

ENROLLMENT FORM

Child Information

1. Child's Full Name: _____
2. Date of Birth: _____
3. Gender: Male / Female / Other _____
4. Will you need Subsidy: Yes ____ No ____

Enrollment Details

1. Preferred Start Date: _____
2. Days of the Week Attending
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
3. Preferred Schedule: Full Time _____ Part-Time _____ (*Insert Time*)

Parent/Guardian Information:1

- Parent/Guardian Full Name: _____
- Relationship to Child: Mother / Father / Guardian / Other
- Email Address: _____
- Home Address: _____ Cell# _____
- City: _____ State: _____ Postal Code: _____
- Work Address _____
- Company Name: _____
- Work # _____ City: _____ State: _____ Postal Code: _____

Parent/Guardian Information:2

- Parent/Guardian Full Name: _____
- Relationship to Child: Mother / Father / Guardian / Other
- Email Address: _____

Home Address Street: _____ Cell# _____

City: _____ State: _____ Postal Code: _____

Work Address : _____

Company Name: _____ Work # _____

City: _____ State: _____ Postal Code: _____

Custody Agreement

Is there a custody agreement in place for the child? If yes, please provide a copy of the agreement?

Emergency Contact Information (must be different than parent/guardian)

First and Last Name	Relationship to the child	Address	Home Phone	Cell Phone

****Authorized Pick-up Persons:****

(Please provide names of individuals authorized to pick up your child from daycare. Photo ID will be required for verification.)

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____ 4.

Special Requests or Additional Information:

Medical Information

Health Care Number		Doctor's Name		Doctor's Phone Number	
Does your child have any medical concerns					
Does your child have any dietary restrictions or allergies?					
Are your child's immunizations up to date?					
Does your child receive medication on an ongoing basis?					
Does your child have any limitations that will not allow them to participate in all childcare activities?					
Please use this space to give us any insight into your child's physical or emotional needs.					

Daily Routine and Habits:

Typical sleep schedule and any nap preferences. _____

Toilet training status (if applicable) and routine. _____

Favorite activities, toys, or comfort items. _____

Any specific routines or rituals the child follows at home. _____

Developmental Milestones:

Any specific developmental milestones achieved or developmental areas of focus.

Are there any therapies or interventions the child is currently receiving?

Behavioral and Social Information:

How does the child usually interact with other children and adults?

Any special behaviors, fears, or anxieties to be aware of?

Preferred methods of discipline or redirection used at home.

Emergency Procedures and Contacts:

Are there any specific emergency procedures or protocols the daycare should be aware of?

Cultural and Religious Considerations:

Are there any cultural or religious practices that should be respected during the child's time at daycare?

Additional Comments and Concerns:

Is there any other information, concerns, or special considerations you would like to share with us?

Fee Chart

FEE CHART

Parent Portion are inclusive of Breakfast, Lunch, Snack, Home-time treat, Diaper, Rash Cream, Sunscreen, Bug Spray, Material fees, Parent App, In-school Field Trip

ROOM	5 DAYS	4 / 3 DAYS	2 DAYS	1 DAY
SAGE (Baby, infants Birth -18m)	\$967	\$867	\$632.50	\$850
LAVENDER (Younger toddler 19m-24m)	\$941	\$841	\$695	\$850
BASIL (Older toddler 25m-36m)	\$941	\$841	\$695	\$850
JADE (Younger Preschool 37m-48m)	\$924	\$824	\$725	\$850
MINT (Older Preschool 37m-48m)	\$924	\$824	\$725	\$850
CHAMOMILE (Kinder 4y-6y)	\$824	\$724	\$725	\$850
ALOE (OSC 6y-12y)			\$750 (Incl PD Day, Spring Break and Winter Breaks)	

Please deduct your approved Subsidy Amount from above Parent Portion

Fees Payment Process

I, _____, authorize The Seed Daycare to automatically withdraw

childcare fees for _____ Child/children names via Electronic Fund Transfer.

This authorization is for all childcare amounts beginning (Date)_____ and ending when the child no longer attends, or this authorization is withdrawn by the parent. Amounts of

withdrawal may vary each month and withdrawals will be made accordingly due to Age transition_____

Permissions Forms

Permission forms are essential documents that parents or guardians must complete to grant consent for various activities or actions involving their child while they are in the care of the daycare. These forms ensure that the daycare staff have the necessary authorization to act in the best interest of the child. This release shall expire when my/our child or children cease to be enrolled at the Daycare.

Emergency Medical Treatment Authorization: I/We _____ give the daycare educator permission to seek emergency medical treatment for my child if needed. It includes information about the child's medical history, allergies, and the contact information of the child's physician and parent/guardian.

Signature of Parent/ Legal Guardian_____Date_____

Field Trip Permission Form: I/We _____ give the daycare educator permission for off-site activities or field trips, parents/guardians provide consent for their child to participate. We will share details about the trip, transportation arrangements, and any special instructions. It may also include emergency contact information.

Signature of Parent/ Legal Guardian_____Date_____

Photo and Video Release Form: I/We _____ give the daycare educator to obtain permission to take photographs or videos of the child during daycare activities. I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet. With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Signature of Parent/ Legal Guardian_____Date_____

Sunscreen and Medication Authorization: If my child requires sunscreen application or medication during daycare hours, I/ We _____ grants permission for the daycare staff to administer them.

Signature of Parent/ Legal Guardian _____ Date _____

Special Activities or Events Permission Form: I/We _____ give the daycare educator permission for activities such as water play, special guests, or cultural celebrations.

Signature of Parent/ Legal Guardian _____ Date _____

Release of Liability Form: I/We _____ For activities that involve some level of risk, such as physical activities or outdoor play, this form acknowledges that the parent/guardian understands and accepts the associated risks and releases the daycare from liability.

Signature of Parent/ Legal Guardian _____ Date _____

Special Diet or Food Allergy Accommodation Form: If your child has specific dietary needs or allergies, this permission provides details about the dietary restrictions, acceptable foods, and necessary accommodations.

Please check appropriate boxes:

- My Child has Dairy Allergy
- My Child has nut allergy
- My Child has wheat allergy
- My Child has no allergy
- My Child has special dietary restrictions. Please Specify _____
- My Child will not participate in food events sponsored by The Seed Daycare .

Signature of Parent/ Legal Guardian _____ Date _____

I acknowledge that I have received and reviewed the daycare's policies and procedures.



Parent/Guardian Signature: _____

Date: _____

Thank you for choosing The Seed Daycare & OSC for your child's care.

Electronic Funds Transfer Authorization Form

Section 1: Customer Details

Please fill in your details below in clear handwriting:

Full Name:

Address for Correspondence:

Street:

City: State: ZIP Code

Contact Number:

Email Address:

Section 2: Banking Information

Bank Name:

Branch Location:

Account Number for Deposits:

Transit Number:

Account Type: Checking (Internal Use)

Section 3: Authorization for Pre-Authorized Debits (PAD)

By signing below, you (-----) *the Account Holder* give permission to THE SEED DAYCARE & OSC to initiate debits from the bank account specified above. This authorization applies each time the cost of acquired services, inclusive of taxes, matches the predetermined amount. Your account will be debited on 1st of Every Month with the agreed Fees as per Fee Chart / Any Late or other Applicable Fees.

Usage Type: Business

Cancellation Policy: You have the right to withdraw this authorization anytime by giving a 30-day notice. For a cancellation form or more details about your cancellation rights, please contact your bank or visit www.cdnpay.ca.

Signatures: Account Holder's Signature: _____

Co-Holder's Signature (if applicable): _____

Your Rights and Recourse- Should any debit not align with this agreement, you possess rights to be reimbursed. Unauthorized or incorrect debits are eligible for reimbursement. For further insight into your rights, please contact your bank or visit www.cdnpay.ca for more information