



Appleseed Childcare Centre

Summer Camp Registration Form 2024

Phone: (519) 833-0994

Email: appleseedccc@hotmail.com

Appleseed will be operating a Summer Camp program for the months of July and August 2024.

If you would like to register your child for the Appleseed Summer Camp program this year, please indicate the weeks you will need care for your child. Registration is by the week. There will be no part-week registrations available. A place in the summer camp program will be reserved for your child for that week. You will be billed based on the information given on this form - not on your child's actual attendance. A week's notice will be required for cancellation of care. Cancellations received with less than a week's notice will still require payment.

Please complete this form and return it to Appleseed to reserve your child's spot in Appleseed's Summer Camp program for July and August 2024.

Child's Name	Date of Birth	Child's Gender	Grade In September 2024
--------------	---------------	----------------	-------------------------

Home Address

Mother's Name	Mother's Email
---------------	----------------

Mother's Home Address	Mother's Work Address
-----------------------	-----------------------

Mother's Cell Phone Number	Mother's Work Phone Number	Mother's Home Phone Number
----------------------------	----------------------------	----------------------------

Father's Name	Father's Email
---------------	----------------

Father's Home Address	Father's Work Address
-----------------------	-----------------------

Father's Cell Phone Number	Father's Work Phone Number	Father's Home Phone Number
----------------------------	----------------------------	----------------------------

Local Emergency Contact (other than parent)	Local Emergency Contact Phone Number
---------------------------------------------	--------------------------------------

Please list those authorized persons to whom your child may be released

Child's Family Physician	Family Physician's Office Phone Number
--------------------------	----------------------------------------

Family Physician's Office Address

Child's Ontario Health Card Number (optional)

Does your child have any medical conditions or allergies? YES [] NO [] If "YES", please explain below.

Does your child have any diagnoses, development concerns, learning disabilities, or behavioral concerns? Is your child provided with additional support by EA's at school for any reason? YES [] NO [] If "YES", please explain below.

Do both parents have legal custody of the child? YES [] NO [] If "NO", please provide details and a copy of the court order regarding access.

Program Registration

Please indicate the weeks you will need care for your child for the Summer of 2024. A place in the summer camp program will be reserved for your child for that week. You will be billed based on the information given on this form - not on your child's actual attendance. A week's notice will be required for cancellation. Cancellations received with less than a week's notice will still require payment.

Appleseed Weeks of Summer Camp

<u>Please Check Desired Weeks</u>	<u>Weeks</u>	<u>Dates</u>	<u>Price</u> <small>(Children 6 Years or Older)</small>	<u>Price</u> <small>(Children 5 Years or Younger under CWELCC)</small>
	Week 1	July 2 – July 5 <small>*Closed Monday, July 1st for Canada Day Stat*</small>	\$180.00 per week	\$88.00 per week
	Week 2	July 8 – July 12	\$225.00 per week	\$110.00 per week
	Week 3	July 15 – July 19	\$225.00 per week	\$110.00 per week
	Week 4	July 22 – July 26	\$225.00 per week	\$110.00 per week
	Week 5	July 29 – Aug. 2	\$225.00 per week	\$110.00 per week
	Week 6	Aug. 6 – Aug. 9 <small>*Closed Monday, Aug. 5th for Civic Holiday*</small>	\$180.00 per week	\$88.00 per week
	Week 7	Aug. 12 – Aug. 16	\$225.00 per week	\$110.00 per week
	Week 8	Aug. 19 – Aug. 23	\$225.00 per week	\$110.00 per week
	Week 9	Aug. 26 – Aug. 29 <small>*Closed Friday, Aug. 30th*</small>	\$180.00 per week	\$88.00 per week

Parent Sign Offs

Agreeing to Registration
 By signing below, I agree that I am registering my child for the week's indicated above and that I am committing to pay the associated fees according to the Appleseed payment policy. I further agree that I will follow all current and future Appleseed policies and agreements as found in the Appleseed parent handbooks and within this registration package. I understand that I can access the most current Appleseed parent handbooks on the Appleseed website at www.appleseedchildcarecentre.com

Permission for Off Premise Activities
 By signing below, I give permission for my child to leave the Appleseed Summer Camp premises for hikes, library visits, river studies, and other local excursions under the care of Appleseed staff.

Permission for Emergency Medical Care
 By signing below, and in the event of an emergency where my alternate contacts or I cannot be reached, I hereby give Appleseed staff my consent to act as any prudent parent and obtain reasonable medical care for my child.

Signature of Parent Parent's Name Printed Date

For Office Use			
_____ Registered for Requested Weeks	_____ In Data Base	_____ Added to Lillio Summer Camp Class	_____ In Summer Camp Email List



Appleseed Child Care Centre

CLIENT AGREEMENT FORM

By signing below, I, _____, an Appleseed client and the parent of _____,
(Client's Full Name Printed) (Child's Full Name Printed)

acknowledge and agree to the policies of Appleseed Child Care Centre stated here and in the parent handbook found on the Appleseed website.

Agreements

1. I agree to pay the current tuition fees for the program in which my child is enrolled as indicated on my monthly Appleseed invoices and according to the payment schedule set out by Appleseed Child Care Centre **in advance of services**. I agree to pay these fees by e-transfer or in cash and follow the current Appleseed payment policy found on the Appleseed website and according to the information indicated here as follows: I understand that I will receive an invoice by email near the end of the month for the upcoming month's child care fees. I will pay at least 50% of the month's tuition fee by the 1st of each month and will pay the remaining balance by the 15th of each month. I understand that I may choose to pay the entire upcoming month's tuition fee on the 1st of each month. I further understand and agree that if I do not pay the tuition fees on time, that I will be responsible for paying the late fees every day that payment for the monthly tuition is late at the rate of \$3 per day.
2. I understand and agree that the childcare tuition fees are not based on the actual attendance of my child and that there is no reduction of fees if my child is away due to sickness (including COVID-19), isolation, vacation, extended summer vacation, statutory holidays, personal days off or any other personal reason.
3. I understand that there will be no adjustments in the monthly tuition fees when the centre or school age programs are closed for reasons beyond the control of Appleseed Child Care Centre. This may include inclement weather, power outages, bus cancellation, school closures, road closures by police or government, or any other reasons.
4. I understand that the programs of Appleseed Child Care Centre at the preschool site operate between the hours of 6:45 a.m. and 6:00 p.m. and that the programs that operate at the school age sites operate from 7:00 am to 6:00 pm. I agree to drop off and pick up my child **only** during Appleseed's official operating hours.
5. I understand that if I am late picking up my child past the 6 pm closing time, a fine will be imposed at the rate of \$1.00 per minute per child. The time will be counted until the child has left the building. I understand that I will receive notice of the fine by email as an update to the month's invoice and that the fine must be paid **within three days** of the late occurrence. I understand that failure to pay the late fees within those three days will result in withdrawal of care for my child. I understand that Appleseed strongly encourages that I, as the parent, arrange a backup person to call upon for when I am running late to pick up my child. I further understand that habitual lateness will result in withdrawal of childcare services.
7. I understand that Appleseed reserves the right to withdraw service of care if:
 - My child's tuition fees are not paid on time as outlined in the payment policy and on this document. This includes late fees or late pick up fees, and my child's fees account does not remain in good standing.
 - My child poses a significant risk to the health and safety of the other children and staff. (The level of risk will be deemed by the director).
 - My child fails to adjust to the program, or their needs change and they demonstrate that their needs are beyond what group care can provide. (This will be determined by the director).
 - My child is habitually picked up late.
 - My partner, myself, other parent, guardian, or other person connected to my child does not comply with the Appleseed policies as indicated in the parent handbook on the Appleseed website while on the Appleseed premises or while interacting with Appleseed staff, children, or other clients.
 - My partner, myself, other parent, guardian, or other person connected to my child exhibits threatening behaviour, aggression, harassment, bullying, or any other inappropriate behaviour towards the Appleseed staff, children, or other parents either in person, on the premises, over the phone, through email, or in writing. (Acts of threatening behaviour, aggression, harassment, bullying, or other inappropriate behaviours will be determined by the director).
 - There are differences that the director deems unresolvable or if the director feels that the working relationship between Appleseed and the parents, guardians, or other persons connected to my child cannot move forward in a positive manner.

Client Signature

Client Name Printed

Date



Appleseed Child Care Centre

Dear Appleseed Families,

Appleseed uses an app and software program called “Lillio” for daily attendance and communication with parents regarding their child’s daily activities, progress, and development. This app and software program allows the Appleseed teachers to share information of your child’s day in writing, photos, and videos.

You can learn more about the app and program by visiting www.lillio.com

In the interest of safety and security, we require parent permission for the publishing of children’s work, photographs, or videos through the Lillio software program. By signing below, you will be granting permission for the Appleseed staff to photograph or video your child for the purposes of sharing this information with you through the Lillio program and app. You will also receive updates and information about your child through Lillio to the email you have provided herein.

Please note that sometimes other children in the center may appear in photos, videos, or stories of your child. By giving your consent below, you agree **NOT** to share photos or video of any child, other than your own, outside Lillio without express permission from Appleseed and each parent of the included children.

Once you have signed this permission form, please return it to Appleseed. You will then receive an email with an invitation to download the app and begin getting updates and information from our teachers about your child’s day.

Additionally, Appleseed does not use the parent communication aspect of the Lillio app. Please do not send messages to the staff through the app. They will not be seen or responded to. The Appleseed office staff handle all communications with parents throughout the day so that the program staff can focus on the children. If you have inquiries regarding your child or messages that need to be relayed to your child’s teachers, please call the Appleseed office or email the Appleseed email address and the Appleseed office staff will handle your inquiries or deliver your messages appropriately.

Permissions

By signing below, I consent and agree to the following:

- a) I consent to documentation and information regarding my child to be used in the Lillio app and on its platform.
- b) I consent to my personal contact information being used in the Lillio app and on its platform.
- c) I consent to my child being photographed and videotaped with other children in the classroom. I understand that these group photos and videos may be included in reports to other parents.
- d) I agree **NOT** to share photos or videos of any child, other than my own, outside Lillio (this includes by email, text, and all social media platforms) without the express permission from Appleseed and the parents of the included children.

My Child’s Full Name: _____

Parent’s Full Name Printed: _____

My Email for Lillio App: _____

Additional Parent’s Email for Lillio app: _____

Parent’s Signature: _____ Date: _____