



## APPLICATION/EMERGENCY FORM

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**Home Address:** \_\_\_\_\_  
Street Number & Street Name City Postal Code

**Parent #1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_ **Home#** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Bus #** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
Street Number & Street Name City Postal Code

**Home Address:** \_\_\_\_\_  
(If different than child's home address) Street Number & Street Name City Postal Code

**Parent #2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_ **Home#** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Bus #** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
Street Number & Street Name City Postal Code

**Home Address:** \_\_\_\_\_  
(If different than child's home address) Street Number & Street Name City Postal Code

### Alternate Person Responsible in an Emergency:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_ **Bus#** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(If different than child's home address) Street Number & Street Name City Postal Code

### Other Adults in the child's home:

1. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### Other Children in the child's family:

1. **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

### Other Persons Authorized to Pick up your Child:

1. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_



## APPLICATION/EMERGENCY FORM

Child's Name: \_\_\_\_\_

Languages Spoken at home:  English  French  Other(s): \_\_\_\_\_

How did you hear about Alpha:  Internet  Referral  Other: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Phone: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

Street Number & Street Name

City

Postal Code

**Medical Information:** (Allergies, Dietary Restrictions, Medical or Health Conditions, Temporary or Permanent Rest or Physical Activity Directions or Restrictions)  Yes  No

Details:

(If yes, indicated additional documentation may be required)

**Other Relevant Information:** (Religious or Food Restrictions, Behavioural issues and/or other relevant information)  Yes  No

Details:

(If yes, indicated additional documentation may be required)

**Has your child been assessed by an agency?** (Ex: Sick Kids Hospital, ENT, Erin Oaks, Peel Children Centre, etc.)  Yes  No

Details:

(If yes, indicated additional documentation may be required)

**Please indicate which of the following foods your child has ingested or been exposed to:**

- Peanuts  Tree Nuts  Eggs  Sesame Seeds  Milk  
 Soy  Fish  Shellfish  Gluten/Wheat  Other

A1 -Peter Robertson

(office use only)

A2 – Cathedral

START DATE: \_\_\_\_\_

WITHDRAWAL DATE: \_\_\_\_\_

REVIEWED DATE: \_\_\_\_\_

**I/we will advise Alpha Child Care Ltd. as soon as possible of any changes to this information**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)

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## PRIVACY POLCY CONSENT FORM

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I/we hereby consent to the collection, use and disclosure of personal information by Alpha Child Ltd. ("Alpha") as specified in Alpha's Privacy Policy for Children and Parents or Legal Guardians (included in package), which I/we have fully read and understood.

Please note that personal information includes any identifiable information about the children in our care and their families, such as the contact details, health information, living arrangements, background information, the child's personal characteristics and behaviour styles, or professional opinion about a child.

I/we understand that it is my responsibility to ensure that family members or caregivers whose personal information I/we are providing to Alpha have consented to this disclosure.

In the event that I/we wish to withdraw my consent to any uses or disclosures of personal information contained in my child's life, I/we understand that it is my/our responsibility to inform Alpha in writing, at which time I/we will be notified as to whether and how such withdrawal will affect the services being provided to me or my child.

I/we fully understand and agree with the above statements and am entering into them voluntarily, as certified by my/our signature(s) below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)



## Alpha Child Care Ltd. Privacy Policy for Children and Parents or Legal Guardians

This privacy policy applies to personal information about the children in our care, their parents/legal guardians, their siblings, and other individuals who are involved in their care and Upbringing (collectively, “the children in our care and their families”). Alpha Child Care Ltd. (“Alpha”) respects privacy and has a longstanding commitment to protecting the personal information of the children in our care and their families.

For the purposes of this policy, “personal information” is defined as any identifiable information about the children in our care and their families, such as contact details, health information, living arrangements, background information, the child’s personal characteristics and behaviour styles, or opinions about a child.

Personal information is only collected, used and disclosed by ALPHA in accordance with this Privacy Policy and the legal obligations imposed by the Personal Information Protection and Electronic Documents Act (PIPEDA).

### WHY DO WE COLLECT PERSONAL INFORMATION?

As the parent or legal guardian, when enrolling your child in our child care program, you are asked to provide certain pieces of information in order for us to provide you and your child with the best possible service.

**In addition to your contact details and the names and contact information of your family members, your child’s file may include the following information about your child:**

- Living arrangements.
- Health information and diverse needs.
- Personal characteristics, skills and behavioural information.
- Children’s Evaluations
- Previous childcare arrangements.
- Opinions about the child or incidents as recorded by our staff.

**We collect personal information only for the following purposes:**

- To identify the children in our care and their families;
- To monitor the health and well-being of the children in our care;
- To monitor developmental levels, skill acquisition and special needs of the children in our care;
- To establish a culturally sensitive and developmentally appropriate program for the children in our care;
- To understand the desires, concerns and opinions of the children in our care and their families;
- To establish and maintain good relationships with the children in our care and their families;
- To provide the responsible child care services expected of a licensed child care program to the children in our care and their families;
- To manage and enhance our business and operations; and
- To meet legal and regulatory requirements, such as those contained in the CCEYA.

**ALPHA never collects more personal information than is needed to fulfill these purposes, unless you have consented to such collection.**

## **WHEN DO WE DISCLOSE PERSONAL INFORMATION AND TO WHOM?**

We will make sure that any required disclosures of personal information are made on a “need to know”, and where applicable, on a confidential basis, and in accordance with the provisions of CCEYA and its associated Regulations. Personal information is never traded, sold or leased by us to any external companies.

### **We may disclose personal information to:**

- Our affiliates, partners, independent contractors, directors, therapists, volunteers, co-op students; educational or regulatory observers; and other service providers (collectively “Representatives”) on an as-needed basis in order for them to assist us in managing, providing or evaluating our child care services and program;
- An agent of a public authority (such as the Children’s Aid Society) if, in our reasonable judgment, it appears that there is imminent danger to life or property which could be avoided or minimized by the disclosure of the information;
- A third party with whom we are negotiating in order for them to take over some or all of our services and/or other activities;
- A third party where the individual (or his/her parent/legal guardian) has consented to such disclosure; or
- A third party where such disclosure is required or permitted by law.

When sharing personal information with our Representatives, we release limited information as required for the function that will be performed by the Representative on our behalf. We also ensure that every contract we enter into with a Representative clearly outlines the Representative’s obligation to protect personal information and only use the information for the purpose(s) for which it is being provided.

### **Examples of the Representatives that ALPHA may share your limited personal information with include:**

- Professionals who can assist us in caring for the physical, emotional, social and/or intellectual well-being and/or safety of the children in our care; or
- Entities that assist us with general administration, including debt collection and fundraising activities; or
- Organizations that can provide products or services to the children in our care or their families to enhance our program.

**Note that whenever practical, ALPHA discloses de-identified information as opposed to personal information.**

## **HAVE YOU CONSENTED?**

Having read this policy and by enrolling your child in our child care program and providing us with the personal information requested, you consent to the collection, use and disclosure of your personal information as specified herein.

If ALPHA will be using or disclosing personal information for purposes that have not been stated in this policy and that we do not feel are obvious to you, we will first obtain your express consent. We may imply your consent if we feel we are using your personal information for purposes that are obvious to you. For example, if you tell us that your child has a food allergy, we may not seek your express consent before providing this information to our kitchen staff. You may withdraw consent at any time, subject to legal or contractual restrictions and reasonable notice. You may contact us for more information regarding the implications of withdrawing consent.

In certain circumstances, personal information can be collected, used or disclosed without the knowledge and consent of the individual (or his/her parents/legal guardian). For example:

- If it is clearly in the interests of the individual and consent cannot be obtained in a timely way, such as when the individual is seriously ill or mentally incapacitated;
- If seeking the consent might defeat the purpose for collecting the information, such as in the context of an investigation of a breach of an agreement or a contravention of a federal or provincial law; or
- If there is an emergency where the life, health or security of an individual is threatened.

## **HOW LONG IS YOUR INFORMATION RETAINED?**

We retain personal information only as long as it remains necessary or relevant for the identified purposes, and in accordance with legal requirements. Therefore, we will retain your child's file as long as your child is enrolled in our child care program and for a fixed period of time thereafter.

Depending upon the circumstances, where personal information has been used to make a decision about an individual, we will retain the information for a period of time that is reasonably sufficient to allow for access by that individual (or his/her parent/legal guardian). ALPHA retains and securely destroys personal information in accordance with our internal record retention policy. Our retention policy takes into account the retention requirements for financial and insurance records, the statutes of limitation relevant to injuries that occur while children are in our care, as well as the requirements of the CCEYA and its associated Regulations.

## **HOW DO WE KEEP YOUR PERSONAL INFORMATION SECURE?**

We have procedures and policies in place to ensure that personal information, in both paper and electronic format, are protected against the risk of loss, theft, unauthorized access, disclosure, copying, modification or destruction. For example, we have the following safeguards in place:

- Access to our facility outside of business hours is restricted to management personnel.
- All visitors to our facility, including parents/legal guardians are required to be escorted while on the premises.
- Filing cabinets containing personal information are located in an office only accessible to the director and the supervisors of our child care program.
- The offices are locked after hours.
- Access to electronic files is limited on a need-to-know basis depending on job function.
- Paper records containing personal information that are no longer needed are securely shredded.

## **HOW CAN YOU ACCESS YOUR PERSONAL INFORMATION AND CHECK ITS ACCURACY?**

ALPHA relies on the information provided by you when enrolling your child in our child care program. You may at any time make a written request for access to you or your child's personal information using our "Access to Personal Information Form". Personal information will be provided in an understandable form within a reasonable time and at minimum or no cost to the individual.

However, in certain situations we may not be able to provide access to all of the personal information we hold about an individual (or his/her child) as there are numerous exceptions to the access principle under PIPEDA. For example, we cannot provide access to personal information about another individual if they have not consented, or to information that could reasonably be expected to threaten the life or security of another individual. Also, we cannot provide access to information that was generated in the course of a formal dispute resolution process. If we are unable to provide you with all the information contained in your child's file, we will let you know.

ALPHA strives to maintain accurate records of your personal information, however, this cannot be achieved without your help. In this ongoing effort, we ask you to provide us with up-to-date information. Let us know of any personal information you have given to us in the past that is incomplete, inaccurate, or no longer relevant, or of any new issues or information that will help us in caring for your child. If you feel a record in your child's file is inaccurate or incomplete, and we agree with your assessment, we will promptly correct or complete the information. Any unresolved differences as to accuracy or completeness will be noted in the file.

## **CONTACT US WITH ANY QUESTIONS OR CONCERNS**

ALPHA takes full responsibility for the management, confidentiality, and protection of the personal information we collect, use and disclose. If you have any concerns about this policy, or feel that ALPHA is not abiding by it, please write to:

**Greg Humphreys**  
**ALPHA Child Care Ltd.**  
**16515 Duffys Lane**  
**Bolton, Ontario L7E 3C8**



## CODE OF CONDUCT CONTRACT

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Alpha Child Care Ltd. is a professional organization with a positive family environment for parents, children, families, educators, and any visitors who may enter the centre throughout the day. To maintain this atmosphere, and for the health and safety of its clients and educators, the following code of conduct has been instituted for parents and their child(ren):

1. Parents and children must abide by Alpha's rules and regulations as outlined in the Parent Handbook and Alpha's Policy and Procedure Manual.
2. Alpha has a Purchase of Service Agreement with the Region of Peel. All eligible parents must abide by the terms and conditions of this agreement.
3. Parents must abide by the childcare's operating hours unless pre-booked *Extended Care* services (at Peter Robertson location) has been previously arranged. If parents/guardians are late picking up their child, a late fee of thirty dollars (\$30.00) will be charged every 15 minutes beginning at 6:01pm.
4. Parents must follow the pre-arranged bi-weekly fee payment schedule to ensure fees are paid in time.
5. Health and Safety are Alpha's number one priority. All parents and children need to ensure that the health and safety of the children, families and educators are never put in jeopardy.
6. Parents and children must always speak respectfully to all individuals.
7. Parents and children must refrain from cursing, swearing, and making derogatory or discriminatory comments while on Alpha property.
8. Parents and children are prohibited from causing emotional or physical harm to educators and/or other children in the centre.
9. Parents must be supportive in helping to meet the needs of their child. Educators have the right to protection from violent children under the Occupational Health and Safety Act. Children have the right to a violent free atmosphere while attending our program. Accordingly, parents of violent children must be willing to seek outside assistance from a supporting community agency to meet the needs of the child, when recommended by the Supervisor or delegate of the centre. Failure to co-operate with recommendations will result in immediate termination of childcare services.
10. Parents must abide by Alpha Child Care's Violence and Harassment Policy. Any threats to educators in person or in writing, either physical, verbal, or implied will not be tolerated and will result in the immediate termination of childcare services and the involvement of appropriate authorities if applicable.



## CODE OF CONDUCT CONTRACT

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Depending on the severity of the circumstance and failure to abide by this Code of Conduct may result in one of the following:

- A meeting may be set up with Parents/Guardians to discuss the situation and to put a plan of action in place. If both parties cannot reach an agreement, the centre Supervisor will give the parent termination notice detailing the child's last day in Alpha's care.
- Parents may be contacted to pick up their child immediately (three consecutive calls may result in immediate termination).
- Parents may be given a written notice of immediate termination of childcare services from Alpha.
- Following an actual or perceived threat of violence or harassment, at the supervisor's discretion, parents may be put on probation as an Alpha customer. Educators may be advised of the nature of the probation and be asked to assist in monitoring the Parents behaviour while they are in the childcare centre. Further violations of Alpha's Code of Conduct may result in the immediate termination of childcare services.

When children are asked to leave or denied admission due to the centre's inability to accommodate the child's need or family circumstances the procedure will include:

- Documentation of meetings with parents/guardians
- Documentation of applications to supportive agencies
- Documentation that educators have consistently implemented strategies put in place to help the child
- Alpha's *Consultation* Form or *Needs Assessment* Form has been completed
- Documentation that the percentage of children with diverse needs meets or exceeds 10% of the license capacity.

### FEES DUE:

Childcare fees are due up to and including the last day the child is in the centre.

Refund of deposit or fees paid but not used will be refunded by head office once confirmation is received at Alpha that the payment has cleared successfully. These refund cheques will be sent by regular mail to the last address on file.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)

# ALPHA Child Care Ltd.



## EMERGENCY MEDICAL CARE RELEASE FORM

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I/we hereby give permission to Alpha Child Care Ltd. educators to administer emergency medical care as necessary. I/we hereby give permission to have my child examined by the Medical Officer and his/or her educator as necessary.

If at any time, due to any circumstances such as accident or sudden illness where medical treatment is required, this may be given, including anesthetic if necessary, by a private physician or hospital.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)

# ALPHA Child Care Ltd.



## PEEL PUBLIC HEALTH INFORMATION REQUIREMENTS

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Immunization Card Provided (copy on file)

Peel Public Health Form Completed (blue form)

Check the boxes provided for any communicable diseases your child has previously had:

Scarlet Fever     German Measles     Whooping Cough     Other

Chicken Pox     Measles     COVID-19

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)

# ALPHA Child Care Ltd.



## CONSENT FOR OFF PREMISES EXCURSIONS

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I/we hereby give consent for my child to leave the premises of Alpha Child Care Ltd., to participate in excursions or emergency evacuations or emergency evacuation drills.

It is understood that supervision will be provided by educators, student volunteers and or parent volunteers as required.

Such excursions may include, but are not limited to, walks around the neighborhood, to the local park or community sites.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)

# ALPHA Child Care Ltd.



## PERMISSION TO APPLY SUNSCREEN AND NON-MEDICATED PRODUCTS

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I/we hereby authorize Alpha Child Care Ltd. ("Alpha") to apply sunscreen, toothpaste, diaper cream, hand sanitizer and other non-medicated products as directed and provided by parents/guardians. I/we understand that all new products provided to Alpha by parents/guardians must be provided in their original labelled container. All items must also be checked, approved, and labelled with your child's name prior to application.

I/we acknowledge that Alpha and/or its employees will not be responsible for any reactions which may arise due to the administering products provided by parents/guardians. I/we hereby release and forever discharge Alpha and/or its employees from all claims, demands, damages, actions or causes of action arising or to arise by reason of administering said products.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)



## SLEEP/REST CONSULTATION FORM

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

In accordance with the Child Care and Early Years Act (CCEYA) Ontario Regulation 137/15 33.1(2)(c)(i) and in conjunction with Alpha Child Care Ltd. ("Alpha") policies and procedures it is Alpha's responsibility to keep parents/guardians up to date on the sleep/rest routines for Alpha.

Your child will be provided with a cot/crib with their name on it and it will be equipped with a sheet for your child to have a quiet break from the busy classroom routines following the lunchtime meal. We ask that parents/guardians provide your child with a light blanket for the educators to cover your child up with. Due to health and safety reasons, Alpha is unable to give your child a bottle or soother while on their beds (unless enrolled in our Infant program at our Peter Robertson location) The children will be encouraged to calm their body on their cot/crib in a calm quiet atmosphere. The educators will assist in the classroom using calming strategies such as reducing lighting, playing soft music, speaking in quiet voices and offering to pat or rub your child's back to assist him/or her to successfully calm and relax their bodies.

If your child falls asleep, they will be allowed to sleep up to a maximum of two (2) hours. For children who have fallen asleep, the educators will be performing direct visual checks of each sleeping child in their classroom every thirty (30) minutes by being physically present next to the sleeping child and looking for indicators of distress or unusual behaviour. Any significant changes in your child's sleeping patterns or behaviours during sleep/rest time will be documented in the daily logbook and then communicated to you at pick up time. Educators in the classroom will document on the Sleep Room Inspection/Number Ratio form indicating who completes the visual inspections of sleeping children. In addition to this, every half hour an educator will physically place their hand on the back of your sleeping child to check for indicators of distress or unusual behaviours. The educator that makes the physical check will sign the Sleep Room Inspection/Number Ratio form indicating that they have completed the check.

Any changes required by you to the manner that your child is supervised or positioned will also be recorded in the daily log book and will be put into place as soon as possible provided the requests are cohesive the Joint Statement on the Safe Sleep: Preventing Infant Deaths in Canada and group care offered by Alpha Child Care.

Those children who have rested on their beds but have not fallen asleep will be given quiet activities to engage with either on their beds or be invited to partake in activities that have been set out at the tables.

Please sign below to indicate you have read, understand, and agree to Alpha's Sleep/Rest Consultation form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)



## CHILD MEDIA WAIVER FORM

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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### ACTIVITY, EVENT AND MEDIA AUTHORIZATION

I/we hereby agree and give my permission for Alpha Child Care Ltd. ("Alpha") and/or partners to record, film, photograph, audiotape, videotape my child's name, image, student work, and performances (hereinafter collectively referred to as "Works") and to display, publish, or distribute these Works for the purpose of publishing, posting in Alpha's childcare centres, on the Alpha website, on social media sites and/or for broadcasting on television or radio as determined by Alpha.

I/we understand that external media organizations may attend Alpha and/or Alpha hosted events. I give permission for my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcasting on-line, on television or radio.

I/we hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to or in other publications outside of Alpha's control. I agree that I will not hold Alpha responsible for any harm that may arise from such unauthorized reproduction.

- Please mark this box if you **AGREE** that your child may participate in activities or events that may be recorded, photographed, filmed, audio-taped or videotaped, published, or broadcasted by organizations both internal or external to Alpha
  
- Please mark this box if you **DO NOT** agree that your child may participate in activities or events that may be recorded, photographed, filmed, audio-taped or videotaped, published, or broadcasted by organizations both internal or external to Alpha

I/we have read this Child Media Release Form and I fully understand the contents and meaning of this release form. I understand that I may contact Greg Humphrey, President, or Mary Soundy, Manager of Operations and Development with any questions regarding this release.

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Parent/Guardian Signature

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Date

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Alpha Supervisor (or delegate)



## CHILD CARE SUBSIDY AGREEMENT

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Alpha Child Care Ltd. has a *Purchase of Service* agreement (see policy #0450) with the Region of Peel which permits parents/guardians to use our services and have all, or part of their childcare fees paid for through the Region of Peel and/or the Province of Ontario subsidy program. Alpha's purchase of service agreement with the Region of Peel is renewed annually. However, is not guaranteed, and the agreement may be terminated by either party without cause or notice. Alpha feels that it is best to be transparent about the nature of this relationship to make you aware of the potential for sudden service and/or funding changes.

Therefore, you agree and understand that:

- a) In order to continue to receive child care subsidies following the termination of the purchase of service agreement with Alpha, the subsidy program may require that you relocate to a different child care centre immediately and without prior warning, or continue to receive services from Alpha at which time you will pay the full price (unsubsidized) for child care services.
- b) If the Subsidy program does not pay Alpha for child care services provided to you (ex: does not pay Alpha your fees) within (60) sixty days of providing services to you, you are responsible for paying the child care fees in full. In this event, Alpha will work out a reasonable payment schedule with parents.
- c) If you fail to inform the Subsidy program of any changes which may result in an adjustment to your subsidy amount, and your subsidy is adjusted down accordingly, you are responsible to pay Alpha for any fee difference up to the full fee amount. Parents are warned that these subsidy adjustments are often made retroactive to parent's months resulting in a large outstanding balance due to Alpha. In this event, Alpha will negotiate an affordable payment schedule however, parents are advised that they are expected to pay the difference in full.
- d) Alpha will limit the number of subsidized clients; sudden termination of the subsidy agreement and sudden loss of income; refusal of the Region of Peel to pay Alpha's full price for child care series for any reason; any other situation that may expose Alpha to fiscal harm or undesirable programming change.

These policies are regrettable but result from years of experience in dealing with sudden changes in government subsidy policies which have cause financial and service quality risks at Alpha Child Care Ltd.

Are you applying for Child Care Subsidies from the Region of Peel?  Yes  No

I/we agree to the terms and conditions for your entire term at Alpha Child Care Ltd. Our enrollment at Alpha is conditional on signing this agreement regardless of whether you are immediately applying for government subsidies or not.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)

# ALPHA Child Care Ltd.



## PRE-AUTHORIZED PAYMENT PLAN & TAX INFORMATION

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### TAX RECEIPT INFORMATION

(Office Use) Alpha Customer Number: # \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Number & Street Name

City

Postal Code

I/we hereby consent to have Alpha Child Care Ltd. withdraw from my bank account bi-weekly for childcare fees.

I/we understand that the amount deducted from my account may be amended in the future to coincide with new fees or changes to existing fee payments (ex: Late fees, NSF charges, Rate increases/decreases etc).

I/we have attached a Void Cheque or Pre-Authorized Chequing form from my financial institution that contains the following information. (ATTACH YOUR CHEQUE BELOW)

BRANCH #  
\_\_\_\_\_

INSTITUTION #  
\_\_\_\_\_

ACCOUNT #  
\_\_\_\_\_



Cheque # (3 Digit) Institution #  
(5 Digit) Branch/Transit # (7 Digit) Account #

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

Date \_\_\_\_\_

Alpha Supervisor (or delegate) \_\_\_\_\_



## PARENT/GUARDIAN AGREEMENT

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

- I/we understand the Alpha can and will make changes to the Parent Handbook as the need arises and that written notice will be provided at these times.
  - I/we have read the Parent Handbook in full, and I/we agree to carry out the parent responsibilities as outlined within. Failure to do so could result in immediate termination of care from Alpha.
  - I/we understand that there is no reimbursement or deduction of fees for statutory holidays, sick days, vacation time or Alpha's closing, whether Alpha has given notice or not.
  - I/we agree to notify Alpha if my child is absent. If my child is absent for a week or more without notification, I/we understand that my child will be considered withdrawn from the program and understand that any deposit will be used to pay for this week.
  - I/we understand that fees are payable every other Monday through electronic banking.
  - I/we agree that if for any reason I/we have an electronic bank withdrawal returned, an additional \$25.00 NSF charge will be added to the next withdrawal date. If another electronic bank transfer is returned in the same calendar year the additional NSF charge will be increased to \$35.00 per offence hereafter.
  - If the Supervisor determines that my child cannot adjust to the program, or that I/we have not carried out our responsibilities as outlined in this agreement, or if any other information is revealed that could be detrimental to the program, my child may be asked to leave the program with or without notice.
  - I/we agree to compensate Alpha for any damages caused by my child and indemnify Alpha for any claims arising as a result of my child's actions or failure to abide by this Parent Agreement.
  - I/we understand that should there be any custody arrangements for my child, it is my responsibility to inform the Supervisor or Manager and provide copies of the relevant documents. Otherwise, my child will be released to either parent/guardian.
  - I/we have submitted the following forms and understand that my child is unable to attend Alpha without all these forms completed and submitted with signatures.
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Application/Emergency Form | <input type="checkbox"/> Emergency/Public Health        | <input type="checkbox"/> Child Care Subsidy Agreement       |
| <input type="checkbox"/> Privacy Consent Form       | <input type="checkbox"/> Off Premises/Non-Medicated     | <input type="checkbox"/> Pre-Authorized Pay Plan & Tax Info |
| <input type="checkbox"/> Code of Conduct            | <input type="checkbox"/> Sleep/Rest Consultation        | <input type="checkbox"/> Parent/Guardian Agreement          |
| <input type="checkbox"/> Child Media Waiver         | <input type="checkbox"/> Immunization Record (attached) |   |

I agree to provide Alpha with all information changes to any of the above listed forms within Five (5) business days. I understand that I am entitled to independent legal advised prior to signing this Parent Agreement. I understand that Alpha Child Care Ltd. Policies and Procedures and the Parent Handbook forms part of the Parent Agreement, and I hereby acknowledge receipt of a copy of this Parent Agreement and a copy of the Parent Handbook, and consent to terms and conditions included herein.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alpha Supervisor (or delegate)