**Toronto Woods Daycare** 

**3080 Bayview Avenue, Toronto, ON, M2N 5L3 Tel: 416 222 7333**

**E-mail: info@torontowoodsdaycare.com**

**Dear Parents**,

We would like to welcome you to Toronto Woods Daycare.

We are licensed center providing quality care to children from 18months to 5 years of age. With accommodations 21 preschoolers and 14 toddlers which allows us to provide a more inclusive atmosphere than you might find in a large center.

Our goal is to develop positive relationship with you and your child. Our team dedicated to meet the needs of your child in all areas of development. All staff at Toronto Woods daycare will work to create a warm and comfortable atmosphere for your child. We have a program that are carefully deigned to help your child grow and feel successful. We hope to fill your child’s world with encouragement and motivation that they will carry with them throughout their lives. Toronto Woods Daycare will strive to work with children individually to help them develop their strengths at their own pace. Each child has their own personality that will shine like stars.

At Toronto Woods daycare, we want to work with the parents as a team. We have an open-door policy that will allow parents to talk to the teachers and the supervisor to promote open communication

We are looking forward to working with you and your child. We hope that you have a positive experience at Toronto Woods Daycare. Please feel free to talk to us at any time. Our staff is excited to work with your child and watch them grow.

***“Learn to play and play to learn”***

**Sincerely**,

***Toronto Woods Daycare Management***

**Sample daily schedule**

|  |  |
| --- | --- |
| 7:30-8:30 | Arrival and Free play (Preschool room) |
| (8:00-9:00) | Breakfast |
| 8:30-9:00 | Diaper & Washroom routine  Get ready for outdoor play |
| 9:00-10:00 | Outdoor play |
| 10:00-10:15 | Hand wash/ Drink water time |
| 10:15-10:30 | Circle time and discussion: Simultaneously prepare for morning program |
| 10:30-11:30 | AM programming |
| (11:15-11:30) | Clean up/hand wash/ Diaper & washroom routine |
| 11:30-12:00 | Lunch |
| 12:00-2:00 | Naptime or quiet activity |
| 2:00-2:30 | Story time/Diaper & Washroom routine |
| 2:30-3:30 | Outdoor play |
| 3:30-4:00 | PM Snack |
| 4:00-5:00 | PM Program |
| 5:00-5:30 | Clean up/Diaper & washroom routine |
| 5:30-6:00 | Free play/Get ready to go home |

**Toronto Woods Daycare**

Registration fee: $150.00 for new families and $100.00 for returning families (One time only non-refundable)

* **Monthly Program Fees**

|  |  |
| --- | --- |
| **Tuition Fees per month** | **Toddlers Room (18 M to 30 M)** |
| 5 days per week  Full time | Regular fees-$1400.00  Upon enrolment parents are asked for post-dated cheques dated the first of each month for **three-month** period. |
| 3 days per week (Mon, Wed, & Fri) | $900.00 (Day cannot be changed if missed or if falls on holiday) |
| 2 days per week (Tue & Thu) | $ 650.00 00 (Day cannot be changed if missed or if falls on holiday |
| **Tuition Fees per month** | **Preschool Room (2 ½ Y to 5 Y)** |
| 5 days per week  Full time | Regular fees-$1300.00  Upon enrolment parents are asked for post-dated cheques dated the first of each month for **three-month** period. |
| 3 days per week (Mon, Wed, & Fri) | $900.00 (Day cannot be changed if missed or if falls on holiday) |
| 2 days per week (Tue & Thu) | $ 675.00 00 (Day cannot be changed if missed or if falls on holiday |

* Upon enrolment parents are asked for post-dated cheques dated the first of each month for **three-month** periods.
* Payment methods: Cheque, Cash, and E-transfer
* A 5% discount is offered when a second sibling is registered. This discount is applied to the student who pays lesser amount of tuition.
* No refunds will be given in case of absences, illness, or holidays. In the event of missed days, fees will not be refunded.
* Days are not interchangeable.
* A full commitment is needed to ensure your child’s place in the daycare.
* Please make your payment before or 1st day of every month.
* If post-dated cheques are not provided, the daycare reserves the right to give the space to another child who is looking to take a long-term commitment.
* **One month** written notice is required if you require to cancel registration. One-month fee will be charged if no discontinuation notice given.

**\*\*\*\*Parents will receive one-month notice of any upcoming rate increases\*\*\*\***

**Visitation Schedule**

A one-week visitation schedule is arranging with the classroom teachers. In order to help the child to integrate home and daycare experiences, the following gradual admissions as orientation is offered to give some time for adjustment before a child full day without his/her parent.

**The period is included in the first month’s fees.**

Visits will be as follows, unless other agreed upon:

* Monday 9:00-11:00 (Parent stay in the classroom)
* Tuesday 9:00-11:00 (Parent stay outside classroom)
* Wednesday 9:00-12:00
* Thursday 9:00-2:30
* Friday 9:00-4:00

Parents are encouraged to begin following the classroom schedule at home a few weeks prior to starting in the program so children are familiar with the daily routine.

Please ensure that completed paperwork is submitted to the office prior to any visits. This includes registration form, immunization form, and parent agreement.

**Your child’s first days in daycare**

During your child’s first few days, our staff will spend as much one on one time as possible with your child to help her/him feel more secure in their new environment. Your child will feel more secure in their new environment if she/he senses your comfort and confidence with drop off and pick up.

It is completely normal for children as well as to feel a sense of separation anxiety during the first few weeks. Program staff are here to answer any of your questions or concerns.

Parents can expect their child will be more tired and hungry than usual as she/he adjust to the change in pace.

**Getting Settled**

The following is a list of items parents are asked to supply:

* Labelled sippy cup/bottle (first and last name)
* Supply of diapers (disposal only), wipes and cream (if applicable)
* A minimum of 2 full changes of clothes (maybe more if your child is toilet training)
* Blanket for nap time
* A soft toy to make sleep more comfortable
* Sunscreen
* A family photo’s

**Open door policy**

Our management team welcomes your comments regarding your satisfaction with our center. The supervisor works closely with parents and staff to ensure only the best in quality childcare. We can be reached by phone 416-222-7333, by e-mail [info@torontowoodsdaycare.com](mailto:info@torontowoodsdaycare.com)

We look forward to working with you and getting to know your family.

**Toronto Woods Daycare Registration form**

3080 Bayview Ave, Toronto, ON. M2N 5L3 Tel: 416-222-7333 E-mail: info@torontowoodsdaycare.com

* **For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Admission date (dd/mm/yyyy) |  | Discharge date(dd/mm/yyyy) |  |
| Program | Toddler ( ) | Preschool ( ) | |
| Full time ( ) | | Part time ( ) M T W Th F | |

* Child Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Date of Birth (dd/mm/yyyy):** | **Gender (M/F):** |
| **Home Address(es):** | |
| **Language(s) Spoken at Home:** | |
| **Other children in the family enrolled in the centre (list names, if applicable):** | |

* Parent Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address:** |
| **Home Address:**  □ Same as Child | |

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address:** |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |
|  |  |  |
|  |  |  |
|  |  |  |

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**   Full Legal Name:  Relationship to Child:  Phone Number:  Home Address:  □ Authorized to pick-up child |
| * **Emergency Contact #2**   Full Legal Name:  Relationship to Child:  Phone Number:  Home Address:  □ Authorized to pick-up child |
| * **Emergency Contact #3**   Full Legal Name:  Relationship to Child:  Phone Number:  Home Address:  □ Authorized to pick-up 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, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see List of Reportable Diseases for common communicable diseases from Health Canada):

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.**

* **List of Reportable Diseases**

|  |  |  |  |
| --- | --- | --- | --- |
| Acquired immunodeficiency syndrome (AIDS) | Chancroid | Chlamydia trachomatis infections | Creutzfeldt-Jakob disease, all types |
| Cytomegalovirus infection, congenital | Encephalitis | Gonorrhea | Hemorrhagic fevers |
| Hepatitis B | Hepatitis C | Influenza | Legionellosis |
| Leprosy | Meningitis, acute | Ophthalmia neonatorum | Personal service settings |
| Respiratory infections, including institutional outbreaks | Severe acute respiratory syndrome (SARS) | Streptococcal infections | Syphilis |
| Tuberculosis |  |  |  |

Immunization Records

Please provide a copy of your child’s immunization record (e.g., yellow card) to the centre prior to your child’s first day of care. If you do not have an immunization record, please complete the chart below.

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vaccine (Age Usually Given)[[1]](#footnote-1) | Date(s) of Immunization | | | |
| DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos)  Diphtheria, Tetanus, Pertussis, Polio,  *Haemophilus influenzae* type b |  |  |  |  |
| Pneu-C-13 (2 mos, 4 mos)  Pneumococcal Conjugate 13 |  |  |  |  |
| Rot-1 (2 mos, 4 mos)  Rotavirus |  |  |  |  |
| Men-C-C (12 mos)  Meningococcal Conjugate C |  |  |  |  |
| MMR (12 mos)  Measles, Mumps, Rubella |  |  |  |  |
| Var (15 mos)  Varicella |  |  |  |  |
| MMRV (4-6 years)  Measles, Mumps, Rubella, Varicella |  |  |  |  |
| Tdap-IPV (4-6 years)  Tetanus, diphtheria, pertussis, Polio |  |  |  |  |
| Inf (every year in the fall)  Influenza |  |  |  |  |
| Other (please specify) |  |  |  |  |

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergy Information**

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

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

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

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

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

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

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:

**All about me**

Please list the names and ages of siblings.

|  |
| --- |
|  |

Are there any babies expected this year? If so, when?

|  |
| --- |
|  |

Has your child attended any other programs for children? (Library, church, swimming, etc.)

|  |
| --- |
|  |

What activities does your child enjoy?

|  |
| --- |
|  |

How would you describe your child’s personality?

|  |
| --- |
|  |

What are some of the outings you provide for your child?

|  |
| --- |
|  |

Does your child have any special needs?

|  |
| --- |
|  |

**Sunblock/Sunscreen**

All children are required to wear sunblock prior to going outside in the morning and afternoon.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give permission to the staff of Toronto Woods Daycare to apply sunblock to my child.

Sunblock brand Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diaper cream**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give permission to the staff of Toronto Woods Daycare to apply Diaper kcream to my child.

Diaper cream name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Use Hand Sanitizer**

[](https://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwifmqbcpcjeAhUi7YMKHTVwD9oQjRx6BAgBEAU&url=https://en.wiktionary.org/wiki/square&psig=AOvVaw3ncE6W87032bu-uqAkWyEu&ust=1541886699970467)I give permission for Toronto Woods Daycare to use hand sanitizer with my child­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name).

I understand that my child will be closely supervised, and that hand sanitizer will only be used when a sink is not available, for cleaning hands that are visibly soiled.

I do not want to use hand sanitizer to my child.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Petroleum Jelly (Vaseline)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to the staff of Toronto Woods Daycare to apply petroleum Jelly to my child.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Lotion (Cream)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to the staff of Toronto Woods Daycare to apply personal lotion (cream) to my child.

Brand name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of administration (When does he/she needs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography/Video**

Toronto Woods Daycare is authorized to use my child’s photos or videos in its website/brochures or any sort of advertising materials or through social media related to the Daycare. YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If NO, please note that to promote Toronto Woods Daycare, our Face book page/social media will be updated regularly with the activities of the children along with picture in which no child’s face will be identified.

We will be taking pictures/videos of children doing activities for the internal use of the daycare to Kidsnote or e-mail to parents. These will only be used for parents whose children are registered with TWD.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Agreement**

The conditions of the agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and The Toronto Woods Daycare protect both parties in assuring the financial stability of the program and protect the security of my child while in care. I agree with and will abide by all policies of the center including the following terms and conditions:

1. I will make the payment before or 1st day of every month. Cheques are made payable to **Toronto Woods Daycare.**
2. No refunds will be given in case of absences, illness and in the event of missed days (personal issues).
3. Days are not interchangeable for part -time program.
4. To advise the supervisor in writing if I am unable to pay my fees so an arrangement may be reached. I understand that failure to pay my fees may result in the immediate loss of care for my child.
5. To pay a non-refundable 150.00 registration fee per family, in advance at the time of registration.
6. If the childcare fee is not paid on the first day of the month, reminders of late childcare fees will be sent by e-mail for parents/guardians. If these fees are not paid by the end of the month, Toronto Woods Daycare reserves the right to withdraw the child from care and the debt will be sent to a collection agency.
7. Any cheque returned with NSF (Non- sufficient funds) will result in a $25.00 charge.
8. **One month** written notice is required if you require to cancel registration. To give a minimum of one month’s written notice to the supervisor of the center prior to the withdrawal of my child(ren). **One-month fee will be charged if NO discontinuation notice is given.**
9. The center closes at 6:00 p.m. Parents/guardians are required to notify the center as soon as possible, if they are unable to arrive by closing time. After 6:00 p.m. a late fee penalty of $1.00 per minute will be charged. Late fee is to be paid directly to the program staff at the time of pick up, or within 24 hours of being late.
10. In the event of an emergency, the center has my permission to administer first aid or any other emergency medical treatment in the best interest of the child. I agree to pay all expenses incurred due to an emergency involving my child.
11. **The fees** may need to be adjusted annually according to inflation percentage.
12. Toronto woods daycare will be closed on all statutory holidays, Rosh Hashanah(2days) and Yom Kippur (2days); closures (as outlined in the parent handbook) are included in the fees for children.
13. I have received and understand the policies and procedures of the Toronto Woods Daycare. I agree to abide by the policies and procedures outlined here and in the Parents Handbook.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  | Parent Signature |  | Date (dd/mm/yyyy) |
| Staff Name |  | Staff Signature |  | Date (dd/mm/yyyy) |

1. Ontario’s Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx> [↑](#footnote-ref-1)