



**Macklin House Daycare Center
2501 Denison Street
Markham, Ontario L3S 2P9**



Head Office Number: (905) 472-6201
www.macklinhousedaycare.com

Macklin House Daycare provides professional and licensed child care for children from Infancy – Twelve years. Children are provided with opportunities to learn and play in a safe environment that is facilitated by skilled and caring professionals.

At Macklin House, our philosophy is that children are learning all the time and by providing experiences which invite children's interests and stimulate creativity by means of a well planned curriculum, each child will have the opportunity to actively investigate their world and learn at their own pace.

Our Program involves an active participation of children to learn from all areas of development.

Therefore, children will have an opportunity to:

- ◆Be Creative**
- ◆Perform cognitive tasks**
- ◆Participate in outdoor/indoor gym play**
- ◆Explore sensory activities**
- ◆Participate in group discussions**

At the preschool level, children are also introduced to the following concepts:

- ◆The Alphabet**
- ◆Readiness in Math**
- ◆Readiness in Reading**
- ◆Readiness in Writing Skills**
- ◆Readiness in Scientific Concepts**

Under the guidance of professionals our goal is to:

Develop a healthy sense of self respect and confidence
Learn to be independent and take responsibility
Learn about social relationships and courtesies
Learn about the larger world through activities such as Programmed themes, story telling, visual displays, ethnic celebrations and local day trips



APPLICATION FORM

Information Update: _____

Date of Application: _____ Start Date: _____

Withdrawal Date: _____

Receiving Fee Assistance []

CHILD INFORMATION

Surname: _____ Male [] Female []

Given Name(s): _____

Birth Date: _____ (D/M/Y) Health Card # (optional) _____

Home Address: _____

Apt/Unit # _____ City/Town: _____ Province: _____

Postal Code: _____ Home Phone Number: () _____

FIRST PARENT/GUARDIAN INFORMATION

Surname: _____ Given Name: _____

Home Address: _____

Apt/Unit #: _____ City/Town: _____ Province: _____

Postal Code: _____ Home Phone Number: () _____

Employer's Name: _____ Work Address: _____

Postal Code: _____ Work Phone Number: () _____

Mobile Number: () _____ Email Address: _____

SECOND PARENT/GUARDIAN INFORMATION

Surname: _____ Given Name: _____

Home Address: _____

Apt/Unit #: _____ City/Town: _____ Province: _____

Postal Code: _____ Home Phone Number: () _____

Employer's Name: _____ Work Address: _____

Postal Code: _____ Work Phone Number: () _____

Mobile Number: () _____ Email Address: _____

CUSTODY INFORMATION

If your child is involved in a custody arrangement, please fill in the information below:

Are there any special arrangements pertaining to access/visitation? Yes [] No []

If "yes" what are the arrangements?

Copy of Custody Order Provided: _____ Yes

DOCTOR'S INFORMATION

Doctor's Name: _____

Address: _____

Telephone # _____ Fax # _____

EMERGENCY CONTACT/AUTHORIZED TO PICK UP/EMERGENCY CARE

EMERGENCY CONTACT #1

Name: _____ Address _____

City: _____ Province: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

EMERGENCY CONTACT #2

Name: _____ Address: _____

City: _____ Province: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

AUTHORIZED PICK UP #1

Name: _____ Address _____
City: _____ Province: _____
Relationship to child: _____
Phone #1: _____ Phone #2: _____

AUTHORIZED PICK UP #2

Name: _____ Address _____
City: _____ Province: _____
Relationship to child: _____
Phone # 1 _____ Phone # 2 _____

ALLERGY/FOOD RESTRICTION

ALLERGIES

Does your child have allergies to any foods/and/or medications? [] YES [] NO

IF YES please list and explain:

- 1. _____
- 2. _____
- 3. _____

Explanation:

PLEASE SPECIFY THE SYMPTOMS TO AN ALLERGIC REACTIONS AND LIST THE MEDICATIONS/CARE REQUIRED TO SUPPORT YOUR CHILD.

LIST OF MEDICATIONS:

- 1. _____
- 2. _____
- 3. _____

PERSONAL HEALTH HISTORY

Has your child had any of the following childhood illnesses: Please Check and date if applicable.

- | | | | |
|---|-------------|-------------------------------------|-------------|
| <input type="checkbox"/> Measles | Date: _____ | <input type="checkbox"/> Mumps | Date: _____ |
| <input type="checkbox"/> Rubella | Date: _____ | <input type="checkbox"/> Chickenpox | Date: _____ |
| <input type="checkbox"/> Rheumatic Fever: | Date: _____ | <input type="checkbox"/> Polio | Date: _____ |
| Other | Date: _____ | | |

LIST OF FOOD RESTRICTIONS:

Does your child have any food restrictions? [] YES [] NO

IF YES please list and explain:

1. _____

2. _____

3. _____

Explain:

SPECIAL CONDITIONS

Does your child have medical or behavioral condition that would require special attention and/or support? Please Explain.

Notes:

In case of emergency, and I am/we are not able to pick up our child from the center, we give authorize the above mentioned to pick up our child from the center.

I/We understand that I/We must notify the center in advance if an authorized person will be coming to pick up my/our child.

In case I/we cannot be reached, I/we grant permission for the treatment of my child by a physician selected by the staff.

I grant permission for my child to participate in all child care activities. I will notify the Centre of any changes to my file, in writing.

I give consent for my child to be photographed while participating in activities at the center.

Personal Information

I hereby consent to the collection, use and disclosure of my child's information by the centre for the purposes of providing child care services to my child enrolled in Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation

Date: _____ **Signature of Parent/Guardian:** _____

ACKNOWLEDGEMENT OF ENROLLEMENT

I acknowledge the following:

A registration fee of \$35 must accompany the application form. Registration fee is non refundable unless the child is refused admission to the program.

All fees are due and payable in advance. Fees are to be paid in cash or cheque. A deposit of one month is required. **Written Notification of one month** in advance is to terminate enrolment or the applicable fees continue until such time as notification is received. Fees are applicable regardless of attendance.

There is no reduction in fees.

I acknowledge that my child will go on occasional walks.

Signature of Parent: _____ Date: _____

OFFICE USE ONLY:

Date Application Received: _____ Date Admitted: _____

Program Type: Full time Part time

Indicate Program: _____

Full Fee/ Subsidy: _____ Current Fee: _____

Subsidy Letter Received: _____

Rate: _____ Method of Payment: () Chqs () Cash

Registration Fee Received: _____

Registered by (Staff in charge Signature): _____

Date Withdrawn: _____

**Macklin House Daycare Center Inc.
2501 Denison Street, Markham, Ontario L3S 2P9**

GENERAL SCHOOL RULES

1. Our center is open 7 am – 6pm Monday – Friday. There will be charge of **\$2 per minute** per child for **late pickup (after 6pm)**.
2. A child will not be released to anyone other than Parents/Legal Guardian- unless a written note or call from the legal guardian is received.
3. Every child will be signed in and out each day for emergency procedures; therefore, parents must drop their child off in the respective classroom, and must notify the teacher prior to picking up the child.
4. At Macklin House, our behavior management policy is based on **positive redirection** for the children. Corporal punishment, confinement, or humiliation is **strictly forbidden**. All staff is monitored.

5. **Child Abuse Reporting**

In Ontario, it is the Law that anyone dealing with children in a professional Relationship who suspects a child has been abused, whether suggested by the Physical condition or from something the child says, is obliged to call Children's Aid for advice and then to follow that advice. The Centre does not Investigate or lay blame, it simply reports and follows the Agency's directions. Similarly, if a parent, staff or other, accuses a staff member of abuse, it is the Duty of the centre to report the accusation to the Children's Aid Society and Follow the direction given. The role of the Society is to protect children. Most Reports to them are followed up if they believe there is substance to them. The Centre may not, under labor Law, dismiss a staff on an accusation. Abuse would Have to be proven through an investigation by the Children's Aid Society.

6. Parents are responsible to ensure that all information in the application is current.

7. **When your child starts daycare, please provide:**

- Change of clothing
- diapers/pull ups
- Inside running shoes
- wipes/creams
- non-spill able cup
- blanket

Summer Months *Provide a hat, sunscreen (optional)

Winter Months * Provide Winter Jacket, Pants, hat, scarf, mittens, boots, Indoor Shoes

Please ensure that all of your child's belonging is labeled. The above items should be left in your child's cubbie.**

GENERAL SCHOOL RULES



8. All children are required to take a **two hour** nap daily. One hour for Kindergarten groups.
9. According to the Day Nursery Act all children are required to have a **two hour** outdoor time.
10. Parental involvement in all daycare events and trips is encouraged. Notices of any events are posted on the bulletin board. All parents are requested to notify the Director should they wish to participate in any events ahead of time.
11. Parents have the option of meeting with child's teacher to review progress/and /or concerns/and/or/ suggestions.
12. Upon registration, should the teachers and the Director feel that the program is not suitable for a child, Macklin House Daycare Centre Inc. reserves the right to give notice of dismissal from the centre.
13. When dropping off or picking up your child, please park only in the designated areas in order to avoid any aggravation or inconvenience to other parents. Please assist your child in and out of the car in order to avoid any possible accidents. Your co-operation during busy times is appreciated.
Remember the safety of your child at all times!
14. Parents are to note that our center is **NUT FREE & PORK FREE**, we do not allow any type of nuts and Pork or Pork products into the center.
15. Parents will be kept up with current events via notices on the bulletin board located in front of the office. Should you require any assistance or have any questions, please feel free to contact one of our management team:

Ms. Claire Morgan: (Supervisor) : Email: cmorgan@macklinhousedaycare.com

Ms. Shahina Lalani (Director): Email: slalani@macklinhousedaycare.com

**Macklin House Daycare Center Inc.
2501 Denison Street, Markham, Ontario L3S 2P9**



PAYMENT /REGISTRATION POLICY

1. The registration fee of \$35 must accompany application. This fee is **Non –refundable.**
2. A deposit of four weeks and payment for the first week is due upon registration. **Payment is due in advance.**
3. Payment may be made on a weekly or monthly basis.

Weekly Payment

- If a weekly payment is chosen, post dated cheques for a period of 8 weeks must be submitted.
- Cheques must be dated for Each Monday of the period.

Monthly Payment

- If the monthly option is chosen, post dated cheques for a minimum of two months must be submitted.
- Cheques must be dated for the first of each month.

Subsidized Care

Parents who are receiving fee assistance are required to submit their **parent portion of fees on the 1st day of each month.**

A late fee of \$25 will be charged for late payment.

4. A fee of \$35 dollars will be charged **per** NSF cheque.
5. Please write your child's **name** on the back of each cheque.
6. Please submit payment to the Director or Supervisor and advise if you require a temporary receipt.

7. A written notice of one full month must be given should you wish to withdraw Your child from the center. All fees are applicable until the time of notice. Deposit will **not** be refunded should a notice not be given.

8. The Centre shall be closed on all statutory holidays. **There is no Reduction in fees for statutory holidays.**

New Years Day, Family Day, Easter Friday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day.

The Center will close at 1:00 pm On Christmas and New Year's Eve.

9. Upon registration, should the teachers and the Director feel that the program is suitable for a child, Macklin House Daycare Centre Inc. reserves the right to give notice of two weeks for dismissal from the centre.

HEALTH REQUIREMENTS/ MEDICATION POLICY



Immunization Records:

All children must have up to date immunization and records must be submitted at the time of registration. All updates must be submitted to the office. Failure to submit updated immunization records will result in interruption of care.

2. As per Public Health Requirements, Children that have become ill with a sickness that is potentially contagious to the other staff and children in the center

(i.e. stomach flu, diarrhea, pink eye), will not be permitted to return to the center until symptom free.

Parents must provide a medical note from a physician stating that the child is symptom free and fit to return to the center.

Medications:

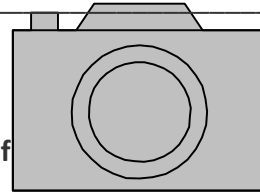
ONLY PRESCRIBED MEDICATIONS, IN THE ORIGINAL CONTAINER, STATING THE CHILD'S NAME AND DOSAGE WILL BE ADMINISTERED.

All medications must be brought in the original container and given to a Staff member. **No medications should be left in the cubbie area.**

Parents must fill out the appropriate medication forms in order for Any medications to be administered. Medication will **not** be given without a signed consent form.

Parents must inform the center about any allergies or health problems.

MACKLIN HOUSE DOES NOT ADMINISTER ANY OVER THE COUNTER MEDICATIONS AND HERBAL REMEDIES.



Release Form for Recordings

From time to time, our program at times takes photos of the children while participating in activities.

I, the undersigned, do hereby consent and agree to let Macklin House Daycare Center Inc. and its employees, or agents have the right to take photographs, videotape, or digital recordings of my Child.

() **Yes**, I give consent

() **No** I do not wish to participate

Parent (Guardian) Name: _____ Signature: _____ Date _____



*If attending KidZone Home Work Club Sign Up



The kidZone offers a Home Work Club – This program is designed to help children do their homework and complete projects. If you would like our staff assist your child in completing his/her homework, please sign the bottom portion of this form.

() **YES**, I would like to join my child in the homework club and would like him/her to complete their homework.

() **NO**, I decline

Parent (Guardian) Name: _____ Signature: x _____ Date _____

In order to facilitate communication between the School, Parents, and our program we require your permission to forward messages and information between your child (children), teacher, (the school), and yourself.

Kindly fill out the bottom portion of this form:

[] **Yes**, I do give permission to forward messages and information

[] **No**, I do not give permission.

Parent (Guardian) Name: _____ Signature: _____ Date _____

**Macklin House Daycare Center Inc.
2501 Denison Street, Markham, Ontario L3S 2P9**

**CONSENT FORM
PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE**

I HERBY GRANT PERMISSION FOR THE OPERATOR, OR DESIGNATE, OF THIS CHILD CARE CENTRE TO TAKE WHATEVER STEPS ARE NECESSARY TO OBTAIN EMERGENCY MEDICAL CARE IF WARRANTED.

These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact emergency contact person.

If we cannot contact parent/guardian, your child's physician or an emergency contact person will do any or all of the following:

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to the emergency department of the hospital, in the company of a staff member.

Any expenses incurred under circumstances listed above will be borne by the child's family.

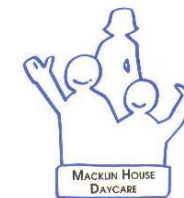
THE CHILD CARE CENTER WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLMENT.

SIGNED _____ DATE _____
(Parent/Guardian)

WITNESS _____ DATE _____



Macklin House Daycare Center
 2501 Denison Street
 Markham, Ontario L3S 2P9



September 2010

Program	Infants	Toddlers	Preschool	Kindergarten	KidZone (School Age)
Full Time (5 Days)	\$58 per day/ \$290.00 per week	\$48 per day/ \$240.00 per week	\$40 per day/ \$200 .00 per week	\$40 per day/ \$200.00 per week	Before School \$10 per day
Part Time (Less than 5 Days)	\$65 per day	\$59 per day	\$55 per day	\$34 per day	Before and After School \$19 per day
½ Day 8 am – 12 pm		\$31 per day	\$28 per day	\$30 per day	After School \$15 per day
½ Day Kind Attending School System				\$36 per day	
Kindergarten Before School				\$13 per day	
Kindergarten After School				\$20 per day	
Kindergarten Before and After School				\$30 per day	
Alternate Day/ PA Day				\$40 per day	PA Day \$40 per day
Summer Rate					Summer Camp \$40 per day