



Macklin House KidZone - Thornhill Public School
7554 Yonge Street
Thornhill, Ontario L4J 1V8



Head Office Number: (905) 472-6201
On Site Contact Number: (905) 882-5439

Macklin House KidZone program provides professional child care for School Age Children for children ages 4 – 12 years. Children are provided with opportunities to learn and play in a safe environment that is facilitated by skilled and caring professionals. Activities encourage exploration and problem solving. Children will be exposed to experiences such as Sensory, Art, Construction, Science/Cooking, Social, Gross Motor, Project Work and Special Events.

The KidZone program is designed to provide a stimulating environment where children can form friendships, research about projects, and get a friendly hand in doing and completing their homework assignments.

Our program is designed to encourage children to become actively involved in the programming and the decision making of the program. The children who are registered into the program become “members” of the program, and thus under the supervision of our qualified staffing, they are actively involved from planning activities to preparing for special events.

Macklin House KidZone believes in the strength of our diversities, and celebrates our unique cultures by forming partnerships with our families.



MACKLIN HOUSE KIDZONE

REGISTRATION POLICY

1. A **one-time** registration fee of \$35 **per family** must accompany the application form.

This fee is **non-refundable** and is in effect until the child is withdrawn.

2. The registration policy for before and after school minimum enrollment is:
 - 2 days mornings only
 - 2 days afternoons only
 - 2 days before and afternoon
3. Days of enrollment may **not** be changed unless there is availability and prior written request has been submitted by the parent. The supervisor must give a written approval.
4. A **family discount** of 10% is available when two children or more are enrolled from the same family. The discount will be applied to the second child's fee.
5. A **written notice of one month** must be given prior to withdrawing from the program. **Notice must be given while the program is in session (Sept – June).** The monthly deposit will NOT be refunded should the proper notice protocol is not followed. All fees will be applicable until the written notice has been received.
6. Once registered into the program, **all fees will be applicable regardless of attendance.** **There is no reduction of fees for Statutory Holidays or sick days.**



MACKLIN HOUSE KIDZONE PAYMENT POLICY

There are two methods of payment: Cash or Cheques. - A receipt will be provided for both methods.

1. The Registration Fee of \$35 must be submitted at the time of Registration.
2. **Upon acceptance to the program the following is due:**
 - A deposit for one month (Based on 20 days)/The deposit holds your child's space in the program and is used when you withdraw.
 - Post dated cheques for the school year. Cheques must be dated for the first of each month.
 - Cash Payments must be made on the 1st day of each month.
 - **Late payments will be subject to a \$25 late fee/per month/ per instance**
 - Parents who are receiving fee assistance are required to submit their parent portion of payment on the 1st of each month. The Late payment policy will apply if the payment is not received on time.
3. A fee of \$25 dollars will be charged **per** NSF cheque.
4. Please write your child's **full name on the back of each cheque.**

***Please be advised that the deposit holds your child's space in the program.**

A written notice of one full month while the program is in session (Sept – June) must be given should you wish to withdraw your child from the center. All fees are applicable until the time of notice. The deposit will **not** be refunded should a notice not be given/ and/or proper protocol is not followed.



MACKLIN HOUSE KIDZONE

GENERAL PROGRAM RULES

Attendance

Each Child will be signed in and out each day.

Before School: Parents must sign the child in on the attendance board: Please indicate time in with initials.

After School: Parents must sign the child in on the attendance board: Please indicate time in with initials.

Authorized Pick Up

A child will not be released to anyone other than the authorized person or persons unless a written note or call from the legal guardian is received. Identification must be provided.

Nut Free Environment

Adrienne Clarkson Public School as well as Macklin House KidZone are both Nut Free. KidZone has several children who have severe allergies to Nuts. Please help us ensure the KidZone is safe for all our families and staff. Check all labels of any foods or snacks you send in with your child.

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 Labour Law, dismiss a staff on an accusation. Abuse would have to be proven through an investigation by the Children's Aid Society.

Late Fee

The KidZone is open until 6 p.m. There will be charge of \$2 per minute per child for late pickup (after 6pm).



Behavior Management

At Macklin House, our behavior management policy is based on positive redirection for the children. This policy is intended to ensure that there is consistency with respect to the behavior guidance of children. The KidZone will use Behavior Guidance techniques, which will ensure the developmental growth and safety of all children.

Information Update

Please Keep the following information updated:

- Parents Home Address
- Parents Home Telephone Number
- Parents Work Address
- Parents Work Telephone Number
- Doctor's Address and Telephone Number
- Emergency Contact Address and Telephone Numbers

Center Initiated Withdrawal

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 center.



MACKLIN HOUSE KIDZONE

BEHAVIOUR MANAGEMENT POLICY

Our policy is based on providing positive redirection to the children. This offers an excellent framework that children can rely upon to meet the challenges they encounter throughout the day. Alternatives promote children's self-esteem and give a feeling of self direction. We expect our staff to use a positive approach with the children.

When discipline has to be taken, often removal from the situation (activity) gives the child time and opportunity to calm down. Discussion then can occur so that the child can gain some understanding about what happened. The Parent will be informed of the incident when the child is picked up.

The Macklin House KidZone Program will use **parallel guidelines** from the **"Code of Conduct" of the York Region School System**. Therefore, **should a child be suspended or expelled from the school, the child will not be permitted to attend the program until/if/when the suspension/expulsion is over.**

Macklin House's **"KidZone"** program is designed to encourage children to become actively involved in the programming and the decision making of the program. The children who are registered into the program become "members" of the program, and thus they are actively involved in planning the types of activities that are programmed, the rules of the program, the and types of snacks that they would like to eat. Once the rules of "KidZone" are established, everyone (including the staff) is responsible to follow them.

The following methods will be used to support /Modify Behavior

1. Both children and the staff should have a clear understanding of the goals and activities.
2. Be Clear of type of behavior that is expected.
3. Be a leader.
4. Be a positive role model.
5. Have clear communication.
6. Keep everyone busy with varied, stimulating activities.
7. Plan ahead.
8. Get involved in the activities.
9. Give encouragement.
10. Re- direct negative behavior.



Macklin House KidZone HEALTH REQUIREMENTS

A copy of an updated immunization schedule must be submitted at the time of registration.

Medications

1. All medications must be brought in the **original container** with the **child's name, dosage, and date of purchase.**
2. 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.
3. Children with any contagious virus must be **excluded** from the program and may return with a **written notice from a physician.**
4. Parents must inform the center about any allergies or health problems.

Anaphylactic Allergies

All parents who have children that have been diagnosed with an Anaphylaxis must:

- Complete our Anaphylactic Allergy Protocol and have it signed by the family physician.
- Parents must **provide an EpiPen to stay on site at the program**
- Parents must provide a photo of the child that will be posted along with the signed protocol form in the child's classroom.
- Parent will consult and train the supervisor regarding the use of the EpiPen



Macklin House KidZone Allergy and Anaphylaxis Policy Statement

The Center may from time to time have to consider the issue of a child with allergies that may be life threatening. These allergies may include a condition known as anaphylaxis. **Anaphylaxis is a severe, potentially life threatening allergic shock brought about by exposure to certain foods and other substances.** Peanuts and peanut by-products, such as peanut oil and peanut butter, are the most common allergies that trigger an anaphylactic reaction. Other foods, however, such as eggs, strawberries, fish, shellfish, wheat and soy as well as non-food items such as latex and bee-stings, can also bring about a life threatening allergic reaction.

The staff of Macklin House Daycare receive annual training regarding the signs and symptoms of anaphylaxis and EpiPen Use. The Anaphylactic Policy is reviewed and signed off by each employee prior to start of employment.

Although the center does not prepare nor serve foods that contain nuts or nut products, it cannot be deemed to be free of foods and non food items that may lead to a severe allergic or anaphylactic reaction. The center will make every reasonable effort to reduce the risk to children with severe allergies or anaphylaxis in accordance with this policy and in light of the physical and cultural circumstances of the day care itself. Creating an environment which reduces the risks to severely allergic or anaphylactic children will require the cooperation of all parents, staff members and visitors to the program. The parents of a severely allergic or anaphylactic child must discuss their child's condition and any concerns they have with the Center's policies and procedures at any time with the Supervisor or the Director. As with other policies at the center, parents, children and staff are expected to comply with this policy.

Awareness and Notification

Parents of children who are known to be allergic or anaphylactic must inform the center of the child's condition, the foods and non-food substances that trigger a reaction, the symptoms of a reaction and the required treatment before the child is admitted to the center.

The parents of the child must review and discuss this information and this policy with the center before the child is admitted to the day care. The Supervisor and the parents will discuss the policies of the center and the limitations on the Providers ability to accommodate certain conditions. These limitations include the physical condition of the premises, the number of children attending the day care and the fact that the day care Provider may attend other facilities or organizations during the day.

The center may refuse to admit a child when the Provider is uncomfortable. The parents of a child who is enrolled at the day care will be asked to sign a consent that reflects the conditions under which their child will be admitted into the day care.

In the event a child is diagnosed with a severe allergy or anaphylaxis after being admitted to the center, the parents must also inform the center of the child's condition, the foods and non-food substances that trigger a reaction, the symptoms of a reaction and the required treatment. The parents of the child must review and discuss this information with the Supervisor immediately upon learning of the child's condition.

The center may request that the child be removed from the center in the event that the center is not comfortable that the child's condition can be reasonable accommodated. The parents will be asked to sign a consent that reflects the conditions under which their child will be permitted to continue to attend the day care.

Once admitted to the center, the identity and condition of the child will be communicated to the staff, students and /or any volunteers at the center. The parents of the other children at the day care will also be informed that a child (children) with a severe allergy or anaphylaxis is attending the center.

Outside Food

Parents are encouraged not to bring outside food/snacks into the day care but if you provide your own food/snacks you must clear your meal plan with the center to make sure the allergen is not present.

It is also recognized that there are certain festive occasions, such as Halloween, Easter, Christmas, Passover and other occasions, that feature foods that cannot be guaranteed not to contain an allergen that may trigger an allergic or anaphylactic reaction. The Provider will make every effort to manage the introduction of foods associated with these occasions. The center will notify the parents of the anaphylactic child of the occasion, the foods and the precautions that are being taken to protect the child.

Non-Food Allergens

The Center will make reasonable efforts to take precautions to prevent reactions to non-food allergens. This will include the removal of insect nests and the proper storage of garbage. Other less common allergens will be dealt with on an individual basis.

Prevention and Response

It is the responsibility of the parents of the anaphylactic child to ensure that the center is properly informed of their child's condition on an on-going basis, the foods that trigger an allergic or anaphylactic reaction, the symptoms of a reaction, the treatment protocol supplied by the child's doctor and that the center is supplied sufficient epinephrine injectors to treat an anaphylactic reaction. This information will be summarized in an allergy report, which, together with a photograph of the child, will be maintained in both the child's classroom and in the office.

Epinephrine injectors are to be provided by the parents and will be kept at the center in an accessible and well-marked place. Parents are responsible for ensuring that the information concerning their child's condition is current and that the supplies of epinephrine are maintained. Parents will also be required to sign a consent form allowing the center staff to use epinephrine injectors when they consider it necessary.

Parents must ensure that the center, is informed of the child's condition and that this information is reviewed on an annual basis or earlier if any changes have taken place. The Anaphylactic protocol will be submitting along with a physician's signature.

Help us keep our program Nut Free



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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 SYMTOMS TO AN ALLERGIC REACTIONS AND LIST THE MEDICATIONS/CARE REQUIRED TO SUPPORT YOUR CHILD.

LIST OF MEDICATIONS:

1. _____
2. _____
3. _____

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

Parent/Guardian Signature: X _____ Date: _____

Macklin House KidZone

ACKNOWLEDGEMENT OF ENROLLEMENT

I acknowledge the following:

Before School Program Starts at 7 am and closes at 8:05 am sharp.

After School Program Starts at 2:35 pm and closes at 6 pm sharp.

A Late Fee of \$2 per minute applies for late pickup.

A Non refundable registration fee of \$35 must accompany the application form.

I have received, read and understand the policies and procedures including the Registration, Payment Policy of this program.

Name: _____

Signature: X _____ **Date:** _____

OFFICE USE ONLY:

Date Application Received: _____

Date Admitted: _____

Program Type: Before/After School # of days _____ After School # of days _____

Before School # of days _____

Full Fee/ Subsidy: _____ **Current Fee:** _____

Subsidy Letter Received: _____

Rate: _____

Registration Fee Received: _____

Registered by (Staff in charge Signature): _____

Date Withdrawn: _____

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 _____



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 _____

COMMUNICATION BETWEEN SCHOOL AND KIDZONE PROGRAM

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 _____

CONSENT FORM
PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I HERBY GRANT PERMISSION FOR THE OPERAOR, 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 _____
(Parent/Guardian)

DATE _____

WITNESS _____

DATE _____



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FEE SCHEDULE 2011-2012

Before School Only	\$11 per day
After School Only	\$15 per day
Before and After School	\$19 per day
Full Day	\$ 35 per day

- Fees are to be paid on a monthly basis
- Children must attend as scheduled
- There is no reduction of fees for Sick Day/ Statutory Holidays
- A required written notice of one month must be given prior to withdrawal from the program
- Fees subjected to change without notice