



# Apple Blossoms Center

where your children bloom

www.appleblossomscenter.com 905-888-0900

### Fee Record

- Registration Fee
- Last Months Deposit Fee
- Sep-Jun Post Dated Cheques
- Immunization Record Copy
- Health Card

## Confidential Application Form

(please print clearly and fill out ALL information including addresses)

Child's Surname _____		First name _____	
Child Lives with: Mother   Father   Both			
Birth date ____ / ____ / ____ <small>DD   MM   YY</small>		Sex M__ F__	
		start date ____ / ____ / ____ <small>DD   MM   YY</small>	
Program:    Toddler    Preschool    Montessori (Preschool)    KG/SA    Bussing Service:			
Full-Time (7am-6:30pm)    SHORT DAY (9am-3pm)    Bussing:    AM            PM            BOTH			
<b>Parent/Guardian #1</b>			
Surname		First name	
Address		English name (if applicable)	
Postal Code		Home Phone:	
Cell Phone:		Email:	
Employer			
Business address			
Business phone			
<b>Parent/Guardian #2</b>			
Surname		First name	
Address (if different from above)		English Name (if applicable)	
Postal Code		Home Phone:	
Cell Phone		Email:	
Employer			
Business address			
Business phone			
<b>Emergency Contacts (other than parents)</b>			
Name		Relationship to child	
		Phone	
Name		Relationship to child	
		Phone	
<b>Are these people also authorized to pick up child? YES   NO   If no, please fill out next section</b>			
<b>People Authorized to Pick up Child (other than parents)</b>			
Name		Relationship	
		Home Phone	
		Cell Phone	
Name		Relationship	
		Home Phone	
		Cell Phone	



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## Child's Health Information

Name of Family Doctor

Doctor Address

Phone Number

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 before that child can be enrolled.

Does your child have any allergies that are NOT life -threatening (food or substance)? YES NO

Please describe their allergy including symptoms and treatment.

Does your child have any medical needs that require additional support? (Diabetes, Febrile Seizure/Asthma)

Yes No

If yes, an individualized plan for medical needs including emergency procedures must be developed before that child can be enrolled.

Please Describe:

Does your child have any known disabilities? Physical, Behavioral, Cognitive YES NO

IF yes, an individual support plan may be needed to be developed.

Please describe:



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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 REQUIREMENTS

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:



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## TOILETING

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:

## Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Has your child ever had a communicable Disease: YES NO

Please describe below what communicable disease your child has had, and the dates

Example: chicken pox, hand foot and mouth, tuberculosis etc

Disease	Date

### Immunization Record

Please attach a photocopy of your child's immunization form to this application. We will also require you to fill out the form, which has been handed to you under separate cover.



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## Trip and Activities Permission Form

I hereby permit my child \_\_\_\_\_ to participate in local walking educational trips or activities under the supervision of Apple Blossoms Center staff. I understand that all trips will follow the guidelines as outlined in the Center's Policies and Procedures Manual.

These walking trips may include;

1. Local parks/playgrounds
2. Local business demonstrating what they do e.g. bakers, eye doctors, dentists

Such permission remains in effect until the withdrawal of my child from Apple Blossoms Center

I understand that trips/outings requiring travel outside of the community will be addressed by a separate permission form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PHOTO/VIDEO APP RELEASE PERMISSION FORM

Apple Blossoms Center will be taking pictures and videos of the children as part of the program. These pictures and videos will be posted on the SeeSaw app and only sent to the email given for each child. There will also be group photos and/or videos posted for all the parents of that class to see. These photos will not be used for anything other than our program and will not be shared with those outside of the center for inappropriate reasons.

Please indicate below if we have your permission to include your child in these photos/videos.

**YES**, I hereby give permission for Apple Blossoms to take photos/videos of my child \_\_\_\_\_ for their programming and post it on the app.

**NO**, I hereby DO NOT give permission for Apple Blossoms to take photos/videos of my child \_\_\_\_\_ for their programming and post it on the app.



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## PARENT OBLIGATION

I, \_\_\_\_\_, will NOT upload any photos and/or videos that I am  
 Parent/Guardian  
 sent on the SeeSaw app. I understand it is my **legal obligation** to not upload photos/videos of other  
 children on social media (**Ex. Facebook, Instagram, Wechat, etc.**) Posting photos/videos online of other  
 children is **ILLEGAL** without permission from their parents. By signing below, I am acknowledging that I am  
 held responsible if myself or anyone I share the photos with uploads them for public to see.

## WEBSITE/MEDIA PERMISSION

**Yes!** I grant Apple Blossoms Center permission to post photos of my child \_\_\_\_\_ on the  
 Apple Blossoms Center website.

**No.** I do not grant Apple Blossoms Center permission to post photos of my child \_\_\_\_\_ on the  
 Apple Blossoms Center website.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date



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## Parental Agreement

The conditions of the agreement provide protection for parents as well as for Apple Blossoms Center. This agreement is a parental guarantee that you have read and understood the "Parent Handbook" and all the policies contained therein.

I (We) agree:

- To pay our agreed child care fee on or before the first working day of each month unless other arrangements have been made with the Supervisor
- To pay deposit equal to the monthly fee at the time my child enters Apple Blossoms. This deposit will be applied to last month that my child attends
- To pay a registration fee of \$100 per child for the appropriate programs
- To pay an administrative fee of \$45 for any returned cheques or any late fee payment.
- In case of withdrawal of my child I will give 30 days written notice or lose my deposit payment. **Withdrawal can only occur on the 1<sup>st</sup> of a month.**
- To give Apple Blossoms staff the authority, in case of serious illness or accident deemed to be an emergency, to seek and secure medical attention for my child. This may or may not include ordering medication, blood transfusions, anesthetics, or any other treatment as recommended by the physician caring for my child.
- To allow my child, in the case of emergency, to be transported to the nearest hospital with no liability on the part of the driver(s) or the teachers or staff
- To give Apple Blossoms the authority to retain a copy of and follow any court order limiting an individual's access to my child.
- That should the Supervisor in his/her discretion determine that the center cannot meet the needs of my child and/or that my child is unable to adjust to the daycare's program, my child will be withdrawn within 30 days of receipt of written notice
- That if the Supervisor determines that I as a parent have not fully adhered to the terms of this agreement and the parental responsibilities explained in the "Parent Handbook" my child will be withdrawn from Apple Blossoms Center within 30 days of receipt of written notice, and this agreement will be terminated.
- Should the Supervisor determine in his/her discretion that an assessment by an outside agency is necessary for my child; such an assessment will be arranged within 30 days of my child's first attendance. Failure to comply with this results in an automatic withdrawal of my child from the program.
- Due to the operational and staff costs incurred when a parent/ guardian is late, a late fee will be charged. From 6:30 to 7 p.m. the late fee is \$1.00 per minute. At 7 p.m., if we have not heard from you or we have not been able to reach you or your emergency contacts, we will call the appropriate Children's Aid Society that you have indicated on your application form.
- Follow all policies outlined in Parent Handbook (Prohibited Practices, Illness, Parent Issues and Concerns Policy, etc.)

\_\_\_\_\_  
Child's full name

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Signature of Supervisor