

Please fill this form to provide all required information about your child enrolling in SimplySmart along with the registration fee and a two weeks fee deposit which is applied to the last two weeks that your child is at the centre. Please note that the registration fee and two weeks deposit are non-refundable. _____ (Please Initial)
Registration fee is \$100 for your first child and \$75 for every additional child.

GENERAL INFORMATION				
Location:	<input type="checkbox"/> Century Ave – Mississauga	<input type="checkbox"/> Montpelier – Brampton	Start Date	DD / MM / YYYY
Age Group:	Alpha (6 months to 18 months)	<input type="checkbox"/> Full Time	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>	Live Streaming <input type="checkbox"/> Yes <input type="checkbox"/> No
	Beta (18 months to 30 months)	<input type="checkbox"/> Full Time <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days		
Casa <input type="checkbox"/> (2.5 - 4y rs) OR Gamma <input type="checkbox"/> (2.5 - 4y rs)	<input type="checkbox"/> Full Time <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days			
Child's Full Name: (First name, middle initial and last name)	Child's Date of Birth: Male: <input type="checkbox"/> Female: <input type="checkbox"/> MM / DD / YYYY		Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian	
Child's Home Address: (Street Number, Street Name, City, Province, Postal Code)			Sibling Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:	
Name of Parent or Guardian Completing the Form:		Has your child previously attended Childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List telephone numbers below where parents/guardian may be reached while child is in care				
Parent 1		Parent 2		
Name:		Name:		
Relationship:		Relationship:		
Address: (Street Number, Street Name, City, Province, Postal Code)		Address: (Street Number, Street Name, City, Province, Postal Code)		
Home Phone:		Home Phone:		
Cell Phone:		Cell Phone:		
Work Phone:		Work Phone:		
Company Name:		Company Name:		
Work Address: (Street Number, Street Name, City, Province, Postal Code)		Work Address: (Street Number, Street Name, City, Province, Postal Code)		
Email:		Email:		
Emergency Contacts				
Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Physician Information		
Full Name:	Address: (Street Number, Street Name, City, Province, Postal Code)	Office Phone Number:

Health Information		
Is your child up to date on immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If you answered, "No", please ensure you have the Ministry approved exemption forms, click the link below). http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=3041&NO=010-3041E http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=3042&NO=010-3042E
Has your child had any serious illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If you answered, "Yes", please indicate which illness).
Does your child receive daily medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If you answered, "Yes", please indicate the type and why).
Has your child had any surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If you answered, "Yes", please indicate what type of surgery).
Does your child required an Epi-Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If you answered, "Yes", please indicate what your child is allergic to. Additional forms will be required to be filled out).

Food Allergies and Restrictions – Yes: approved items or No: not approved items. We DO NOT serve Pork or Halal							
Beef	Chicken	Fish	Egg	Milk	Yogurt	Cheese	Baked Goods <small>(may contains Milk and Eggs)</small>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Allergies or Restrictions:							

Media Consent - Please initial that you have read and understand.
<p>Through the year children and activities may be photographed or videotaped by SimplySmart employees. Photograph's will be printed and displayed in the classrooms and hallways. Photographs and videos may also be used for advertising purposes on flyer's, social media and the SimplySmart Website. As the parent/guardian of a student attending SimplySmart Child Care Centre, I have read and understand, the above information regarding the Media Consent.</p> <p style="text-align: right;"><i>*Initial here*</i></p>

Parent Handbook – Please initial that you have read and understand the Policies below.			
<input type="checkbox"/> Behaviour Management	<input type="checkbox"/> Sanitary Practice Policy	<input type="checkbox"/> Medication & Illness Policy	<input type="checkbox"/> Serious Occurrence Policy
<input type="checkbox"/> Anaphylactic Policy	<input type="checkbox"/> Individual Program Plans	<input type="checkbox"/> Financial Policies	<input type="checkbox"/> Potty Training Policy
<input type="checkbox"/> Supervision Policy for Students and Volunteers	<input type="checkbox"/> Sleep Supervision Policy	<input type="checkbox"/> Waitlist Policy	<input type="checkbox"/> Address Parent Concerns

Educational App Acknowledgment – Please Initial that you have read and understand.
<input type="checkbox"/> SimplySmart App - seamless communication between SimplySmart and their Teachers to the parents. You will never miss daily reports, notices, messages from the center and never overlook any events. You will be more engaged with your child's life at SimplySmart and will be able to keep a record of the precious moments of your child's growth and development. It is mandatory download for all parents.

Security Card Access Agreement – Please Initial that you have read and understand.
<input type="checkbox"/> SimplySmart is a secure facility and we all play apart in keeping the children safe. Security access cards are not transferable and are to be used by the parent/guardian who it has been assigned to. Each access card is \$15.00 (non-refundable). Please note that placing the card with your car keys will damage the card. It is mandatory for each parent (picking up and dropping off) to have an access card; _____ /\$15.00

Parent Signature for the above information on page 1 and 2		
Print Name:	Date:	Parent Signature:

Pre-Authorized Debit Agreement

I/We authorize SimplySmart Child Care Centre Inc., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for the bi-weekly payment of fees in order to keep my child enrollment at the centre. Regular bi-weekly fees will be debited to my specific account every second Friday as per the fee schedule provided to me.

Yes No

I authorize SimplySmart Child Care to charge the registration fee & deposit equal to \$_____ to my bank account any time after today. _____ *(Please Initial)*

Account Information

Parent 1	Parent 2 (Joint Account Holder – if Applicable)
Name on the account (Last name, First Name, Middle Initial.)	Name on the account (Last name, First Name, Middle Initial.)
Address: (Street Number, Street Name, City, Province, Postal Code)	Address: (Street Number, Street Name, City, Province, Postal Code)
Signature of the Account Holder	Signature of the Joint Account Holder (if Applicable)
Date:	Date:

One Month's Notice

I agree to give SimplySmart child care Centre one month's advance written notice if I decide to terminate my child's enrollment. If that notice is not given, I agree to pay the remainder of the fees owed to the Center, in lieu of the full one month's notice. I have read SimplySmart child care centre's Parent handbook which has all the Policies and Procedures and will honor those policies. Any information that I gather regarding any other child in the centre is confidential and should not be disclosed to anyone and that would be considered a violation of confidentiality and hence this agreement.

Please attached a VOID Cheque or a PAD form (Preauthorization Debit Form)

OFFICE USE ONLY

First Charge Date:		
Director's Signature:	Print Name:	Date:

Information regarding future registration

You have chosen to register your child (with full registration fees & deposit) for a future date at SimplySmart Child Care Centre. Please be informed that an exact start date cannot be provided at the time of registration since it is dependent on a number of factors like:

- A child leaving the center
- The rate of development of each child is different so we cannot accurately predict when the child will move up to create space for a new child

Please note that you might be required to make alternative arrangements for your child's care for a short period if the start date is after what you requested or you might be required to take the spot ahead of time if one opens up. The center does work with a waiting list and the spots are given away on a first come first serve basis.

If for any reason you can't take a spot earlier the center does not guarantee availability at a specific later date. You will stay in priority sequence as another spot opens up in the future but like mentioned above we cannot give an exact date.

The exact date will be provided to you when we know for certain that a child is moving up or leaving which is usually 2 to 4 weeks before the start date.

Please note that the REGISTRATION FEES & DEPOSIT ARE NON-REFUNDABLE!

By signing below, you have read and understand the above information regarding future registration.

Parent Signature

Date (Month, Day, Year)