

LUNENBURG DAYCARE CENTRE

26 Lincoln Street / P.O. Box 1551

Lunenburg, N.S.

B0J 2C0

Phone: 634-4789 Fax: 634-8322

Child's Full Name: _____

Date of Birth: _____ Health Card #: _____ Expiry Date: _____

Parent/Guardian Information:

1) Name: _____

Relationship: _____ Email: _____

Address: (civic) _____

(mailing) _____

Phone Numbers: home: _____ work: _____ cell: _____

2) Name: _____

Relationship: _____ Email: _____

Address: (civic) _____

(mailing) _____

Phone Numbers: home: _____ work: _____ cell: _____

Who does the child reside with? _____

If you have a legal agreement (pending or not) with someone who does not have access to your child please note here. The Centre will require a copy of these documents as proof.

List of person(s) responsible for the dropping off and picking up of your child(ren) at the Centre. Indicate whether or not the following persons are able to pick up your child without your permission. (W) with permission, must have prior permission, (W/O) without permission, does not require prior permission.

(W) or (W/O) Name _____ Phone _____

Relationship _____ Address _____

(W) or (W/O) Name _____ Phone _____

Relationship _____ Address _____

(W) or (W/O) Name _____ Phone _____

Relationship _____ Address _____

(W) or (W/O) Name _____ Phone _____

Relationship _____ Address _____

Person to be contacted in an EMERGENCY if neither parent can be reached:
(This person should be in the Lunenburg area.)

Name: _____ Phone: _____

Relationship: _____

Signature of Emergency Person: _____

PARENT'S CONTRACT

Upon enrolling my child _____ at the Lunenburg Daycare Centre, I agree to:

1. Pay on a bi-monthly basis for my child care services. Please refer to payment policy outlined in parent by-laws.
2. I understand that I am obliged to pay for all scheduled days including sick days, vacation time, holidays, and storm days.
3. When withdrawing from the Centre I will give the Executive Director a written two week notice.
4. I allow the Lunenburg Daycare Centre to collect, use and disclose personal information in order to: a) provide the best childcare possible, adequately meeting the needs of my child and my family; b) meet the legislative requirements of the Day Care Act and Family and Children's Services Act. (Refer to separate policy for detailed explanation.)
5. I allow my child to be photographed for in Centre displays and/or media exposure.
6. If my child becomes ill I authorize an Agent employed by the Lunenburg Daycare Centre to provide consent for treatment at Fisherman's Memorial Hospital or South Shore Regional Hospital.
7. I give permission for my child to participate in outings throughout the year. I understand that the children will be accompanied by a staff member and that every consideration will be taken for their safety including the possible transporting by taxi.
8. I have received and read a copy of the Parent by laws and I understand that I will abide by the terms if this document.
9. I have received, read and understand the Fair Care Policy of the Lunenburg Daycare Centre.

Parent/ Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Office use only:

Date of Admission: _____

Classroom assigned: _____

Status: Full Days _____ Part Days: _____

Date of Withdrawal: _____

Reason for Withdrawal: _____