



RED APPLE DAY CARE

PARENT CONTRACT

The conditions of this agreement provide protection for our parents, as well as our program. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of our program remain stable. The program's salaries and overhead expenses are affected by absentee losses. In essence, this agreement is a parental guarantee that you will financially support the enrolment space guaranteed for your child.

AGREEMENT

1. I agree to pay monthly childcare fees by direct withdrawal from my financial institution. These payments will be automatically withdrawn on the first of the month. I will provide a void cheque upon registration and fill out Pre-Authorized Debits (PAD's) Agreement at the back of this contract.
2. I understand and agree that for any NSF or returned cheques, a charge of \$25.00 will apply. This is separate from any NSF or returned cheque fee applied by my financial institution.
3. Refunds will not be given for statutory holidays or absent days (including vacation or sick days). The centre will be closed for all statutory holidays; reminders will be given.
(In some cases the Board of Education may have additional closures beyond our control. The centre will advise parents of unexpected events)
4. In the case of needing to withdrawal my child from the program, I agree to give **TWO WEEKS WRITTEN NOTICE** prior to withdrawal.
5. Signed, written notice of permanent withdrawal of services by the centre will be given two weeks in advance. Behaviour that poses a safety hazard will not be accepted and may result in immediate withdrawal.
6. Should the supervisor of the program, in consultation with the Board of Directors, determine that the centre is unable to meet the needs of my child, or that I have not upheld this contract, I will withdraw my child and in turn have this agreement terminated.
7. If I cannot bring my child in due to an appointment or my child is sick I will call before 9:30 a.m. to notify staff.
8. I agree to pick up my child by the required closing time of 6:00 p.m. I understand that if my child remains past the scheduled closing time, I will be charged a late fee. The first occasion of late pick-up will result in a warning, the second and subsequent late pick-ups will result in a charge of \$1.00 per minute. I understand that if the staff cannot reach me by 7:00 p.m., they are directed to contact the police and Children's Aid Society. If the problem of lateness continues past 3 occurrences, the Supervisor may report this to the Board of Directors. A letter will be given to the parent outlining consequences (possible withdrawal from the program).
9. I agree to submit an updated immunization record **prior** to my child attending the centre.



10. I agree that only pre-authorized individuals designated on the registration form may pick up my child. I will let staff know if someone else is picking up and ensure they have proper photo identification
11. I have received the parent handbook and agree to adhere to all the policies and procedures stated in the handbook.
12. I agree to carry out the parent's responsibilities indicated in our parent handbook.
13. Signing each section in this contract indicates I have read and understood all of Red Apple Day Care's mandatory policies and forms and I agree to provide proper information and will adhere to all within this contract.

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____

Our Philosophy

“RED APPLE DAYCARE FOLLOWS A PLAY-BASED PHILOSOPHY REFLECTING THE CHILDREN’S INTERESTS”

Our goal is to enhance the learning and early development of the children in our programs.

- **We achieve** this by creating an enriched program that meets the individual needs of each child.
- **We recognize** the dignity and worth of each child and we aim to be an inclusive childcare Centre.
- **We promote** diversity by respecting cultural differences, recognizing our similarities, and celebrating our differences in a non-biased, nurturing, and caring environment.

Red Apple Daycare’s mandate is to provide a culturally appropriate, racially sensitive, and non-discriminatory environment for staff, children, and parents/guardians and to promote employment and service equity.

Red Apple Daycare strives to provide a nurturing environment where children develop physically, mentally, emotionally, and intellectually.

With these principles in mind, Red Apple Daycare aims to:

- Provide a happy, relaxed, and stimulating environment, which fosters self-confidence, self-respect, self-discipline and a feeling of security.
- Provide a well-supervised creative program that will encourage each child to develop to his/her own potential.
- Accept the child, his/her strengths and weaknesses, and respect his/her individuality.
- Understand and accept routines and limits.
- Develop the child’s willingness to share and ability to respect the rights of others.
- Model caring and respect for others regardless of race, colour, sex, religion, nationality, and social origin.
- Complement the child’s home experience through information sharing and consultation with parents/guardians – providing and inclusive enriched childcare environment, which honours and respects all children’s beliefs, cultures, languages, and experiences acquired from their family and community.
- Promote children’s health and wellbeing.
- Foster the children’s need for exploration, play and inquiry.
- Capture and document our practice.
- Support the children’s ability to self-regulate so that all the children feel comfortable and confident.
- Form trusting relationships with children and their families.
- Provide everyone with a sense of belonging.
- Help children learn to: care about other people; understand other’s feeling; cooperate and share; express their opinions; resolve conflicts; and develop self-competence, self-worth, and self-regulation.



KEY POLICIES

1. ACCESS AND EQUITY: Staff who witness a racial incident must intervene immediately, this includes verbal, physical, avoidance, exclusion and written racism. All forms of racial incidence need to be reported as a serious occurrence to the Ministry of Education.
2. PROHIBITED PRACTICES: The *Child Care and Early Years Act* prescribe standards of behaviour management, which must be followed by all employees, volunteers and students. The director/supervisor is responsible for ongoing monitoring. Each staff, student and volunteer will sign that they have read and will adhere to the policy on an annual basis.
3. CAS REPORTING: In accordance with the *Child & Family Act*, it is the responsibility of every person in Ontario to immediately report to a Children's Aid Society if he/she suspects that child abuse has occurred, or if a child is at risk of abuse. This includes any person who performs professional duties with respect to children, any operator, or any parent. An individual's responsibility cannot be delegated to anyone else. The centre does not investigate or lay blame; it simply reports and follows the Society's directions.
4. HEALTH POLICY: Our exclusionary policy regarding illness is established by Toronto Public Health. If a child becomes ill throughout the day, parents will be contacted and the child must be taken home.
5. PARENT INVOLVEMENT: Parent involvement is important on many levels. Parents are always welcome to participate in centre activities and are strongly encouraged to participate in fundraising and going on field trips
6. WITHDRAWAL POLICY: The withdrawal procedure will include: Documentation of meetings with parents and use of support services, Notification of Children's Services consultant, Notification of Board, Referral to other services.
7. For further information on policies and procedures, please see our policy and procedure manual or bulletin board.
8. The Board of Directors cannot anticipate all the complex circumstances that may arise. The Board of Directors reserves the right to establish a process for managing situations NOT covered in the Parent Handbook.



RED APPLE DAY CARE MEDICAL CONSENT FORM

Medical Treatment may be given to _____ at any time required due to accident, illness or other emergency.

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____

I hereby give my permission that in case of an emergency, if I am not immediately available, the physician selected by Red Apple Day care may: hospitalize, secure proper treatment, order injections/blood transfusions/anaesthetics or any treatment as noted to be necessary by the physician caring for my child as well as transportation to the Emergency Department of the nearest hospital, with no liability to the driver, staff or Red Apple Day care.

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____

CHILDREN'S FILES

Red Apple Daycare is advising all parents that The Ministry of Education and The City of Toronto consultants have the authority to look at your child's files during the centers annual licensing process. (staff may look at children's files to ensure files are up to date)

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____



RED APPLE DAY CARE

EXCURSION CONSENT FORM

I consent that _____ may participate in all supervised excursions from Red Apple Day care i.e. neighbourhood walk, walk to playground paradise. There will be a separate consent form for field trips that require transportation (TTC, school bus)

PARENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

RED APPLE DAY CARE

AUDIO-VISUAL CONSENT FORM

I hereby grant permission for _____ to participate in any photographs, videotapes and voice recordings that may be taken at Red Apple Day care for centre use only.

I also grant permission for any of the above audio-visual to be used by Red Apple Day care for:

- Centre use
- News Media
- Research
- Website
- Centre Blog

PARENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____



RED APPLE DAY CARE

PERMISSION TO USE HAND SANITIZER, CREAM OR LOTION

I _____, parent of _____, give permission for my child to use the following while in attendance at Red Apple Day care.

- Hand Sanitizer containing at least 70% alcohol and will only be used when a hand washing sink and soap in unavailable. All hand sanitizer use will be monitored by a staff member.
- Diaper cream
- Sunscreen
- Lip balm
- Hand or body cream

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____

RED APPLE DAY CARE AUTHORITY AND RELEASE OF CHILD

Please list all of the individuals who have permission to pick up your child(ren). Children will only be released if permission has been granted by a parent and the staffs have been notified by the parent. Photo ID must be presented before the child will be released.

1. _____ Phone Number _____
2. _____ Phone Number _____
3. _____ Phone Number _____
4. _____ Phone Number _____
5. _____ Phone Number _____

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____



RED APPLE DAY CARE INFORMATION QUESTIONS

To help us serve your child better, please answer the following questions:

GENERAL INFORMATION

Does your child have any brothers or sisters? Yes / No (circle)

Names and ages: _____

Please list any other members of the household (extended family, pets etc.)

- Providing us with a family picture from home will help with the transition into childcare.

What is your expected arrival time? _____ Expected departure time: _____

Who has cared for your child up to the present time?

Home child care Licensed Child Care Relative Home

What languages are spoken at home:

Please list any significant information that we should be aware of such as recent upsets or changes, fears, special instructions regarding pickup etc.?

In what areas does your child have particular interest?

How does your child like to be comforted?

What past illnesses has your child had?

Chicken pox	<input type="radio"/>	Measles	<input type="radio"/>	Mumps	<input type="radio"/>
Ear infection	<input type="radio"/>	Tonsillitis	<input type="radio"/>	Bronchitis	<input type="radio"/>
High fever	<input type="radio"/>	Asthma	<input type="radio"/>	Other:	_____



Does your child have any food sensitivities, allergies, require Halal food, vegetarian diet or restrictions?

DIAPERING

Please supply us with a large bag of diapers and wipes clearly labeled with your child's name on as needed. Your child will go through an average of 20 diapers a week. Please provide us with any special cream or powder your child requires. The Daycare provides Vaseline and Baby Powder.

Has diaper rash been a problem? Please provide any special diapering instructions: _____

SLEEPING INSTRUCTIONS

Please indicate any information that could be helpful when putting your child down for nap:

- We have everything needed to make your child comfortable during naptime, if you would to bring a blanket and pillow from home that may make the transition easier.
- Please no bottles or soothers. The toddler program uses sippy cups.

Sleep patterns: Usually naps (how long)? _____ Does not nap

GENERAL TEMPERAMENT

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="radio"/> Friendly, Outgoing | <input type="radio"/> Shy | <input type="radio"/> Aggressive |
| <input type="radio"/> Active | <input type="radio"/> Very active | <input type="radio"/> Co-operative |

DEVELOPMENT

- | | | | |
|---------------|---------------------------------------|--|--------------------------------------|
| Speech: | <input type="radio"/> No speech | <input type="radio"/> Some words | <input type="radio"/> Combines words |
| Self Help: | <input type="radio"/> Dresses self | <input type="radio"/> Toilet training | <input type="radio"/> Feeds self |
| Motor skills: | <input type="radio"/> Takes few steps | <input type="radio"/> Walks with control | <input type="radio"/> Active climber |



- Social skills:
- Plays with group of children
 - Prefers to play alone
 - Follows routines
 - Accepts changes easily

Additional information: _____

Does your child have any physical disabilities?

If so, please list special care instructions:

Does your child have any behavioural considerations (diagnosed or suspected)?

If so, please list special care instructions:

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____



RED APPLE DAY CARE

CONTINUITY OF CARE

I understand that continuity of care cannot be guaranteed from one age group to the next. The continuation of care will depend on a vacancy being available. If there is no space for a child to move to the next age group, notice will be given. For more information, please refer to the continuity of care policy.

PARENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

RED APPLE DAY CARE

SAINT JOHN XXIII EARLY LEARNING PROGRAM

PARKING POLICY

I, parent of _____, have read and understood that the designated parking area for dropping off and picking up my child at the childcare centre is the Saint John XXIII school parking lot at the corner of Grenoble and Gateway Blvd. If I park at the arena or in the fire route beside the kindergarten playground, I understand that I am doing so at my own risk. I also understand that the school or the daycare will not be liable if anything happens to me, my family or anyone who is responsible to drop off or pick up my child if I/they choose to park in these undesignated areas.

PARENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____



RED APPLE DAY CARE
SAINT JOHN XXIII EARLY LEARNING PROGRAM
TRANSITION TO SCHOOL

I, parent of _____ may be dropped off/picked up
to/from _____ (School or Bus) by Red Apple Daycare staff.

Please indicate where your child will be attending the Full Day kindergarten Program

- Saint John XXIII
- Grenoble Public School
- Other

PARENT SIGNATURE: _____	DATE: _____
WITNESS SIGNATURE: _____	DATE: _____

➤ **Only sign if your child is attending school or will be attending school
in this community**



RED APPLE DAY CARE APPLICATION AND EMERGENCY INFORMATION FORM

(Please complete all addresses and telephone numbers in full)

Start Date: _____

Child's Name: _____
First _____ Initial _____ Last _____ Nickname _____

Date of Birth: ____ / ____ / ____
Child's Address: _____
Day / Month / Year _____

IMPORTANT TO REMEMBER: PLEASE ADVISE THE DAY CARE OF ANY CHANGES TO YOUR ADDRESS, PHONE NUMBER – BOTH AT HOME AND WORK SO THAT WE HAVE UPDATED INFORMATION AT ALL TIMES.

Parent/Guardian #1: _____ Name of Business/School: _____

Home Address: _____ Business Address: _____

Email: _____

Postal Code: _____ Business Tel. #: _____

Home Tel. #: _____ Hours of work/study: _____
Cell #: _____

Parent/Guardian #2: _____ Name of Business/School: _____

Home Address: _____ Business Address: _____

Email: _____

Postal Code: _____ Business Tel. #: _____

Home Tel. #: _____ Hours of work/study: _____
Cell #: _____

- Please provide an email address above as we communicate most of our information home through email, including documentation and photos through the "HiMama" app.



IF YOU ARE A STUDENT PLEASE PROVIDE US WITH YOUR CURRENT TIMETABLE AND ANY CONTACTS FOR YOUR SCHOOL INCASE OF EMERGENCY

Emergency Contact & Person to Whom Child May Be Released (*Relative/Friend*)

Name: _____

Relationship: _____

Home Address: _____

Telephone #: _____

Business Address: _____

Telephone #: _____

Medical Information: (Allergies, regular medication, medical condition, food restrictions, etc.)

Child's Physician: _____

Address: _____ Postal Code: _____

Telephone Number: _____

PARENT'S CONSENT

Medical Treatment may be given to my child at any time required due to accident, illness or other emergency. I hereby give my permission that in case of an emergency, if I am not immediately available, the physician selected by Red Apple Day care may: hospitalize, secure proper treatment, order injections/blood transfusions/anaesthetics or any treatment as noted to be necessary by the physician caring for my child as well as transportation to the Emergency Department of the nearest hospital, with no liability to the driver, staff or Red Apple Day care.

PARENT SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

DATE: _____



RED APPLE DAY CARE

Authorization and Consent to use Photography for documentation and program planning

I _____ give permission to the staff of Red Apple Day Care to use photography or video to document my child _____ during play for the purposes of program planning and providing information to families about various forms of play and levels of child development that occur during play.

The children's photos and documentation will be kept and used only within Red Apple Daycare.

PARENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____



Participation Agreement to email and publish my child's work, photographs or videos via HiMama

To: Parent/Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "**Program**"). By signing this form, you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Additional Email: _____

Signature: _____ Date: _____



Pre-Authorized Debits (PAD's) Agreement

Customer Information (please print clearly)

Name: _____

Red Apple Account Number: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Bank Account Information

Deposit Account Number: _____ Branch Transit: _____

Financial Institution Number: _____ Chequing account Savings account

Financial Institute Name: _____

Financial Institute Branch Address: _____

Pre Authorized Debit (PAD) Details

You, the Payor, authorize Red Apple Day Care (Overlea) to debit the bank account identified above for fees for your child for their care in the beginning of each month. To obtain a sample cancellation form or for more information on your right to cancel a PAD agreement , contact your financial institution or visit www.cdnpay.ca

These services are for (check one) Personal Business use.

You, the Payor, may revoke your authorization at any time, subject to providing notice 2 weeks.

Signature of Account Holder

Name of Joint Account Holder (if appropriate)

Name (please print)

Name (please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement, For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement, contact your financial institution or visit www.cdnpay.ca

When the form is completed, please return to:

Red Apple Day Care (Overlea)
175 Grenoble Drive
Toronto, Ontario M3C 3E7
Tel/Fax: (416) 429-6662
Email: radc2@look.ca