

Centre
pivot
du
Triangle
MAGIQUE



REGISTRATION
MAGIQUE



AZILDA
 LEVACK
 ST-ANNE
 ST-JOSEPH SUDBURY
 VALLEY VIEW

COLLÈGE BORÉAL
 MAGICAL NOOK
 ST-AUGUSTIN
 ST-JOSEPH HANMER
 ERNIE CHECKERIS

DOWLING
 NOTRE-DAME
 ST-DENIS
 ST-THÉRÈSE



Emergency Contact and Medical Information for a Child

Child's Name _____		Date of Birth (year / month / day) _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Parent's / Guardian 's Name _____		Parent's / Guardian's Name _____			
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
Address _____		Address _____			
City, Prov. Postal Code _____		City, Prov. Postal Code _____			
Workplace _____		Workplace _____		Cell Phone _____	

Alternative Emergency Contacts

Please keep in mind that these people should be available in case of an emergency.

Primary Emergency Contact _____		Secondary Emergency Contact _____		Relation to child _____	
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
Address _____		Address _____			
City, Prov. Postal Code _____		City, Prov. Postal Code _____			

Medical Information

Doctor's Name _____	Address _____	Telephone # _____
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Allergies or medical conditions _____

EMERGENCY CONTACTS

Name _____	Relationship with child _____
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EMERGENCY HOME STATUS

Married: _____ Common Law: _____ Separated : _____ Divorced: _____

In case of separation where legal custody has not yet been determined, the child will at any time be permitted to leave the Centre with either parent.
If custody has been determined, the child will not be permitted to leave the Centre with the mother or father (please circle) unless the Centre has been motivated by the legal guardian. Please leave a copy of custody with the office.

Parent's / Guardian's Signature _____	Date _____	Team Leader's Signature _____
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BILLING CONTRACT

Payment must be made by the 25th of the month. We encourage all CPTM clients to use our convenient online banking payment options through any of the following financial institutions: Bank of Montreal, Caisse populaire, CIBC, Credit Union, Manulife, Northern Credit Union, President's Choice Financial, Royal Bank, Scotia Bank, and TD Canada Trust.

If you are unable to use our online banking options, DEBIT, VISA and MASTERCARD payments are accepted at our Ste-Marie, Azilda and Magical Nook, Hanmer sites. Cheques may also be left at your daycare site or mailed to our head office at: **Centre Pivot du Triangle Magique, 4120 Elmview Drive, Hanmer ON P3P 1S6.** Please make cheques payable to "CPTM" and kindly attach a copy of your invoice with your payment.

A twenty dollar (\$20.00) fee applies to all returned cheques (NSF). After a second NSF cheque, only certified cheques, debit, VISA or MasterCard will be accepted as payment. A 3% late fee will be added to all unpaid balances after the 25th of each month. After 90 days, all late or unpaid bills will be sent out to a credit agency. An annual receipt is available for your income tax at year end. Your monthly invoice will be posted in or near the office, or in an Invoice Binder, or at your child's locker; please check with your team leader for invoice pick-up procedures at your site.

****NEW** Monthly calendars are due one (1) week prior to the beginning of the following month for the next month's schedule. Late remittance of the monthly calendar will require parents to pay an additional fee of two dollars (\$2.00) per day (premium "on call" rate) for each day used that month.**

Subsidy:

You are responsible for the payment of your invoice based on the fee schedule (see beside) until which time CPTM receives confirmation of your subsidy allocation by the City of Greater Sudbury. Families who are subsidized for full days but utilize extended hours will be billed five dollars (\$5.00) per occurrence.

CPTM will be closed for the following statutory/civic holidays. Families who attend the centre on a full-time basis (15 days per month or more) are required to pay their usual child care rates for these holidays:

New Year's Day	Family Day	Good Friday	Easter Monday	Victoria Day	Canada Day
Civic Holiday (August)	Labour Day	Thanksgiving	Christmas	Boxing Day	

Daycare hours are from 6:00am to 6:00pm Monday to Friday. Late pick-ups will be charged fifteen dollars (\$15.00) per every block of 15 minutes past 6:00pm.

****NEW**** Each family is entitled to "Personal" days off (not invoiced) from January to December of the current year, regardless of the registration date. On days where your child is scheduled to attend daycare, but does not attend due to illness, vacation, etc., a "Personal" day may be used to avoid being billed for that day. "Personal" days are not accumulated nor transferred to the following year. The parent is responsible for notifying the team leader when using these days.

- **FULL-TIME** families are eligible for **ten (10) "Personal" days** per child per calendar year
- **PART-TIME** and **ON-CALL** families are eligible for **five (5) "Personal" days** per child per calendar year

After having read the documentation, please make sure to fully complete and sign the following:

Status: full time / fees (with calendar) part time / fees (with calendar) subsidy
 On call / occasional (without monthly calendar); additional \$2.00

Child's name: _____

Date of birth: _____
Day / month / year

Parent names: _____
Mother/Guardian

Father/Guardian

Home address: _____

Home phone number: _____

Work phone number: _____

Cell number: _____

Email: _____

Registration date: _____

Billing and receipts made out to: _____

Signature(s): _____



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ALLERGIES

Allergies your child suffers: _____

Describe your child's reaction if exposed. _____

Is your child in mortal danger of this allergy? _____

Give the staff directions required when the child is exposed. _____

Is there a medication your child can take when having a reaction? _____

Please complete a medication administration form.

Does your child carry the medication with him at all time? _____

In case of emergency, I give the staff of Centre pivot du Triangle magique permission to obtain the necessary medical attention my child requires.

Family doctor: _____ Telephone # _____

Office address: _____

The information above is complete and correct to the best of my knowledge.

 Parent's / Guardian's Signature

 Date

 Team Leader's Signature

 Date

Please ensure to give a copy of your child's immunization record.



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CHILD'S HEALTH

Child's name: _____

History (communicable disease): _____

Does your child take medication regularly? If yes, which medication?

Why? _____

Does your child use a brace, glasses, hearing aid or other? _____

Describe your child's general health (activity restriction, ect.) _____

Comments: _____

Are you presently receiving or have you received services from other agencies or facilities?

Does your child regularly play with other children his/her age? _____

Recommendations facilitating your child's adaptation. _____



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DISCIPLINE

Positive reinforcement and redirection are methods used to modify undesirable behaviour.

For example:

- asking what is expected instead of reminding what is not;
- offer another activity;
- take a short break;
- change groups, etc.

It is strictly forbidden to:

- use any kind of corporal punishment whatsoever;
- deliberately harass a child in order to humiliate him;
- deprive a child of any basic needs such as food, shelter, clothing and personal belongings such as a doll or teddy bear;
- lock up or isolate a child in a corner with the goal of confinement

In order to ensure fairness and consistency, it is **ESSENTIAL** that all adults (employees, students, volunteers and parents) use the same lines of conduct (as described above) when redirecting a child.

Any adult that violate the above-mentioned rules will be warned by the Executive Director in the following fashion:

- First offence: verbal warning
- Second offence: written warning
- Third offence: dismissal or withdrawal

*** In the event that such behavior would be repeated or of serious nature, the Executive Director may impose immediate dismissal ***

 Parent's / Guardian's Signature

 Date

 Team Leader's Signature

 Date



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PROGRAM

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information contained on the attached form(s) and on other documents and materials used to support the Centre program is collected for the operation of the program. Centre pivot du Triangle magique has the authority to collect this information under the Day Nurseries Act, R.S.O. 1980, c.111, s. 18 as amended and R.R.O. 1980, Reg 235, as amended.

Questions about this collection can be directed to:

**Centre pivot du Triangle magique
25 Marier Street P.O Box 2000
Azilda ON POM 1B0**

or at (705) 983-4203

Parent / Guardian's Signature

Team Leader's Signature

Dear Parent;

Thank you for choosing our Child Care program for your child. We want you to know that we take our responsibilities for your child's welfare very seriously. *The Ontario Child and Family Services Act* dictates many of our obligations for the children in our care. We are compelled to adhere to this Act. Please take the time to carefully read the following information.

ONTARIO CHILD AND FAMILY SERVICES ACT (CFSA)

The Ontario Child and Family Services Act recognizes that each person has a responsibility for the welfare of children. It states clearly that members of the public, **including professionals who work with children**, have an obligation to report promptly, to a Children's Aid Society (CAS), if they suspect that a child is or may be in need of protection. **CFSA s.72(1)** A child in need of protection is a child that has experienced physical, sexual and emotional abuse, neglect and risk of harm.

As professionals in the field of Early Childhood Education, we are obligated to contact the CAS if we have reason to believe that:

A child has suffered physical harm which includes:

- Failure to adequately care for, provide for, supervise or protect the child
- A pattern of neglect in caring for, providing for, supervising or protecting the child

There is a risk that a child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's:

- Failure to adequately care for, provide for, supervise or protect the child
- A pattern of neglect in caring for, providing for, supervising or protecting the child

A child has been sexually molested or sexually exploited by anyone or there is the knowledge of or a risk of a child possibly experiencing sexual molestation or sexual exploitation by anyone.

A child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

A child has suffered emotional harm, demonstrated by serious:

- Anxiety
- Depression
- Withdrawal
- Self-destructive or aggressive behaviour or
- Delayed development

And there are reasonable grounds to believe that the emotional harm results from the actions, failure to act or pattern of neglect on part of the child's parent or the person having charge of the child including refusal or unavailability or inability to consent to services or treatment to remedy or alleviate the harm.

A child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

Parents, the CFSA recognizes that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions and so it makes it an offence to fail to report. **CFSA s.72(4), (6.2)**

Any professional who fails to report a suspicion that a child is or may be in need of protection duties, is liable on conviction to a fine of up to \$1,000. The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional. **CFSA s.72(7), (8)**

Thank you for your understanding of our professional obligations and responsibilities.

Parent's / Guardian's signature

Date

Team Leader's signature

Date



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PERMISSION TO LEAVE THE PREMISES

I give permission to the following people to leave the daycare with my child at all times, therefore an employee of the daycare is not obliged to contact me for my verbal consent.

The following people have the authorization to leave the daycare with my child _____
 at all times. Child's name

Please complete and sign the following:

Name: _____
 Relation: _____
 Home Phone: _____
 Cell Phone: _____

Name: _____
 Relation: _____
 Home Phone: _____
 Cell Phone: _____

Name: _____
 Relation: _____
 Home Phone: _____
 Cell Phone: _____

Name: _____
 Relation: _____
 Home Phone: _____
 Cell phone: _____

 Parent's / Guardian's Signature

 Date

 Team Leader's Signature

 Date



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PICTURE TAKING PERMISSION

I give permission for my child _____ be photographed (or filmed) during the daily routine as well as on outings. No picture will serve to obtain profits.

- Yes, I give permission to the Centre pivot du Triangle magique to utilize my child's picture(s) for publicity such as newsletters, pamphlets, websites, etc.

- No, I prefer the pictures remain within the daycare.

Date

Parent's / Guardian's signature

PARENT'S PERMISSION FOR OUTINGS

I give permission for my child to participate in neighbourhood walks or any other outings the Center has planned. The Center will inform the parents a few days ahead of time, whenever possible when the child will be participating in an activity off the premises.

Date

Parent's / Guardian's Signature



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SCHOOL BUS FORM

Child's name: _____

School year: _____

Name of school: _____

School address: _____

School telephone #: _____

School departure

Your child will be leaving for school: from daycare from home

From daycare:

Time _____ Bus # _____

Bus Company: _____

Telephone #: _____

Arrival to daycare

The bus arrives at daycare at:

Time _____ Bus # _____

Bus Company: _____

Telephone #: _____

Parent's / Guardian's signature _____

Date _____



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MEDICATION ADMINISTRATION

I give the Centre Pivot du Triangle magique educators permission to administer medications to my child if he/she has a fever. (Tylenol, Advil or other provided by parent)

Parent's / Guardian's Signature

Date

SUNSCREEN ADMINISTRATION

I give Centre Pivot du Triangle magique staff permission to apply sunblock lotion on my child before outdoor play.

() NO, I will provide my child's sunblock lotion and the Center may apply it on my child.

Parent's / Guardian's Signature

Date


Day Nursery Immunization History

Form to be completed by parent/guardian at the time of registration.

Nursery School/Day Care operators are required by the *Day Nurseries Act, R.R.O. 1990 Reg. 262, s.33* to keep a record of immunization for each child enrolled in a program or the parent/guardian's reason in writing as to why the child is not immunized. Please note that once your child attends school, additional documentation is required under the *Immunization of School Pupils Act* if you choose not to immunize.

Please complete the following section and attach a photocopy of your child's immunization record. A Public Health Nurse will review immunization information on each child enrolled in a Nursery/Day Care program. If your child's record is not complete, you will be notified by the Sudbury & District Health Unit.

Immunization records are not automatically provided by your health care provider. Please call the Sudbury & District Health Unit when your child receives an immunization so that their electronic record may be updated.

Last Name:	<p>Please attach a photocopy of your child's Immunization Record</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">Age</th> <th style="width: 5%;">Diphtheria</th> <th style="width: 5%;">Tetanus</th> <th style="width: 5%;">Pertussis</th> <th style="width: 5%;">Polio</th> <th style="width: 5%;">Haemophilus influenzae B (Hib)</th> <th style="width: 5%;">Pneumococcal conjugate-13</th> <th style="width: 5%;">Rotavirus (oral)</th> <th style="width: 5%;">Measles, Mumps, Rubella</th> <th style="width: 5%;">Measles, Mumps, Rubella, Varicella</th> <th style="width: 5%;">Meningococcal conjugate C</th> <th style="width: 5%;">Meningococcal conjugate ACYW-135</th> <th style="width: 5%;">Varicella (Chickenpox)</th> <th style="width: 5%;">Hepatitis B</th> <th style="width: 5%;">Human Papillomavirus (HPV)</th> <th style="width: 5%;">Pneumococcal Polysaccharide</th> <th style="width: 5%;">Seasonal Influenza</th> </tr> </thead> <tbody> <tr><td>2 months</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4 months</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6 months</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12 months</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15 months</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18 months</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4 to 6 years</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Grade 7 students</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Grade 8 girls</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>14 to 64 years (once only)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>65+ years</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Every 10 years</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Every fall</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p style="font-size: small;">Note: each colour represents vaccinations given in one needle.</p> <p>Important reminder to parents: If your child receives a vaccine through a health care provider, call the Sudbury & District Health Unit with this new information. It is an important step in keeping their immunization record up to date.</p> <p>705.522.9200 1.866.522.9200 (toll-free) www.sdhu.com</p> <div style="text-align: right;">  <p style="font-size: x-small;">Sudbury District Health Unit Service de santé publique Sudbury, Ontario June 2013</p> </div>	Age	Diphtheria	Tetanus	Pertussis	Polio	Haemophilus influenzae B (Hib)	Pneumococcal conjugate-13	Rotavirus (oral)	Measles, Mumps, Rubella	Measles, Mumps, Rubella, Varicella	Meningococcal conjugate C	Meningococcal conjugate ACYW-135	Varicella (Chickenpox)	Hepatitis B	Human Papillomavirus (HPV)	Pneumococcal Polysaccharide	Seasonal Influenza	2 months																	4 months																	6 months																	12 months																	15 months																	18 months																	4 to 6 years																	Grade 7 students																	Grade 8 girls																	14 to 64 years (once only)																	65+ years																	Every 10 years																	Every fall																
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Personal information contained on this form is collected under the authority of one or more of the following (as amended): the Health Protection and Promotion Act, R.S.O. 1990; the Immunization of School Pupils Act, R.S.O. 1990; the Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Privacy Officer at the Sudbury & District Health Unit, 1300 Paris Street, Sudbury, ON, P3E 3A3, (705)522-9200



Payment must be made by the 25th of the month.
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If you are unable to use our online banking options, DEBIT, VISA and MASTERCARD payments are accepted at our Ste-Marie, Azilda and Magical Nook, Hamner sites. Cheques may also be left at your daycare site or mailed to our head office at: **Centre Pivot du Triangle Magique, 4120 Elmview Drive, Hamner ON P3P 1S6.** Please make cheques payable to "CPTM" and kindly attach a copy of your invoice with your payment.

A twenty dollar (\$20.00) fee applies to all returned cheques (NSF). After a second NSF cheque, only certified cheques, debit, VISA or MasterCard will be accepted as payment. A 3% late fee will be added to all unpaid balances after the 25th of each month. After 90 days, all late or unpaid bills will be sent out to a credit agency. An annual receipt is available for your income tax at year end. Your monthly invoice will be posted in or near the office, or in an Invoice Binder, or at your child's locker; please check with your team leader for invoice pick-up procedures at your site.

****NEW**** Monthly calendars are due one (1) week prior to the beginning of the following month for the next month's schedule. Late remittance of the monthly calendar will require parents to pay an additional fee of two dollars (\$2.00) per day (premium "on call" rate) for each day used that month.

Subsidy:

You are responsible for the payment of your invoice based on the fee schedule (see beside) until which time CPTM receives confirmation of your subsidy allocation by the City of Greater Sudbury. Families who are subsidized for full days but utilize extended hours will be billed five dollars (\$5.00) per occurrence.

CPTM will be closed for the following statutory/civic holidays. Families who attend the centre on a full-time basis (15 days per month or more) are required to pay their usual child care rates for these holidays:

- | | | |
|-------------------------------|---------------------|---------------------|
| New Year's Day | Family Day | Good Friday |
| Easter Monday | Victoria Day | Canada Day |
| Civic Holiday (August) | Labour Day | Thanksgiving |
| Christmas | Boxing Day | |

Daycare hours are from 6:00am to 6:00pm Monday to Friday. Late pick-ups will be charged fifteen dollars (\$15.00) per every block of 15 minutes past 6:00pm.

****NEW**** Each family is entitled to "Personal" days off (not invoiced) from January to December of the current year, regardless of the registration date. On days where your child is scheduled to attend daycare, but does not attend due to illness, vacation, etc., a "Personal" day may be used to avoid being billed for that day. "Personal" days are not accumulated nor transferred to the following year. The parent is responsible for notifying the team leader when using these days.

- **FULL-TIME** families are eligible for **ten (10) "Personal" days** per child per calendar year
- **PART-TIME** and **ON-CALL** families are eligible for **five (5) "Personal" days** per child per calendar year

Child care rates for September 1, 2013 to February 28, 2014	NEW Full-time rates (15 days/month or more)	NEW Part-time rates (less than 15 days/month)
Infants (0 – 18 months)		
Full day (more than 6 hours up to 9 hours)	\$49.50	\$51.50
Half day (6 hours or less)	\$40.00	\$42.00
Extended hours (9 hours +)	\$53.75	\$55.75
Toddlers (18 – 30 months)		
Full day (more than 6 hours up to 9.5 hours)	\$39.75	\$41.75
Half day (6 hours or less)	\$29.00	\$31.00
Extended hours (9.5 hours +)	\$43.75	\$45.75
Preschool (30 months to when they start school)		
Full day (more than 6 hours up to 9.5 hours)	\$37.00	\$39.00
Half day (6 hours or less)	\$27.00	\$29.00
Extended hours (9.5 hours +)	\$37.50	\$39.50
School age children (start of school and up to 12 years of age)		
Full day (more than 6 hours up to 9.5 hours)	\$34.50	\$36.50
Half day (6 hours or less)	\$24.00	\$26.00
Before & after school (2 snacks)(B.A.)	\$15.50	\$17.50
Before school only (A.M.)	\$10.00	\$12.00
After school only (P.M.)	\$12.00	\$14.00
Extended hours (9.5 hours +)	\$40.00	\$42.00
Families who are subsidized for full days but utilize extended hours will be billed \$5.00 per day		