**Toronto Woods Daycare** 

**3072 Bayview Avenue, Toronto, ON, M2N 5L3 Tel: 416 222 7333**

**E-mail : info@torontowoodsdaycare.com**

**Dear Parents**,

We would like to welcome you to Toronto Woods Daycare.

We are licensed center providing quality care to children from 18months to 5 years of age. With accommodations 21 preschoolers and 14 toddlers which allows us to provide a more inclusive atmosphere than you might find in a large center.

Our goal is to develop positive relationship with you and your child. Our team dedicated to meet the needs of your child in all areas of development. All staff at Toronto Woods daycare will work to create a warm and comfortable atmosphere for your child. We have a program that are carefully deigned to help your child grow and feel successful. We hope to fill your child’s world with encouragement and motivation that they will carry with them throughout their lives. Toronto Woods Daycare will strive to work with children individually to help them develop their strengths at their own pace. Each child has their own personality that will shine like stars.

At Toronto Woods daycare, we want to work with the parents as a team. We have an open-door policy that will allow parents to talk to the teachers and the supervisor to promote open communication

We are looking forward to working with you and your child. We hope that you have a positive experience at Toronto Woods Daycare. Please feel free to talk to us at any time. Our staff is excited to work with your child and watch them grow.

***“Learn to play and play to learn”***

**Sincerely**,

***Toronto Woods Daycare Management***

**Sample daily schedule**

|  |  |
| --- | --- |
| 7:30-8:30 | Arrival and Free play (Preschool room) |
| (8:00-9:00) | Breakfast |
| 8:30-9:00 | Diaper & Washroom routineGet ready for outdoor play |
| 9:00-10:00 | Outdoor play |
| 10:00-10:15 | Hand wash/ Drink water time |
| 10:15-10:30 | Circle time and discussion: Simultaneously prepare for morning program |
| 10:30-11:30 | AM programming |
| (11:15-11:30) | Clean up/hand wash/ Diaper & washroom routine |
| 11:30-12:00 | Lunch |
| 12:00-2:00 | Naptime or quiet activity |
| 2:00-2:30 | Story time/Diaper & Washroom routine |
| 2:30-3:30 | Outdoor play |
| 3:30-4:00 | PM Snack |
| 4:00-5:00 | PM Program |
| 5:00-5:30 | Clean up/Diaper & washroom routine |
| 5:30-6:00 | Free play/Get ready to go home |

**Toronto Woods Daycare**

* **Monthly Program Fees**

(\*Toronto Woods Daycare is Opt-in CWELCC)

|  |  |  |
| --- | --- | --- |
| **Tuition Fees per month** | **Toddlers Room (18 M to 30 M)** | Daily Fees |
| 5 days per weekFull time | Monthly fees: $478.50 | $22.00 |
| **Tuition Fees per month** | **Preschool Room (2 ½ Y to 5 Y)** | Daily Fees |
| 5 days per weekFull time | Monthly fees: $440.00 | $20.00 |

\*This rate is for 2025

* Payment methods: Cheque, Cash, and E-transfer (No deposit needed)
* No refunds will be given in case of absences, illness, or holidays. In the event of missed days, fees will not be refunded.
* Days are not interchangeable for the part time program.
* A full commitment is needed to ensure your child’s place in the daycare.
* Please make your payment before or 1st day of every month.
* **\*One month written notice** is required if you require to cancel registration. One-month fee will be charged if no discontinuation notice given.
* **\*One full calendar month: It is specified that it applies from the 1st day to the last day of each month.** Therefore, if parents decide to withdraw their child in the middle of a month, tuition fees for that month are non-refundable.

**\*\*\*\*Parents will receive one-month notice of any upcoming rate increases\*\*\*\***

**Your child’s first days in daycare**

During your child’s first few days, our staff will spend as much one-on-one time as possible with your child to help her/him feel more secure in their new environment. Your child will feel more secure in their new environment if she/he senses your comfort and confidence with drop off and pick up.

It is completely normal for children as well as to feel a sense of separation anxiety during the first few weeks. Program staff are here to answer any of your questions or concerns.

Parents can expect their child will be more tired and hungry than usual as she/he adjust to the change in pace.

**Getting Settled**

The following is a list of items parents are asked to supply:

* Labelled sippy cup/bottle (first and last name)
* Supply of diapers (disposal only), wipes and cream (if applicable)
* A minimum of 2 full changes of clothes (maybe more if your child is toilet training)
* Blanket for nap time
* A soft toy to make sleep more comfortable
* Sunscreen

**Open door policy**

Our management team welcomes your comments regarding your satisfaction with our center. The supervisor works closely with parents and staff to ensure only the best in quality childcare. We can be reached by phone 416-222-7333, by e-mail info@torontowoodsdaycare.com

We look forward to working with you and getting to know your family.

 **Toronto Woods Daycare Registration form**

3072 Bayview Ave, Toronto, ON. M2N 5L3 Tel: 416-222-7333 E-mail: info@torontowoodsdaycare.com

* **For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Admission Date(dd/mm/yyyy) |  | Discharge Date (dd/mm/yyyy) |  |
| Program | Toddler ( ) | Program | Preschool ( ) |

* Child Information

|  |  |
| --- | --- |
| **Full Legal Name:**  | **Preferred Name:** |
| **Date of Birth (dd/mm/yyyy):** | **Gender (M/F):** |
| **Home Address(es):** |
| **Language(s) Spoken at Home:** |
| **Other children in the family enrolled in the center (list names, if applicable):** |

* Parent Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address:** |
| **Home Address:**□ Same as Child |

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address:** |
| **Home Address:**□ Same as Child |

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES ( ) NO ( )

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

|  |  |  |
| --- | --- | --- |
| Full Legal Name | Relationship to Child | Primary Phone |
|  |  |  |
|  |  |  |
|  |  |  |

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

|  |
| --- |
| * **Emergency Contact #1**

Full Legal Name:Relationship to Child:Phone Number:Home Address:□ Authorized to pick-up child |
| * **Emergency Contact #2**

Full Legal Name:Relationship to Child:Phone Number:Home Address:□ Authorized to pick-up child |
| * **Emergency Contact #3**

Full Legal Name:Relationship to Child:Phone Number:Home Address:□ Authorized to pick-up child |

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see List of Reportable Diseases for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES ( ) NO ( )

**If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child’s first day of care.**

* **List of Reportable Diseases**

|  |  |  |  |
| --- | --- | --- | --- |
| Acquired immunodeficiency syndrome (AIDS) | Chancroid | Chlamydia trachomatis infections | Creutzfeldt-Jakob disease, all types |
| Cytomegalovirus infection, congenital | Encephalitis | Gonorrhea | Hemorrhagic fevers |
| Hepatitis B | Hepatitis C | Influenza | Legionellosis |
| Leprosy | Meningitis, acute | Ophthalmia neonatorum | Personal service settings |
| Respiratory infections, including institutional outbreaks | Severe acute respiratory syndrome (SARS) | Streptococcal infections | Syphilis |
| Tuberculosis |  |  |  |

**Allergy Information**

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES ( ) NO ( )

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care center prior to the child’s start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES ( ) NO ( )

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES ( ) NO ( )

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES ( ) NO ( )

If yes, please provide relevant details:

Sleep Arrangements

How many naps does your child typically have each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES ( ) NO ( )

If yes, please provide relevant details below:

Physical Requirements

Does your child use diaper?

YES ( ) NO ( )

If no, my child:
□ Uses the washroom independently □ Requires some assistance □ Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES ( ) NO ( )

If yes, please provide relevant details:

**All about me**

Please list the names and ages of siblings.

|  |
| --- |
|  |

Are there any babies expected this year? If so, when?

|  |
| --- |
|  |

Has your child attended any other programs for children? (Library, church, swimming, etc.)

|  |
| --- |
|  |

What activities does your child enjoy?

|  |
| --- |
|  |

How would you describe your child’s personality?

|  |
| --- |
|  |

What are some of the outings you provide for your child?

|  |
| --- |
|  |

Does your child have any special needs?

|  |
| --- |
|  |

**Sunblock/Sunscreen**

All children are required to wear sunblock prior to going outside in the morning and afternoon.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give permission to the staff of Toronto Woods Daycare to apply sunblock to my child.

Sunblock brand Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diaper cream**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give permission to the staff of Toronto Woods Daycare to apply Diaper cream to my child.

Diaper cream name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Use Hand Sanitizer**

I give permission for Toronto Woods Daycare to use hand sanitizer with my child­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name).

I understand that my child will be closely supervised, and that hand sanitizer will only be used when a sink is not available, for cleaning hands that are visibly soiled.

I do not want to use hand sanitizer to my child.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Petroleum Jelly (Vaseline)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to the staff of Toronto Woods Daycare to apply petroleum Jelly to my child.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography/Video**

As you are aware, TWD uses photos and videos to document your child’s learning.

We then display these images on our white boards or as part of formal documentation around the center to share the learning with TWD members. Over the years, we have identified times when such photographs and other images would be helpful in promoting TWD externally or for other projects.

 For example:

• From time to time, we have students who are required to document their learning and educational journey through observations and photo documentation of their time in our program.

• Parents have asked for copies of the photos and documented learning stories that staff prepare or wondered if they could be emailed to all parents in the group or posted on our website.

• Staff may prepare individual portfolios of each child’s learning that is then given to the parent. Some of the best photos that showcase learning are group photos. Staff would like to include the group photo in the portfolio for each child in that picture.

• Some of the photos are of such great quality and truly display what our program is about that we’d like to use them in our advertising (print or website). Without having an Image Release or consent form completed by parents/guardians we are unable to use the photographs and images in the above examples. Without such consents on file, we have to scramble to try to arrange something using children of TWD employees where it was easy to obtain consent quickly. To help make your wishes known, we are asking all members, students, volunteers and employees to review the attached Image Release form and consider providing your consent for the use of images or video for various purposes.

We thank you for your consideration of this request.

If you have any questions, please speak to your center Supervisor.

Please return your signed form to the center.

   

 Image Release

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent of a child(ren) at Toronto woods daycare

I understand that my child(ren) whose name(s) are listed below may be photograph at the TWD during normal daycare hours, or activities. I understand that these photographs may use in promoting child care services, either in print or on the internet.

The child(ren) is known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promotion the daycare services. I understand that it is my responsibility to update this form in the event that 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.

I, on my own behalf and/or on behalf of my child confirm consent as follows:

(Choose one)

|  |
| --- |
| ☐ Full release: I give permission/consent for all uses We may post pictures or video including your child on our website, on Facebook, Instagram and other such uses covered by the consent statement above. |
| ☐ Internal release: I give permission/consent for internal uses only, including the Kidsnote (daily report and album) and children’s documentations.This includes photos and documentation posted around the daycare, inclusion in the Kidsnote report and album as part of a group photo in another child’s album. |
| ☐ No release: I DO NOT give my permission/consentWhenever possible, your child will not be photographed. Should he/she be included in a group photo, your child will be cropped out of the image if it is used for internal or external promotion. You and /or your child will not be included in photos and documentation posted at the center or in the Kidsnote album. |

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Agreement**

The conditions of the agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and The Toronto Woods Daycare protect both parties in assuring the financial stability of the program and protect the security of my child while in care. I agree with and will abide by all policies of the center including the following terms and conditions:

1. Toronto Woods Daycare is a daycare that operates on a monthly basis, starting at the beginning of the month and ending at the end of the month.
2. I will make the payment before or 1st day of every month. Cheques are made payable to **Toronto Woods Daycare,** E-transfer to**; info@torontowoodsdaycare.com**
3. No refunds will be given in case of absences, illness and in the event of missed days (personal issues).
4. To advise the supervisor in writing if I am unable to pay my fees so an arrangement may be reached. I understand that failure to pay my fees may result in the immediate loss of care for my child.
5. To pay a non-refundable 150.00 ($70.87 deduction of 52.75%) registration fee per family, in advance at the time of registration.
6. If the childcare fee is not paid on the first day of the month, reminders of late childcare fees will be sent by e-mail for parents/guardians. If these fees are not paid by the end of the month, Toronto Woods Daycare reserves the right to withdraw the child from care and the debt will be sent to a collection agency.
7. Any cheque returned with NSF (Non- sufficient funds) will result in a $50.00 charge.
8. **One month** **written notice** is required if you require to cancel registration. To give a minimum of one month’s written notice to the supervisor of the center prior to the withdrawal of my child(ren). **One-month fee will be charged if NO discontinuation notice is given.**
9. The center closes at 6:00 p.m. Parents/guardians are required to notify the center as soon as possible, if they are unable to arrive by closing time. After 6:00 p.m. a late fee penalty of $1.00 per minute will be charged. Late fee is to be paid directly to the program staff at the time of pick up, or within 24 hours of being late.
10. In the event of an emergency, the center has my permission to administer first aid or any other emergency medical treatment in the best interest of the child. I agree to pay all expenses incurred due to an emergency involving my child.
11. The fees may need to be adjusted annually according to inflation percentage.
12. Toronto woods daycare will be closed on all statutory holidays, Rosh Hashanah(2days) and Yom Kippur (2days); closures (as outlined in the parent handbook) are included in the fees for children.
13. I have received and understand the policies and procedures of the Toronto Woods Daycare. I agree to abide by the policies and procedures outlined here and in the Parents Handbook.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  | Parent Signature |  | Date (dd/mm/yyyy) |
| Staff Name |  | Staff Signature |  | Date (dd/mm/yyyy) |

**Emergency Contact Information**

|  |
| --- |
| **Child’s Information** |
| Full Legal Name: | Preferred Name: |
| Date of Birth (dd/mm/yyyy): |
| Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions): |
| **Parent** | **Parent** |
| Full Legal Name: | Full Legal Name: |
| Phone Number: | Phone Number: |
| Alternate Phone number: | Alternate Phone number: |
| **Emergency Contact** | **Emergency Contact** |
| Full Legal Name: | Full Legal Name: |
| Phone number: | Phone number: |
| Alternate Phone number: | Alternate Phone number: |