**THE SCHOOL HOUSE**

REGISTRATION PACKAGE

**Welcome!**

Thank you for choosing The School House Daycare. We look forward to creating new memories and experiences with you and your child for years to come. Within this package, you will find important documents that must be completed and returned to the office before registration can be completed. We look forward to watching your child grow in leaps and bounds!

***“It takes a big heart to help shape growing minds.”***

**Sincerely,**

**Katelynn E. Garvin &**

**Maureen E. Garvin**

**Owners/Administrative Directors**

**Central Location: South Location:**

**The School House Academy The School House ELC   
3450 Ypres Avenue, Windsor 1235 Grand Marais Rd. West  
Office phone: 519-974-6222 Office phone: 519-972-1001**[**theschoolhouseacademy@gmail.com**](mailto:theschoolhouseacademy@gmail.com)[**theschoolhouseelc@gmail.com**](mailto:theschoolhouseelc@gmail.com) **Website: theschoolhouseacademy.com Website:theschoolhouseelc.com**

**Documents needed to complete the registration package:**

1. Completed Registration package.
2. Photocopy of Child’s Health Card
3. Up-to date Immunization Records
4. Completed Monthly Calendar (including drop off & pick up times)

**Note: When registering more than one child, you must fill out a separate registration form for each child.**

**\*Please fill out Registration Packages with black ink only. Thank you\***

**CHILDCARE FEES**

The School House accepts the following methods of payment: Cheque or e-transfer. Cheques are made payable to: The School House Academy (Central location) or The School House Early Learning Centre (South location) and payments must be received on or before the first of every month before care begins.

**ADDITIONAL INFORMATION**

* For new enrollments, payment is due in full the day before your child’s first day of care. After that payment is received and paid in full, all other payments are due on the **1st** of the month.
* If the payment is past due (after the **1st** of the month), a **$50.00** late fee will be applied. Non-payment, late payments and dishonored cheques will, at the absolute discretion of the Centre, be deemed to be a breach of this agreement by the parent, giving grounds for termination of service and withdrawal of the child from our Centre.
* If you choose to pay via e-transfer, please use **theschoolhouseacademy@gmail.com** (Central) or **theschoolhouseelc.com** (South) for payment. **All e-transfers must have your child’s first and last name under the “memo” section.**
* If your child’s regular scheduled day falls on a Statutory Holiday, you will be required to pay for the Holiday as outlined in our Parent Handbook.
* The Centre closes promptly at **6:00pm** everyday. **Our Infant room opens at 7:30am and closes at 5:00pm, A late fee of $1.00 for every minute that a child remains in our Centre after 5:00pm will be charged for each child. The payment is due on the day of late pick-up and is paid directly to the teacher on duty.** Parents are responsible to notifying the Centre as soon as possible if they are unable to arrive by closing time. **A late fee of $1.00 for every minute that a child remains in our Centre, (In our Toddler and Preschool programs) after 6:00pm will be charged for each child. The payment is due on the day of late pick-up and is paid directly to the teacher on duty.** Time will be calculated using clocks at our Centre. Continued violation of our Centre’s hours of operation and/or payment late fees may, at the absolute discretion of the Centre, result in termination of childcare services.
* If your child is scheduled and becomes sick or absent, this day cannot be reimbursed, exchanged, or credited to your account. You will be charged for that day due to staff being scheduled for your child’s attendance.

We are licensed by The Ministry of Education and must follow all guidelines for ratios. Please ensure that you follow your drop off and pick up times that you have scheduled your child(ren) on the calendars submitted by you each month. Our teachers are scheduled according to children’s drop off and pick up times based on the calendars we receive. Please contact the office in advance if a change is needed. This is to ensure ratios are always adhered to.

* Monthly calendars are due no later than the **20th** of every month to prepare staff scheduling, ensuring ratios are maintained and for invoice purposes. If we do not receive a monthly calendar on or before this date, you will need to call ahead to see if we have a spot available for your child on the following month of service.
* A four-week notice is required when changing your child’s monthly calendar. Parents must notify the office when requesting added days for approval. Payment for added days is due on the **same day care is being provided for you child.**
* When terminating service, a written **Four-week** notice must be given for full fee parents. Two weeks notice in writing for subsidized parents.
* The School House Academy Daycare Vacation Policy is as follows; If your child is on vacation, absent from the program, or ill full payment is still required. All statutory holidays will also be required to be paid for.

Ample notice will be provided for planned closure dates.

* If a child has a break in service from program in any age group including School-Age, The School House cannot guarantee the spot to be reserved for the return date of the child(ren). The parents must add their child(ren) to the waiting list and inquire about eligibility prior to the return of care to see if there are any available spaces.

**SUBSIDY**

For parents who are subsidized, you are required to hand in monthly calendars due no later than to **20th** of every month. This calendar must coincide with your subsidy confirmation. Parents are allotted by the City of Windsor Children’s Services a specific number of Absent days for the year based on your Subsidy start date, You will be charged full fee for the days that parents go over their allotted Absent days by the City of Windsor Children’s services that do not coincide with your subsidy confirmation.

**I acknowledge that I have read, understand, and will abide by the above policies of The School House.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: (Print) Signature Date**

**The School House**    
**Type of Child Care Required: (BLACK INK ONLY PLEASE)**

**For Office Use Only**

Date of Admission:

Date of Discharge:

Copy made:

□ Full-time □ Part-time □1/2 days AM □1/2 days PM  
(5 days) (6:00am-12:00pm) (12:00pm-6:00pm)

**Age Group Placement at Time of Enrollment: Preferred Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Infant (3 weeks to 18 months) □Toddler (18 months to 2 ½ years)

*Ratio: 1 teacher per 3 children* *Ratio: 1 teacher per 5 children*

□ Preschool (2 ½ years to 5 years) □ School Age (5 years to 12 years) □ Before & After School □ Holiday Camp

*Ratio: 1 teacher per 8 children* *Ration: 1 teacher per 15 children* □ PA Days □ Summer Camp

\***If your child is School Age,\* Please add Name of School child is Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Hours of Care:**  Please fill our specific drop off and pick up times for staff scheduling and child ratio purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|  |  |  |  |  |

Child Information (Black Pen Only Please)

|  |  |
| --- | --- |
| Full Legal Name: | Preferred Name: |
| Date of Birth: | Age of Child at Starting Date: |
| Home Address(es): | |
| Language(s) Spoken at Home: | |
| Other children in the family enrolled in the centre: | |

Parent Information

|  |  |
| --- | --- |
| Full Legal Name: | Relationship to Child: |
| Primary Phone Number: | Work Phone Number: |
| Email address: | Place of Employment: |
| Home Address:  □ Same as Child | |

|  |  |
| --- | --- |
| 2.Full Legal Name: | Relationship to Child: |
| Primary Phone Number: | Work Phone Number: |
| Email address: | Place of Employment: |
| **Home Address:**  □ Same as Child | |

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts

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.

|  |  |
| --- | --- |
| Emergency Contact #1 | Emergency Contact #2 |
| Full Legal Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  □ Authorized to pick-up child | Full Legal Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  □ 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 identify before the child will be released):

|  |  |  |
| --- | --- | --- |
| Full Legal Name | Relationship to Child | Primary Phone |
|  |  |  |
|  |  |  |
|  |  |  |

Additional Information

Please provide any special needs that we need to accommodate. Medical/ behavioural or additional information including a doctor’s diagnosis that could be helpful. Also is your child working with any outside agencies. Please list

Health Information

Has your child had any of the following common childhood illnesses? Please circle.   
Constipation Frequent Ear Infections Soiling Convulsions   
Stomach Upsets Diarrhea Lice Urinary Problems   
Fainting Spells Ringworm Worms Frequent Sore Throats   
Frequent Colds Skin Rash

Has your child had any of these diseases? Please circle.  
Asthma Hepatitis Polio Bronchitis Impetigo  
Scarlet Fever Chicken Pox Measles Tuberculosis Diabetes  
Mumps Whooping Cough Heart Disease German Measles

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child’s first day of care.  
  
Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Doctor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunization Records**

Please provide a copy of your child’s immunization record (e.g., yellow card) and a copy of your child’s Health Card to the centre prior to your child’s first day of care.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=medical+exemption&NO=010-3041E) form or a [Statement of Conscious or Religious Belief](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=religious+belief&NO=010-3042E) form must be completed and provided to the centre. These forms are available on the Ministry of Education’s website.

**Allergy Information**

Does your child have a life-threatening allergy?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the childcare centre prior to the child’s start date.

Does your child have any allergies that are not life-threatening?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

\*For children under 12 months, please complete The School House Infant Daily Planner that is provided to you. \*

Does your child have any special feeding arrangements or dietary restrictions? (e.g., no sippy cups, mashed/pureed food, vegetarian, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

\*For children under 12 months, please complete The School House Infant Daily Planner that is provided to you. \*

How many naps does your child typically have each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers?

YES NO

If no, my child:  
□ Uses the washroom independently □ Requires some assistance □ Requires full support.

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

**About Your Child**

Has your child ever been in childcare before and if so, what type? (Centre, family daycare, etc.)  
Yes/No **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child have any speech, hearing, or visual problems? (If so, please describe)  
Yes/No **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Would there be any restrictions to play or activities? (If yes, please describe)  
Yes/No **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are there any recent traumatic situations the child has been exposed to? (Death in the family, divorce,   
new sibling, etc.)  
Yes/No **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Has your child been involved with any additional supports? (Children First, therapist, etc.)   
Yes/No **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Absenteeism**If your child will not be attending the centre, or if their scheduled time is changing, please notify the Supervisor by **9:00am** to avoid concern.

**Central location: 519-974-6222 Email: theschoolhouseacademy@gmail.com  
South location: 519-972-1001 Email: theschoolhouseelc@gmail.com**

**Parent & Teacher Communication**

**Photographs**In the interest of safety and security we require parent permission for the publishing of children’s work, photographs, or videos. (On our Facebook page) Note that sometimes other children in the centre may feature in photos, videos, or stories of your child. By giving your consent you agree not to share photos or videos of any child, other than your own, outside the program without permission.   
**Yes/No**

**Neighborhood Walks**The School House staff and children go on walks, visit parks and natural outdoor experiences near the school during program time. These walks provide a safe and stimulating outdoor play and learning experience for children, and children are always supervised. Do you give us permission for us to take your child on a neighborhood walk?  
**Yes/No**

Authorization for Non-Prescription Skin Products  
The following non-prescription items may be applied to my child in accordance with the manufacturer’s instructions on the original container (please check off):

□ Sunscreen □ Diaper Creams/Ointment □ Lip balm □ Hand sanitizers

□ Lotions

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name Signature Date**

**The School House Policy and Procedures**A copy of our Policy and Procedures are available in our main office at all times. It is also available to view on our website:  
[www.theschoolhouseacademy.com](http://www.theschoolhouseacademy.com)  
[www.theschoolhouseelc.com](http://www.theschoolhouseelc.com)  
  
**Parent Handbook**A copy of our Parent Handbook is available in the main office at all times. It is also available to view on our website:  
[www.theschoolhouseacademy.com](http://www.theschoolhouseacademy.com)  
[www.theschoolhouseelc.com](http://www.theschoolhouseelc.com)  
  
**Subsidy**Have you registered with OneHSN Windsor-Essex, online? Yes/No  
Do you require subsidy from The City of Windsor? Yes/No  
Are you full fee paying? Yes/No  
If you require subsidy, please inquire the information package located in the main office.

**Additional Information**

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent Name** |  | **Parent Signature** |  | **Date (dd/mm/yyyy)** |
| **Administrator/Supervisor Name** |  | **Administrator/Supervisor Signature** |  | **Date (dd/mm/yyyy)** |

Note: ‘Parent’ is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family and includes legal guardians.