

# ENROLLMENT AGREEMENT



## 1. Child

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Male ----- Female----- (Please check)

Date of Birth: (Month-----) (Date-----) (Year-----)

Date of Enrolment: (M/D/YR) \_\_\_\_\_

Start Date: (M/D/YR) \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Discharge date: (M/D/YR) ----- Reason for leaving Center: -----

## 2. Child

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Male ----- Female----- (Please check)

Date of Birth: (Month-----) (Date-----) (Year-----)

Date of Enrolment: (M/D/YR) \_\_\_\_\_

Start Date: (M/D/YR) \_\_\_\_\_

## 3. Child

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Male ----- Female----- (Please check)

Date of Birth: (Month-----) (Date-----) (Year-----)

Date of Enrolment: (M/D/YR) \_\_\_\_\_

Start Date: (M/D/YR) \_\_\_\_\_

## 3. Parent 1 (Mom)

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Hours at work: \_\_\_\_\_ to \_\_\_\_\_ .Days at work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Pager or Cell # \_\_\_\_\_

Email: \_\_\_\_\_ Confirm Email : \_\_\_\_\_

# ENROLLMENT AGREEMENT



## 4. Parent (Dad)

Full Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Hours at work: \_\_\_\_\_ to \_\_\_\_\_ Days at work: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Pager or Cell # \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Confirm email:** \_\_\_\_\_

**Fill out Section below only if applicable for custody/child safety reasons**

Parent/Guardian with legal custody: \_\_\_\_\_  
Decree on file? Yes or No (circle) Parents are: Married / Divorced / Separated / Widowed / Single

### Authorized Emergency Contacts/Pick up persons (other than parents)

#### **\*Primary Emergency Contact:\***

Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact Address:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

#### **\*Secondary Emergency Contact**

Name \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Second Emergency contact address: \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**\* (Photo ID required at 1<sup>st</sup> pick up. ( Child/children will not be released without photo ID)**

### Emergency Release

#### **Consent to Emergency First Aid & Transportation and Medical care**

I hereby give my permission that my child, may be given emergency treatment by Yunaland. I also give permission for my child to be transported by accessible vehicle or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician. I am aware that Yunaland Inc. will not be responsible for paying for my child's health care and related costs. Parent or Guardian is responsible for any transport cost, and agrees to reimburse Yunaland Inc for all such cost.

**Parent/Guardian Signatures:** \_\_\_\_\_ **Date** \_\_\_\_\_

# ENROLLMENT AGREEMENT



## **Sick Policy**

Yunaland Inc. **cannot** care for sick children, who may pose an exposure risk to the other daycare children and staff. Sick children will need to be picked up immediately.

\*The Daycare will make a judgement call regarding children who are in “mild’ discomfort, pose no health risk to other children and staff, but can be allowed to rest and be monitored. If a child’s condition changes, parents will be contacted to **pick up immediately**.

Please do not administer over the counter medication (like Tylenol) to sick children prior to dropping at Centre .Parent/guardian will be contacted to pick up your sick child immediately.

## **Child’s Physician**

1. Child’s Physician: \_\_\_\_\_ Address: \_\_\_\_\_
2. Child’s Physician Phone: \_\_\_\_\_

## **\* Allergies, Diet and Medication**

**\*\* We do not serve Pork and Shellfish and we are a nut free facility.**

4. Medicine allergic to: \_\_\_\_\_ if none please circle **NONE**

7 My child is vegetarian: Yes NO (please circle) We are not an egg free facility.

**Prescription medication (We can only administer doctor prescribed medications)**

A thoroughly completed and signed **medication form** is required by the Center. (Please request form from centre). We **do not take outside food** due to the presence of children with allergies. Birthday/Treat bags must be free of food items

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## **Rest and Outdoor Play Periods**

\*The Center observes a Ministry mandated **2 hour rest period** (Nap time).for our Toddler and Preschool program. \*The Center will endeavour to assist new children with sleep routine adjustments, however we cannot accommodate custom sleep routines and schedules.

The Centre’s daily activity also includes 30 minutes (school age) and two 1 hour outdoor gross motor sessions (Toddlers and Preschool). We require written exceptions to this outside schedule and additional child care fees may be charged for extra staff cost to provide individual/custom supervision. Priority will be given to the staff ratio and care of all the children in the Program.

**Parent/Guardian Signatures:** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Consent to \*Transportation to Shelter Location or Alternative Location**

(In the event of an emergency that prevents occupancy at the daycare facility (building) at 10747 Heart Lake Rd) \*Transportation could entail a short walk, or short travel via pre arranged vehicles to our shelter location at: **Lakeside Garden Gallery** at 10753 Heart lake Rd N .Brampton Ont. L6Z 0B7 (905 846-3773)

Parent/Guardian Signatures: \_\_\_\_\_ Date \_\_\_\_\_

# ENROLLMENT AGREEMENT



## Consent to Pictures used for posting in Centre and one Centre website.

Occasionally the Center will post pictures on our website or notice boards of the children engaging in activities.

----Yes I give permission for pictures of my child/children to be used if selected.

----No I prefer that my child's /children's pictures not be used.

Parent/Guardian Signatures: \_\_\_\_\_ Date \_\_\_\_\_

## Programs

7am to 6pm Mon to Thur) (Fri 7am to 5:45 pm)

### Toddler Program

**Full Time** -----5 days Mon to Friday

**Part Time**----- (Mon Wed Fri) **or** ----- (Tues and Thur) (

### Preschool Programs

**Full Time** -----5 days Mon to Friday

**Part Time**----- (Mon Wed Fri) **or** ----- (Tues and Thur)

I will bring my child to day care at: \_\_\_\_\_AM I will pick up my child at: \_\_\_\_\_PM

**Day Nursery**)(9 am to 2:50 pm). **May not drop off before 9 am and must pick up by 2:50 pm)**

**Full Time** -----5 days Mon to Friday (9 am to 2:50 pm)

**\*Part Time** ----- (Mon Wed Fri) **or** ----- (Tues and Thur)

\* Part time days selected **may not be changed**.

\*\*Day Nursery program **may not** be available during July and August as we accommodate our school age summer program. **Hourly service** may be available in our Day Nursery Program, subject to availability and prepayment. There is no refund for early pick up from our hourly service program. Hourly rate is subject to change at any time.

- Care hours selected is not adjustable.
- Dropping off late and extending pick up time is strictly prohibited.
- A late pick up fee will apply. Center may terminate your service for repeat violations.
- 30 days notice is required for all requests to reduce service. Changes are subject to availability, and multi child discounts and rates may be affected.
- . Late pick up after closing time is subject to an additional late pick up fee. (See Late Pick up section).

I understand that by selecting from the above programs, I have chosen **a dedicated spot** for my child/children. Yunaland Inc.(Yunaland Daycare) must be paid for all sick, absent, vacation, severe weather closure days, statutory days, and closures caused by terrorists 'acts, natural and environmental disasters. All hourly and non school day spots that are reserved must be paid whether child/children attend or not.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_



School Age Program

School Name & address \_\_\_\_\_ Schools phone# (\_\_\_\_\_) \_\_\_\_\_

Start and end time of school: Start: \_\_\_\_\_ End: \_\_\_\_\_

\_\_\_ Before School only with Transportation    \_\_\_ After School only with Transportation

\_\_\_ Before and After School with transportation ----- (After school service /Drop off by school bus)

- \*\*Before and After school rates are flat rates, regardless of late drop off, or early pick up.
- Children must be dropped to the Center by the latest 8 am to guarantee on time transportation to their school. Drivers will not wait for late children. Late children will be transported to school after regular routes have been completed. Additional transportation fees will be charged.
- Safe transport will be the first priority on extreme weather days; therefore children may be dropped late. Parents will be advised.

Professional Development Days (PD Days) and non school days

Service is available with an adjusted amount payable for the difference between your regular school day service and the full day non school service. PD and non school days booked and not used are payable to the Center in full.

I understand that by selecting from the above program, I have chosen a dedicated spot for my child/children. Yunaland Inc.(Yunaland Daycare) must be paid for all sick, absent, vacation, severe weather closure days, statutory days, and closures caused by terrorists 'acts, natural and environmental disasters.

My Child will be utilizing Yunaland Inc.'s Pick up and /or Drop to school service.

I authorized Yunaland Inc. and/or its authorized Service Agents to provide transportation to and from school and to Yunaland Inc.

(Signature of Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Registration Requirements

- Security deposit (2 weeks fee or 10 days fee if you're on a part time service
- \$60 non refundable registration fee.
- Immunization records.
- Post dated cheques required in advance if paying by cheques
- \*\*If the Region of Peel is providing subsidy for your fees, please note that they do not pay for the required security deposit nor the registration fee.
- Security deposit is separate from your first 2 weeks of service fees. (See below for payment due dates and frequency).

# ENROLLMENT AGREEMENT



## Orientation Schedule

An orientation/Integration period may be required for some children to assist with on boarding.

Yunaland Inc. will endeavour to be flexible during the orientation period, but we cannot accommodate custom on boarding schedules .A hourly on boarding fee is charged.

## Payments

- **Post dated cheques** dated for the 1<sup>st</sup> of each month and given in advance. (Made out to Yunaland Inc)
- **Direct deposit and E transfers.** Please ensure your bank’s processing time allows for funds to be in Yunaland’s account by or before the 1<sup>st</sup> of each month, as a late payment fee will be charged as of the 2<sup>nd</sup> of the month. (See late payment fee section below).

Invoices are not provided. Your monthly receipt must be retained for tax purposes. There is no yearend statement.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Custom Services, Speciality and After-School programs, Extended hours**

Custom, Emergency, and Speciality services require prepayment in full.

Extended hours are charged at a flat rate. No refund is given if a child is picked up early.

There is no refund for cancellation of prepaid Speciality Programs, as Service Providers will still need to be paid for time booked.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Multi child discounts**

Rates increase to current regular fees for remaining child/children, once one or more child is withdrawn from program.

## **My Payment Method**

\_\_\_ Post Dated Cheques \_\_\_ E –Transfer ([info@yunaland.ca](mailto:info@yunaland.ca)) \*Please use password **daycare** (all lower case letters) \_\_\_ Payment on secure website: (Visa, Master card, Discovery, PayPal)

\_\_\_ Subsidy (\*I am responsible for paying directly to Yunaland Inc. the non refundable registration fee, Parental Portion of subsidy fee and required security deposit fee: Security is refunded (less any outstanding balance) if last service period is paid by Region of Peel, **and** proper withdrawal notice is given. Security deposit can only be used for the last **2 weeks of service. (2 weeks paid notice is required before the security deposit can be used, so withdrawal requires a 1 month period)** Failure to give proper withdrawal notice will result in the loss of the security deposit. The Centre cannot accommodate “custom” withdrawal request. **Security deposits** for customers using subsidy are refunded on /or around the 3rd week of the **month following** your last month of service. (\*Fees for service are paid by the Region of Peel in the **month following** the service month).

**Email address** (required to issue receipts). \_\_\_\_\_ **Confirm Email:** \_\_\_\_\_

Parent/Guardian Signatures: \_\_\_\_\_ Date \_\_\_\_\_

# ENROLLMENT AGREEMENT



## Late payment

Late payment fee is charged **as of the 2<sup>nd</sup> of the month at a rate of \$50 per payment period.** This fee is subject to change at any time. The Center reserves the right to terminate service after 2 weeks of unpaid fees, or before if appropriate. Parent/Guardian is responsible for any collections or legal fees incurred to recoup outstanding balances.

Parent/Guardian Signatures: \_\_\_\_\_ Date \_\_\_\_\_

## Legal matters

Yunaland Inc recognizes that a common method of feedback and rating regarding service is via social media. Please ensure that any and all negative postings regarding Yunaland Inc. (Yunaland daycare and Family Services), be factual and provable, and not done in a malicious defamatory manner. **All malicious postings** will be challenged in a court of law, and poster will be responsible for all legal fees plus damages. We **welcome and thank you** for bringing your constructive feedback directly to the center.

Parent/Guardian Signatures: \_\_\_\_\_ Date \_\_\_\_\_

## Security Deposit/ Withdrawal from Center

Security deposit will be applied to your child's **final 2 weeks of service.** It is not refunded.

**\*\*The withdrawal process will take a total of 1 month.** (2 weeks where **paid** notice to withdraw is given plus 2 final weeks of security deposit usage, where there is no payment required.

All outstanding fees and invoices will be deducted, and days available for care will be calculated. Failure to provide the required withdrawal notice will deem your registration agreement to be in breach, and your security deposit will be forfeited.

**Security for subsidy customers** is refunded (less any outstanding balance) if the last service period is paid by Region of Peel, **and** proper withdrawal notice is given, on /or around the 3rd week of the **month following** your last month of service. (\*Fees for service are paid by the Region of Peel in the **month following** the service month).

**Unpaid balances may be reported to Region of Peel,** which may affect transfer of your services to another Centre.

I am clear on the registration, security deposit and withdrawal process outlined above:

Parent/Guardian's **Full Name:** \_\_\_\_\_

Parent/Guardian's **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Security Deposit Payment Details

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Please circle payment method (Cheque, E transfer, Credit card) Yunaland Management Name: \_\_\_\_\_ Yunaland Management signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT AGREEMENT



## Late Pick Up Fee

Late pick up fee is charged at a **rate of \$2** per minute. Continuous tardiness may result in service termination. Late pick up fee rate may change at any time.

## NSF Fees

NSF fee is \$50. Yunaland Inc. reserves the right to request an alternative method of payment.

## Interest and Annual fee Increase

All fees and outstanding balances will accumulate compounded interest until paid in full. Interest rate is subject to change at any time. Yunaland Inc. has an annual cost of living price increase. Parents will be notified in advance..

**Parent/Guardian Signatures:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Potty Training, Breakfast provision, Home Work Supervision

A **nutritious breakfast** is served to children in our before school program. This service ends at **8:30** to prepare the children for school departure .Parents dropping children after 8:30 must ensure they have had a nutritious meal prior to drop off.

Yunaland will assist parents with potty training efforts started at home, that does not interfere with the centre’s regular **group toileting** schedule. At parent’s request, Center staff will ask children to attend to their **homework**. Center staff will not read agenda notes, homework sheets etc, in an effort to adhere to the privacy mandates around communication meant for the school, children and parents.

## Play castle, Indoor and outdoor toys and equipment.

Yunaland conducts weekly, monthly, and yearly equipment checks and repairs. We take every precaution to ensure the children’s safety. By signing this registration parents grant authorization for children to use the Play Castle and all of Yunaland Inc. equipment and toys, and absolve Yunaland Inc from any “normal “accidents not caused wilfully or thru negligence.

Parent/Guardian’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Check list

- Copy of **immunization records** attached
- I double checked emergency information and contact section of registration
- Application is signed in all required areas.
- Security deposit, registration and current service period fees are included.
- **E mail address** to receive receipts provided.

*I understand that this is a legally binding document that I am signing, and I have read and I understand it.*

## \* Signatures

Provider: Yunaland Inc. \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_