side effects

MEDICATIONS:

<i>Date:</i>	<i>Time of Dose:</i>	<i>Amount Given</i>	<i>How to administer</i>

- I authorize the TINY HOPPERS to administer the medication named above in the manner described. Signature: _____

PARENTAL INITIALS:



**Permission Form
Outdoor Play
Tiny Hoppers**

This permission form will allow the teachers at Tiny Hoppers' to walk your child to the Park. Your child will engage in supervised outdoor play at the park at the teachers' discretion. This permission form is valid from July 1, 2011 – August 31, 2012.

As parent or guardian of _____, I give permission to Tiny Hoppers, to walk my child to the park where they will engage in daily, supervised outdoor play. My child may accompany the Tiny Hoppers' staff to the park at any time between July 1, 2011 – August 31, 2012.



Parent's Signature

Date Signed

PARENTAL INITIALS:

BAG LUNCH POLICY

A bag lunch, provided by me, is to be served to my child:

_____ ***(Child's name)***

at the Tiny Hoppers School Age Program as a noon hour meal. I have been provided with information about the types of food items which must be included in the lunch (in the PARENT HANDBOOK), as well as those which are not to be included due to their low nutritional value and /or high sugar content.

I understand that it is the responsibility of the school-age program to ensure that the lunches provided meet the requirements for high quality and that the supervisor will bring concerns in this regard to my attention.

Repeated failure on my part to abide by this policy may be grounds for dismissal of my child from the program.

Parent's signature

Date

Supervisor's signature

PARENTAL INITIALS:



All correspondence are done VIA EMAIL and BLOG, please provide an email for each:

MOM: _____

DAD: _____

If you change email addresses it is your responsibility to advise us of the change

Please bookmark the following pages to view the appropriate blog for your child:

Kindergarten: <http://tinyhopperskindergarten.blogspot.com/>

Nursery School: <http://tinyhoppersnurseryschool.blogspot.com/>

Rec Centre: <http://tinyhoppersrecprogram.blogspot.com/>

PARENTAL INITIALS: