



REGISTRATION FORM

Note: Payment is required prior to care and can be made in person or through cash, cheque or e-transfer.

Child Information

Child First Name _____ Last Name _____
 Date of Birth (DD/MM/YYYY) _____ Age _____ Sex _____
 Place of Birth _____ Name of Person (for Tax Receipt) _____

Parent/Guardian Information

PARENT #1

PARENT #2

Full Name	_____	_____
Address	_____	_____
City	_____	_____
Postal Code	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Work/School Location	_____	_____
Work/School Phone	_____	_____
Work/School Hours	_____	_____
Occupation	_____	_____
Are you?	<input type="checkbox"/> Student <input type="checkbox"/> CUPE 3903 <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other _____	<input type="checkbox"/> Student <input type="checkbox"/> CUPE 3903 <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other _____

Who does the child live with? Parent #1 Parent #2 Legal Guardian

If Guardian, please state name and relationship to child _____



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Medical Contact

Family Doctor _____ Phone _____
 Address _____
 City _____ Postal Code _____

Emergency Contact Person (Other than yourself)

Contact 1 _____ Relationship _____
 Address _____ City _____ Postal Code _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Contact 2 _____ Relationship _____
 Address _____ City _____ Postal Code _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Authorized Child Pick Up

Adults who have permission to pick up your children (other than yourself):

First Name _____ Last Name _____
 Phone _____ Relationship to Child _____
 First Name _____ Last Name _____
 Phone _____ Relationship to Child _____

Dietary Information

Allergies _____ Food Sensitivities _____
 Restrictions _____



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The Lee Wiggins Childcare Centre Policies:

1. Discharge Policy

I, _____ have read and understood the Discharge Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date

2. Health Policy

I, _____ have read and understood the Health Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date



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3. Financial Agreement

I, _____ have read and understood the Financial Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date

4. Licensed Care Agreement

I, _____ have read and understood the Licensed Care Agreement and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date



REGISTRATION FORM

5. Resource Centre Agreement

I, _____ have read and understood the Resource Centre Agreement and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date

6. Walk Participation

I, _____ give consent to have my child _____ to leave the childcare centre to participate on walks (indoors) in and around The York University Campus when the weather is not suitable for outdoor play. (Please note that the children also leave the Childcare Centre once a month to participate in fire drills.)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date



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7. Sunscreen Policy

I, _____ have read and understood the Sunscreen Policy is abided by all at the centre and a fee of \$5.00 will be added to my bill in the spring and/or summer months in order to purchase sunscreen that is SPF 30+ and PABA Free. I accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter. (Please note to avoid confusion, the centre uses one brand for all children. Allergies and skin sensitivities require parents to provide sunscreen for their child.)

_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature of Coordinate/Designate	Date

8. Letter of Understanding Regarding Closures

I, _____ have read and understood the Letter of Understanding regarding closures and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature of Coordinate/Designate	Date



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9. Late Fee Policy

I, _____ have read and understood the Late Fee Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter. I acknowledge that if I am late i.e. after 5:40pm that I will need to pay 15 minutes or any part thereof. The fee will then be \$1.00 per minute for every additional minute thereafter. The cheque will be payable to The Lee Wiggins Childcare Centre and may not be lumped together with childcare fees. No tax receipt will be issued for late fees paid. The Childcare Centre will then pay the staff for overtime. Parents will be asked to sign the late fee binder for each time they are late.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date

10. Income Tax Administration Fee Policy

I, _____ have read and understood the Income Tax Administration Fee Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter. (Please note: If you require a duplicate copy of a tax receipt, or any tax receipts from previous years, it will cost \$10.00 cumulatively for each retroactive year requested. During registration, parents will be required to fill out a tax form with the name of the person to whom the tax receipt will be issued.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date



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11. Non-Sufficient Fund (NSF) Fee Policy

I, _____ have read and understood the NSF Fee Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter. If a cheque goes NSF or insufficient funds; The Parent will be charged \$5.00 on top of the bank charge. (Currently, the bank is typically \$40.00; therefore The Lee Wiggins Childcare Centre NSF Fee will be \$45.00.) After two NSF cheques the Centre will only accept cash, money order or certified cheque.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date

12. Diaper Wipes Policy

I, _____ have read and understood the Diaper Wipes Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter. This is abided by those who have children who are not potty trained. A fee will be added to the bill each month.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date



REGISTRATION FORM

15. Door Security Agreement

I, _____ have read and understood the Door Security Agreement and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date

16. Photography and Cell Phone Policy

I, _____ have read and understood the Photography Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date



REGISTRATION FORM

17. Parent/Child Code of Conduct

I, _____ have read and understood the Parent/Child Code of Conduct and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date

18. Privacy Policy

I, _____ have read and understood the Privacy Policy and accept responsibility to cooperate with The Lee Wiggins Childcare Centre at York University in this matter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Coordinate/Designate

Date