



REGISTRATION FORM

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

GENERAL INFORMATION FORM

Name of Child (surname, first name): _____

Date of Birth (MM/DD/YYYY): _____

Child's Address: _____

Home number: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home number: _____ Work number: _____

Employer: _____ Occupation: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____

Home number: _____ Work number: _____

Employer: _____ Occupation: _____

BACKGROUND AND HEALTH INFORMATION

Is English the child's first language? YES: _____ NO: _____

If NOT, please specify first language: _____

Parent Cultural Observances: _____

Are other children in the household? YES: _____ NO: _____

Name & Age? _____

OFFICE USE ONLY

Application Date: _____ Date of Entry: _____

Withdrawal Date: _____ MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Program Enrollment: ☐ WNAB ☐ Before/After School Program ☐ After School Club**

☐ Before School ☐ St. Bernadette's Day Care Family ID _____ Child ID _____

Toddler Age _____ Preschooler/KG Age _____

Requires Transportation (TCDSB) from St. Thomas YES: _____ NO: _____

**Transportation is only for children enrolled in St. Thomas Aquinas school who need transportation to our After School Club

Child's favourite PERSON: _____ TOY: _____ FOOD: _____

Has your child ever been in daycare or with a babysitter? _____

Does your child have allergies? YES: _____ NO: _____

Please list allergies and reactions: _____

Does your child have disabilities, chronic medical conditions? _____

List all communicable diseases that your child has had (with dates). For example: chicken pox, measles, etc. _____

State any other concerns regarding your child's needs: _____

At approximately what time will your child be DROPPED OFF: _____ PICKED UP: _____

IN CASE OF EMERGENCY (when PARENTS/GUARDIANS are unavailable)

Name: _____ Relationship to child: _____
Home #: _____ Business #: _____
Address: _____

Name: _____ Relationship to child: _____
Home #: _____ Business #: _____
Address: _____

I agree to abide by all the regulations and policies as stated in the Parent Handbook.

Parent/Guardian signature: _____ Date: _____

Has received copy of Parent Handbook at Orientation Meeting: YES: _____ NO: _____

Has your child attended any of St. Bernadette's F.R.C. programs in the past? Yes: _____ No: _____

Please note that fees include holidays and sick days. There is no discount for the days when your child is not in attendance.

Non-Sufficient Funds (NSF) Cheques: for every NSF cheque you will be charged a \$ 20.00 fee.

Parent/Guardian signature: _____ Date: _____

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

EMERGENCY CONSENT FORM

Parents, in the event that an emergency should arise concerning your child(ren), it is important that the Centre have complete information. Please fill in the following information:

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____ Home #: _____ Bus. #: _____

Home Address: _____

Business Address: _____

Parent/Guardian Name: _____ Home #: _____ Bus. #: _____

Home Address: _____

Business Address: _____

Emergency Contact Name: _____ Phone #: _____

Relationship: _____ Address: _____

Child's Doctor's Name: _____ Bus. #: _____

Clinic Address: _____

State allergies and reactions: _____

Is your child on regular medication? _____

Other Medical Information: _____

Have you provided the Centre with your child's immunization record? _____

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

PARENT/GUARDIAN SIGNATURE

DATE

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

**PERMISSION TO APPLY CREAMS / SUN TAN LOTION THAT IS
SUPPLIED BY PARENTS**

Name of Child: _____ Date: _____

I, _____, give my consent for staff of ST. BERNADETTE'S
FAMILY RESOURCE CENTRE to apply/administer (give name of product)

_____ to my child.

PARENT/GUARDIAN SIGNATURE

DATE

.....

**WALKS AROUND THE COMMUNITY, SCHOOL AND COMMUNITY
PARTICIPATION & SWIMMING AT THE CENTRE CONSENT FORM**

I hereby give my consent for my child to attend and participate in swimming at the Centre, to take walks around the community and to participate in school and/or community activities. All walks around the community will be posted in advance.

I understand that I will be notified of all the times, dates, destinations, and modes of transportation prior to any major field trip and will be required to sign a separate consent form.

Special instructions for the child: _____

I may be able to volunteer to assist on trips: YES _____ NO _____

PARENT/GUARDIAN SIGNATURE

DATE

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

WITHDRAWAL POLICY & PROCEDURE

I have read the Withdrawal Policy and Procedure and agree to the terms as stated in the Parent Handbook. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

PARENT CODE OF CONDUCT

I have read the Parent Code of Conduct and agree to the terms as stated in the Parent Handbook. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

ALLERGY PROTECTION POLICY

ST. BERNADETTE'S FAMILY RESOURCE CENTRE has a policy regarding NO food entering the centre. This is in order that we are able to control all the food that the children come in contact with so that we can assure children and parents who struggle with a life-threatening allergy that the Centre will help keep their child's environment as safe as possible. We promote the safety of all children. Children with severe allergies can go into anaphylactic shock. This is sudden, violent and frightening. It can begin with itching, swelling, shortness of breath, vomiting, diarrhea, and difficulty breathing. If the reaction is not stopped at this point, the symptoms become more severe leading to a drop in blood pressure, loss of consciousness, and death.

In order for us to enforce this policy, **it is mandatory that absolutely no food be brought into the Centre.**

It is important that parents let staff members know of any allergies that their child may have and what reactions to expect. There are children with anaphylactic allergies that come to St. Bernadette's F.R.C. If your child requires emergency medication, you will be required to complete our Anaphylactic Emergency Plan. As a parent of a child with an anaphylactic allergy, you will be provided an opportunity to supplement the staffs training on epi-pen use specific to your child's needs. We will ensure that all staff, students and volunteers sign off on the child's Anaphylactic Emergency Plan. The child's Plan must be reviewed on an annual basis.

Please sign below, stating that you understand and will abide with our Allergy Protection Policy and will review the Allergy-Nut Safe Centre Policy posted on the Parent Board.

PARENT/GUARDIAN SIGNATURE

DATE

EXECUTIVE DIRECTOR / SUPERVISOR

DATE

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

LATE FINES

The centre has a late fine policy for parents/guardians who are late picking up their child(ren) at 6:00 p.m. These late fines will be heavily enforced as follows:

5 minutes late	\$ 10.00	6:01 p.m. to 6:05 p.m.
10 minutes late	\$ 20.00	6:06 p.m. to 6:10 p.m.
15 minutes late	\$ 30.00	6:11 p.m. to 6:15 p.m.
20 minutes late	\$ 40.00	6:16 p.m. to 6:20 p.m.

The amounts will increase ten dollars every five minutes. You will have twenty-four hours to pay this amount otherwise your child will not be allowed to enter the Centre until it has been paid.

In addition, if parents arrive late eight times within a calendar year the ninth late fee fine will double as follows:

5 minutes late	\$ 20.00	6:01 p.m. to 6:05 p.m.
10 minutes late	\$ 40.00	6:06 p.m. to 6:10 p.m.
15 minutes late	\$ 60.00	6:11 p.m. to 6:15 p.m.
20 minutes late	\$ 80.00	6:16 p.m. to 6:20 p.m.

These amounts will continue to double every five minutes until a parent/guardian arrives at the centre,

THE CLOCK THAT DETERMINES THE LATE FINE IS THE ONE IN
THE PROGRAM ROOM.

Fines apply to the time the parent leaves the Centre (is out the door), not when he or she arrives.

I have read and understood the above information on the late fine policy.

PARENT/GUARDIAN SIGNATURE

DATE

EXECUTIVE DIRECTOR / SUPERVISOR

DATE

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

LATE PAYMENT OF FEES POLICY

A late fee policy for parents was established September 1, 2000. Monthly fees will be due on the first day of every month on account of that month's fees. This policy is necessary as the centre is a non-profit organization and counts on prompt payment of fees in order to meet monthly financial commitments.

The Late Fee Policy consists of a three-step procedure. The first step will be a letter reminding parents that their fees are now due. The second step will be a verbal reminder from the supervisor. On the third step you will be notified of your status at the Centre. Parents who are late in payment of fees will be notified of their child's last day at the Centre. Payments thereafter must be made money order or certified cheque. Habitual lateness will not be tolerated and may be cause for not allowing your child to return to the centre.

A child who has been notified of his/her last day of attendance may be able to return to the centre subject to the availability of spaces and at the discretion of the Executive Director / Supervisor once payment has been made. Failure to pay within stipulated dates may result in legal collection procedures.

Any questions regarding this policy may be directed to the Executive Director/Supervisor. For those parents who consistently make timely payments, we thank you and hope for your continued cooperation in this matter.

I understand the above and indicate my acceptance of it by signing below.

PARENT/GUARDIAN SIGNATURE

DATE

EXECUTIVE DIRECTOR / SUPERVISOR

DATE

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

AUTHORIZATION, INDEMNITY AND RELEASE

Re: _____

We, _____ and _____, the parents/guardians of _____ confirm that we have given you authorization permitting the persons listed on the attached sheet to pick-up our child(ren) _____. We acknowledge that ST. BERNADETTE'S FAMILY RESOURCE CENTRE is only authorized to release _____ to me/either of us, or to the persons listed on the attached sheet.

Notwithstanding the above, we hereby authorize and direct you to release _____ on any day that she/he is in attendance at ST. BERNADETTE'S FAMILY RESOURCE CENTRE, to any other person that we indicate to you by telephone or in person, provided that we must notify you in advance on the day that we require our child to be picked up by a person other than ourselves, or the persons listed on the attached sheet. This shall be your good and valid authority for so doing.

We hereby covenant and agree to hold and save harmless ST. BERNADETTE'S FAMILY RESOURCE CENTRE from and against all losses, claims, demands, costs, suits, proceedings, or actions or cause of action that may be instituted or commenced against ST. BERNADETTE'S FAMILY RESOURCE CENTRE or against its management, agents or employees, by any party in regard to the release by ST. BERNADETTE'S FAMILY RESOURCE CENTRE of _____ to the person or persons that we have so authorized by telephone or in person. And we agree to save harmless and indemnify ST. BERNADETTE'S FAMILY RESOURCE CENTRE, its principals, agents and employees against any liability incurred by them by reason of their so doing.

_____ & _____
Parents/Guardians Initials

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

AUTHORIZATION, INDEMNITY AND RELEASE *cont.*

We hereby release and forever discharge ST. BERNADETTE'S FAMILY RESOURCE CENTRE, its successors, assigns, principals, agents and employees from all manner of actions, causes of action, suits, covenants, claims and demands whatsoever which against ST. BERNADETTE'S FAMILY RESOURCE CENTRE, we or our heirs, administrators, successors and assigns, shall or may have for or by any reason of any cause matter or thing whatsoever as a result of ST. BERNADETTE'S FAMILY RESOURCE CENTRE releasing _____ pursuant to my/our advance telephone call or notification.

DATED: at Toronto this _____ day of _____ 2_____

Parent/Guardian Name

Parent Guardian Signature

Parent/Guardian Name

Parent Guardian Signature

Name of Person	Relationship to your Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Print each person's first and last name and relationship to your child.

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

**PARENT AGREEMENT TO NON-GUARANTEED
SPACE/STAY IN THE CENTRE**

I, _____, understand that although my child
_____, born _____, is being admitted to
ST. BERNADETTE'S FAMILY RESOURCE CENTRE on _____, there is no
guarantee that he/she will be able to move into another program unless there is a space available.
Continuation in this centre will depend on a vacancy being available in the next age grouping to which
he/she would normally progress.

Date in the City of Toronto, _____.

PARENT/GUARDIAN SIGNATURE

EXECUTIVE DIRECTOR / SUPERVISOR

DATE

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

FEE SCHEDULE FOR 2023

Fees for St. Bernadette's Children's program will be as follows:

<u>Program</u>	<u>Hours</u>	<u>Fee</u>	(CWELCC 52.75%) <u>Fee</u>	<u>Room</u>
CWELCC Eligible Programs (Children 18 months - 6 years old*)				
Toddler Day Care	7:30am-6:00pm	\$57.50	\$27.17	138
Preschool Day Care	7:30am-6:00pm	\$46.00	\$21.73	139
Kindergarten Before/After	7:30-8:40 & 3:00-6:00	\$33.60	\$15.88	139
Kindergarten Summer Camp	7:30am-6:00pm	\$46.00	\$21.73	139
Before School	7:30am-8:40am	\$ 7.00	\$ 7.00	237/234
After School Club only	3:00pm-6:00pm	\$21.00	\$12.00	237/234
Before & After School	7:30am-8:40am+3:00pm-6:00pm	\$28.00	\$13.23	237/234
Summer Camp	7:30am-6:00pm	\$40.00	\$18.90	237/234
Programs Not CWELCC Eligible (Children 6 years and older)				
We Need A Break	8:30am-12:00pm	\$13.00		234
Before School	7:30am-8:40am	\$ 7.00		237/234
After School Club only	3:00pm-6:00pm	\$21.00		237/234
Before & After School	7:30am-8:40am+3:00pm-6:00pm	\$28.00		237-234
Summer Camp	7:30am-6:00pm	\$40.00		237/234

* CWELCC ends on the last day of the month a child turns 6 years old.

*Note: March Break Camp and P. A. Days are included for all registered children in Kindergarten and School Age After or Before/After programs only. Hot lunch and snacks are included.

Before School program does not include P.A. Days or March Break. For school age children interested in participating on these days there is an additional fee of \$40.00 per day.

Tax Receipts will be issued to the parent who is the main payer.
Please print Name of Parent to receive Invoices and Tax Receipt:

Parent/Guardian Name: _____

Comments: _____

ST. BERNADETTE'S FAMILY RESOURCE CENTRE
20 Bansley Avenue, Toronto, Ontario M6E 2A2
Telephone: (416) 397-6300

**CONSENT FORM for
CHILD(REN)'S PICTURES, VIDEO AND MEDIA PRESS**

I, _____, give consent for my child
_____ to be photographed, video taped by staff or media
for use in the centre, brochures, St. Bernadette's website and media press.

PARENT/GUARDIAN SIGNATURE

DATE