



REGISTRATION FORM

Please email the completed form, along with a copy of your child's immunization record, to Sup_orv@garderiepetitbaobab.ca

Child's Last Name:		First Name:			
Apt:	Street:	City:		Postal Code:	
Date of Birth (Day/Month/Year):					
Age:					
Parent 1 Information					
Last Name:		First Name:			
Apt:	Street:	City:		Postal Code:	
Email Address:		Employer Name:			
Home Phone:					
Work Phone:					
Cell Phone:					
Parent 2 Information					
Last Name:		First Name:			
Apt:	Street:	City:		Postal Code:	
Email Address:		Employer Name:			
Home Phone:					
Work Phone:					
Cell Phone:					
Name of sibling(s) in the program (if applicable)					
Desired Start Date:					
Desired Childcare Service:	Infant	Toddler	Preschool	Before	After

<div>Food Restrictions:</div>	<div>Allergies and severity of the reaction:</div> <div>EPI Pen:<div>YESNO</div></div> <div>Others:</div>
<div>Any other allergies we need to know about?</div> <div>YesNo</div>	
<div>Health Card:</div> <div>YesNo</div>	<div>Health card number</div> <div>Child 1:</div> <div>Child 2:</div>
<div>Behavioral Information:</div>	
<div>Doctor's Name:</div>	
<div>Address:</div>	
<div>Telephone:</div>	
<div>Any contagious or serious diseases we should know about?</div>	
<div>In case of emergency, I give my permission to the Garderie Petit Baobab to accompany my child by ambulance and to accept any medical treatment, anesthesia or other medical procedures considered necessary by the doctor. I understand that I will be contacted immediately after the accident.</div>	

People to be contacted in case of emergencies and allowed to pick up from daycare
(other than parents)

Person 1: First/Last Name:	Relation:	Home Phone:	Work Phone:	Cell Phone:
Person 2: First/Last Name:	Relation:	Home Phone:	Work Phone:	Cell Phone:

I _____ certify that the above information is accurate, and I have received, read and understood the fee schedule policy and parent guide.

Parent/Guardian Signature: _____

Date: _____

Fees schedule

The fees below will be effective as of January 1st, 2025

Late pick up fees (\$2 per min), Late payment fees: \$35, Field Trip Fees are not included in regular fees and not part of the CWELCC subsidy program

Registration Fees (\$50) is applicable only for programs that are under \$22/Day.

Programs	Fees (Before CWELCC)	Fees (CWELCC Program)
Infant: 4 - 17 months	Month: \$1,350	Monthly: \$506 (Per day - \$22)
Toddler: 18 months - 2.5 years	Month - \$1050	Monthly - \$506 (Per day - \$22)
Preschool: 2.5 -5 years	Month - \$950	Monthly - \$469.20 (Per day - \$20.40)
Before & After program 4-12ans: CWELCC is applicable for age group up to 5 years only	Monthly: \$400 Morning & Afternoon	Monthly (after CWELCC) where applicable \$276
Before school program only 4-12ans: CWELCC is applicable for age group up to 5 years only	Monthly - \$200 Morning only	Monthly (after CWELCC) where applicable \$138
After school program only 4-12ans: CWELCC is applicable for age group up to 5 years only	Monthly: \$250 Afternoon only	Monthly (after CWELCC) where applicable \$172.50

Important Notes:

- The fees for the month of service are payable on the 1st day of the day.
- Please note that you must give one month’s notice in writing if you wish to remove your child from childcare.
- Please note that our method of payment is Electronic Transfer (E-Transfer) to: sup_orv@garderiepetitbaobab.ca
- Fees are still applicable, even if you are absent, sick, or on vacation, because the place is reserved for your child. We reserve the right to refuse a child to the program if we do not receive payments on the scheduled date.
- A tax receipt is issued every year during the tax submission season.

Parent/Guardian Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

CONTRACT

Between

Garderie Petit Baobab

AND

PARENT’S /GUARDIAN’S UNDERSIGNED CHILD

Daycare contract for child(ren) named: -----

I, the undersigned, acknowledge having read the parent handbook.

I, the undersigned, agree to comply with all the rules and regulations of Garderie Petit Baobab and to comply with the corporation’s rules and policies as written in the Parent’s Handbook or elsewhere or subsequently modified.

I, the undersigned, give permission to external agencies to consult my child’s file, if necessary.

I, the undersigned, agree to pay the daycare fees for my child(ren) according to the rates currently in effect, which may be subsequently modified.

Parent/Guardian Signature: -----

Date: -----

Supervisor Signature: -----

Date: -----

These policies were approved by the Board of Directors of Garderie Petit Baobab on November 11, 2022.

AUTHORISATION FOR OUTDOOR WALK / EXCURSION

I _____ give permission for my child _____ to go for a walk around the school outside/excursion with Garderie Petit Baobab.

Parent/Guardian Signature: _____

Date: _____

AUTHORISATION TO TAKE AND PUBLISH PHOTOS TAKEN DURING THE ACTIVITIES

I _____ authorise Garderie Petit Baobab to take pictures of my child _____ during activities and publish in the classroom.

Parent/Guardian Signature: _____

Date: _____

POLICY OF LATE FEES

At the end of the day (at exactly 6 pm on the classroom clock), parents who pick up their child (ren) late are fined \$ 2.00 per minute.

In a case of extreme urgency, if the parents do not show up at 18:15, do not call the daycare center and the educator in charge cannot contact the emergency contacts, Child Care Services will be contacted. A note will be left at the door of Garderie Petit Baobab for parents to inform them of the measures taken.

This policy is detailed in the document "Policies of Garderie Petit Baobab", distributed at the time of registration.

Parent/Guardian Signature: _____

Date: _____

DESCRIPTION OF MEDICINES / CREAMS TO USE FOR MY CHILD

AUTHORISATION:

I, the undersigned, authorise daycare staff to apply the product needed for the protection and well-being of my child.

Note: only medications prescribed by a doctor and sunscreen are considered in this category.

Name of medication(s):

Name of the medication(s):	Expiry Date:
Name of educator:	Time of application:

As a parent, I accept responsibility to:

Label the container with an indelible marker (permanent):

- 1. Write the name of the child,
- 2. Write the date of purchase,
- 3. The expiry date needs to be printed on the container,
- 4. Storage and administration instructions.

Date:
Child Name:
Parent Name:
Parent/Guardian Signature:

ADDITIONAL INFORMATION

Has your child ever attended another daycare/school/camp before? YES / NO. If yes, please provide a reason for leaving.

Does your child take a nap? YES / NO if yes, what is the typical nap, and what is your child’s sleep routine?

Describe your child’s schedule on a typical day: (meal time/nap time, bottle time/play time, etc.)

Is your child a good eater? YES NO

How do you discipline at home, do you use a reward system?

Any other information you want to share about your child? (Describe your child’s personality/moods, and other health issues.)

How did you hear about Garderie Petit Baobab?

Date:
Child Name:
Parent Name:
Parent/Guardian Signature:

Please email the completed form, along with a copy of your child's immunization record, to Sup_orv@garderiepetitbaobab.ca

Administration Use Only

Registration Date:	Start Date:
Program:	
Supervisor’s Name:	Signature:
Subsidized: Yes/No:	Per Day:
Type of Payment:	E-transfer:
Administration Fee (Where applicable):	Administration Fee: Yes/No
Termination Date:	Reason: