

**CHILDREN'S SERVICES  
 ENROLLMENT AGREEMENT**

**This Enrollment Agreement is between the PSDSSAB-Children's Services**

**and** \_\_\_\_\_ **to receive child care services**  
 (Parent/Guardian Name)

**for** \_\_\_\_\_ **at the following program(s):**  
 (Child(ren) Name(s))

	Before School	After School	After School
Mapleridge School Age Program	<input type="checkbox"/>		
Land of Lakes School Age Program			
Sundridge School Age Program	<input type="checkbox"/>		
Magnetawan School Age Program			
St. Gregory School Age Program	<input type="checkbox"/>		

**I/We understand and agree to comply with the following:**

**REGISTRATION:**

- To agree with the pre-arranged hours and days of child care, as indicated below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time					
Pick-up Time					

\*Please initial in the space provided where applicable

- \_\_\_\_ To ensure **ANY** changes to the above days and hours of care have prior approval by the Program Supervisor.  
**\*Please note, if you are decreasing the number of days of child care required, the program will do their best to accommodate your space requirements should you need them to change or increase at a later date, however, we cannot make any guarantees that space will be available.**
- \_\_\_\_ To ensure subsidized child care is only used for the days and hours you are at work or attending school or otherwise approved by the child care fee subsidy office.
- \_\_\_\_ To ensure notification to designated school and transportation authority is provided of school age program attendance.
- To advise the program, as soon as possible, of any unplanned absences and the reasons for the absences.
- To provide two weeks' notice when a child is being withdrawn from the program. Failure to provide notice may result in your account being invoiced for this period.
- To ensure all information on the enrollment and medical forms remain current.

**PROGRAM:**

1. To ensure the child is always picked up at the agreed upon time or a late pick-up fee of \$10 for every 15-minute increment that your child is in attendance beyond the pick-up time indicated on the signed Enrollment Agreement may be charged.
2. The child is only released to persons listed on the Enrollment Form or a Release Form will be completed and signed by the parent/guardian prior to person's not named on the authorization list will be permitted to leave the program with the child.
3. To advise the program of special diets or dietary concerns for your child and to provide special foods if required. Food supplied by parents/guardians must be clearly labeled with child's full name and date of delivery to the program.
4. To keep the child at home if they have an infection, fever or illness that could be passed on to others, or if the child is too ill to participate in all aspects of the program. Licensed school age programs are required to provide a minimum of 30 minutes outdoor play a day (weather permitting) and all children are expected to participate.
5. To comply with other conditions as outlined in the Program Family Guide.

***Failure to comply with the above conditions may result in the termination of your child care arrangement.***

Families are encouraged to discuss any problems or concerns regarding their child with the Program Supervisor.

Date (dd/mm/yy): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_



**CHILDREN'S SERVICES  
SAP ENROLLMENT**

**Appendix-C3-SAP**

**For Office Use Only:**  
Date of Admission(dd/mm/yy):  
  
Date of Discharge (dd/mm/yy):

**PROGRAM:**

**CHILD INFORMATION**

<b>CHILD'S LEGAL NAME:</b>		<b>CHILD'S COMMON NAME:</b>	
<b>DATE OF BIRTH (dd/mm/yy):</b>		<b>PRONOUN:</b>	

**PARENT/ LEGAL GUARDIAN INFORMATION:**

<b>Applicant #1</b>		<b>Birth Date</b>	
<b>Relationship to child</b>			
<b>Complete Address Please include mailing address</b>		<b>Town/Municipality</b>	<b>Postal Code</b>
<b>Phone #</b>		<b>Email</b>	
<b>Marital Status</b>	<input type="checkbox"/> Single – If single, please do not fill out Applicant#2 information <input type="checkbox"/> Married <input type="checkbox"/> Common-law		
<b>Parental Agreement If there is a formal parental agreement please provide a copy</b>	Are there Parental Agreements pertaining to the legal right of access to your child? ____ Name of custodial parent/guardian: _____ Name(s) of individuals prohibited from access to your child: _____		

<b>Applicant #2</b>		<b>Birth Date</b>	
<b>Relationship to child</b>			
<b>Complete Address If different than above</b>		<b>Town/Municipality</b>	<b>Postal Code</b>
<b>Phone #</b>		<b>Email</b>	

**EMERGENCY CONTACT INFORMATION:** In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>	<b>Emergency Contact #3</b>
Full Legal Name: Relationship to Child: Primary Phone No.: Alternate Phone No.: <input type="checkbox"/> Authorized to pick-up child	Full Legal Name: Relationship to Child: Primary Phone No.: Alternate Phone No.: <input type="checkbox"/> Authorized to pick-up child	Full Legal Name: Relationship to Child: Primary Phone No.: Alternate Phone No.: <input type="checkbox"/> Authorized to pick-up child

**PICK-UP AUTHORIZATION:** The following additional individuals are authorized to pick-up my child (Photo ID will be required to confirm identity before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone #

**NOTE:** We will not release your child to anyone not identified on this form. Please notify us in writing whenever anyone else will be picking up your child.

**Additional Emergency Information:** Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g. known medical conditions, hearing/vision difficulties):

**Is there anything else that is important to know about your child/family? (e.g. other children or adults in the home, pets, favorite items)**

As part of Integrated Service Delivery please share with us if your family is connected with any of the following:

- Speech/Language
- Occupational Physical Therapy
- Behavioural Therapy (including behavioural plan)
- Children’s Aid Society (CAS)
- Inclusion Support Services (ISS)
- Other: \_\_\_\_\_

**MEDICAL INFORMATION:**

Please identify any Medical Condition(s) and/or Allergies? <i>(e.g. Anaphylaxis, Asthma, Diabetes, Epilepsy, Food, Environmental, Animals, Bees, etc.)</i>	Description	Severity		EpiPen/Medication
		<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/>
		<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/>
		<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/>
		<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/>

**\*Important** – if you’ve indicated a condition and/or allergy (e.g. allergic reactions such as respiratory distress, skin irritations, runny eyes, runny nose, fever, etc.) which requires possible treatment, an emergency form must be completed and an Emergency Plan must be created prior to program entry.

**Anaphylaxis Emergency Plan**

**Medical Emergency Plan**

Are there any Special Diets/Foods to consider? <i>(e.g. Nuts, Dairy, Tofu, Wheat, Gluten, Fruits, Vegetable, etc.)</i>	Description	Cultural	Sensitivity	Severity	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High	<input type="checkbox"/> Low
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High	<input type="checkbox"/> Low
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High	<input type="checkbox"/> Low
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High	<input type="checkbox"/> Low

Please list all communicable diseases your child has had - for example: chicken pox, hepatitis, measles, etc.

**AUTHORIZATIONS:**

**MEDICAL EMERGENCY:** If the family or persons listed under "Emergency Contact Information" cannot be reached, then permission is hereby given to The Parry Sound District Social Services Administration Board to provide and/or seek medical aid. \* **PLEASE NOTE:** In the event of critical emergency, first responders will be the first point of contact.

**ACTIVITIES OFF PREMISES:** Part of the program includes community outings, for example walk to the fire station, etc., which take the children off the program premises. Your signature provides us with permission to do so. For field trips that require transportation, the program will provide a separate permission form.  
***I hereby authorize the application of sunscreen, insect repellent, or hand sanitizer if applicable.***

***I authorize the release of this information to persons providing care to my child.***

**THE FOLLOWING CONDITIONS ARE TO BE FOLLOWED FOR MY CHILD IN THE IN THE ABOVE AUTHORIZATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I have read, understood and agree to the above. I will notify the appropriate program when there are changes to my family's situation.***

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

**CHILDREN'S SERVICES  
SAP FINANCIAL AGREEMENT**

**This Financial Agreement is between the District of Parry Sound Social Services Administration Board and \_\_\_\_\_**

(Parent/Guardian name)

**to receive child care services from \_\_\_\_\_**

(Program Name)

**I/We understand and agree to comply with the following:**

*Please initial*

1. Upon enrollment, to pay 50% of the monthly parental fee, (rounded up to the nearest \$10 increment with a minimum \$20 deposit) to be held on account until your child(ren) has been discharged from the program. Deposit amounts may be adjusted periodically to reflect a change in parental fees. **\*Currently the deposit amount required is \$\_\_\_\_\_** \_\_\_\_\_
  
2. Fees are to be paid weekly, bi-weekly or monthly **and in advance**, Please check your preferred frequency of payment. \_\_\_\_\_  
     Weekly \_\_\_\_\_      Bi-weekly \_\_\_\_\_      Monthly \_\_\_\_\_  
 \*Based on your selection, your current prepayment amount is \$\_\_\_\_\_.
  
3. Payment to be made using Interac at designated DSSAB locations, or on-line/telephone banking. \_\_\_\_\_
  
4. On-line banking payable to: *Parry Sound DSSAB*, telephone banking payable to: *Parry Sound District Social Services Administration Board*.  
 Account Number: \_\_\_\_ 000 \_\_\_\_
  
5. Outstanding accounts of more than 30 days may result in immediate termination of child care arrangements. \_\_\_\_\_
  
6. A LATE pick-up fee of \$10 for every 15-minute increment that your child is in attendance beyond the pick-up time indicated on the signed Enrollment Agreement. \_\_\_\_\_
  
7. To pay an additional \$25.00 fee for any Non-Sufficient Funds (NSF) cheques. \_\_\_\_\_
  
8. To pay for all days of care as stated on the signed Enrollment Agreement. \_\_\_\_\_  
 \*there is no absence or vacation day entitlement

**Please include your preferred email address here to receive your electronic statement:**

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_