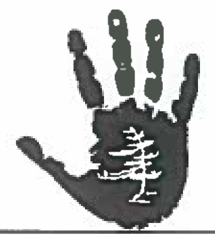

Macaulay Tree House School Age Programs

50 The Granite Bluff, Bracebridge, ON, P1L 1L4
Phone: 705-645-1953 | Fax: 705-645-5846
www.macaulaytreehouse.ca | treesap@bellnet.ca

2018 – 2019 P.A. DAY EXTERNAL REGISTRATION FORM

Please check the days you would like your child to attend:

Christmas Camp 2018: ☐ **Friday, Dec 21** ☐ **Monday, Dec 24** ☐ **Thursday, Dec 27** ☐ **Friday, Dec 28**

New Year Camp 2019: ☐ **Monday, Dec 31** ☐ **Wednesday, Jan 2** ☐ **Thursday, Jan 3** ☐ **Friday, Jan 4**

Want to add day(s) at a later time? Please submit this request in writing to the office with at least two weeks' notice. Please note that no cancellations or changes in care may be submitted to program staff. These changes must be submitted to the main office in writing.

Child Information

Last Name: ______________________________ First Name: ______________________________

Grade: ________ Gender: ☐M ☐F Date of Birth: ______________________________

Custody of Child: ☐Both Parents ☐Mother ☐Father ☐Guardian

Are there custody arrangements that we should be aware of ☐Yes ☐No **If yes, please attach documentation.**

Parent Information

☐Parent's Name: ______________________________ Place of Work: ______________________________

Home address: ______________________________ Work Address: ______________________________

Town: ______________________________ Town: ______________________________

Postal Code: ______________________________ Postal Code: ______________________________

Home Phone: ______________________________ Work Phone: ______________________________

Cell Phone: ______________________________ E-mail address: ______________________________

☐Parent's Name: ______________________________ Place of Work: ______________________________

Home address: ______________________________ Work Address: ______________________________

Town: ______________________________ Town: ______________________________

Postal Code: ______________________________ Postal Code: ______________________________

Home Phone: ______________________________ Work Phone: ______________________________

Cell Phone: ______________________________ E-mail address: ______________________________

Please check the box beside which parent you would like to receive the income tax receipt at the end of the year.

ALTERNATE CONTACT & EMERGENCY Information – other than parents

Contact Name: ______________________ relationship to child: ______________________
Daytime phone: ______________________ other Phone: ______________________

Contact Name: ______________________ relationship to child: ______________________
Daytime phone: ______________________ other Phone: ______________________

Contact Name: ______________________ relationship to child: ______________________
Daytime phone: ______________________ other Phone: ______________________

Who may pick up your child from the program (other than parents or emergency contacts) Must be 18 years of age or older. ______________________

MEDICAL INFORMATION

Does your child have allergies? ☐ Yes ☐ No | Is this allergy anaphylactic? ☐ Yes ☐ No
Allergies: ______________________
Food Restrictions: ______________________
Other Medical Concerns: ______________________

Please note that anaphylactic allergies require further documents. Please contact School Age Program Supervisor.

Is your child involved with other community agencies? (Community Living, Hands etc.) ______________________

Does your child require one-to-one support while attending the program? ☐YES ☐NO
If yes, please contact School Age Program Supervisor.

CONSENT TO PHOTOGRAPH

Consent to photograph: I give permission to Macaulay Tree House to photograph my child for use by Macaulay Tree House and Participating families only. ☐ YES ☐ NO

Parent Signature: ______________________ Date: ______________________

ENROLLMENT AGREEMENT

Please note registrations WILL NOT be processed without all fields completed.

I have completed and attached the following documents:

- ☐ **PAD form**
- ☐ **Communicable Disease Form**

Macaulay Tree House requires the following:

- A $5.00 registration fee (this will be withdrawn the date of the first PAD)
- Families are required to pay for all absent or sick days
- Families are required to pay for all days selected on Page 1 of registration form
- In order for families to cancel a day, you must inform Macaulay Tree House Day Nursery five business days in advance
- There will be a fee of $40.00 for any NSF charges that get returned (NSF charge could result in child care being suspended)

I give permission for ______________________________to participate in the School Age Program offered by Macaulay Tree House Day Nursery. I have received, read and understand the policies and procedures as presented in the Macaulay Tree House School Age Program Handbook.

Parent Signature: ___________________________________ Date: _____________________________________

Supervisor Signature: _______________________________ Date: _____________________________________

Completed registration forms can be dropped off at Macaulay Tree House Day Nursery *(50 The Granite Bluff in Bracebridge)* or e-mailed to treesap@bellnet.ca.

Macaulay Tree House Day Nursery

50 The Granite Bluff Bracebridge, ON, P1L 1L4
Phone: 705-645-1953 fax: 705-645-5846
Email: treesap@bellnet.ca

I, ____________________________ confirm that my child ____________________________

has had a previous history of the following communicable diseases (please check box):

☐ Acquired Immunodeficiency Syndrome (AIDS)	☐ Meningitis (acute, bacterial or viral)
☐ Acute flaccid paralysis (AFP)	☐ Meningococcal disease
☐ Amebiasis	☐ Mumps
☐ Anthrax	☐ Ophthalmia neonatorum
☐ Botulism	☐ Paralytic shellfish poisoning (PSP)
☐ Brucellosis	☐ Paratyphoid Fever
☐ Campylobacter enteritis	☐ Pertussis (Whooping Cough)
☐ Chancroid	☐ Plague
☐ Chickenpox (Varicella)	☐ Pneumoncoccal disease
☐ Chlamydia trachomatis infections	☐ Poliomyelitis
☐ Cholera	☐ Psittacosis/Omithosis
☐ Clastridium difficile associated disease (CDAD)	☐ Q Fever
☐ Creutzfeldt-Jakob Disease	☐ Rabies
☐ Cryptosporidiosis	☐ Respiratory infection
☐ Cyclosporiasis	☐ Rubella
☐ Diptheria	☐ Rubella, congenital syndrome
☐ Encephalitis	☐ Salmonellosis
☐ Food poisoning, all causes	☐ Severe Acute Respiratory Syndrome (SARS)
☐ Gastroenteritis	☐ Shigellosis
☐ Giardiasis	☐ Smallpox
☐ Gonorrhoea	☐ Syphilis
☐ Group A Streptococcal disease or Group B Streptoccal disease	☐ Tetanus
☐ Haemophilus influenza b disease	☐ Trichinosis
☐ Hantovirus pulmonary syndrome	☐ Tuberculosis
☐ Hemorrhagic fevers	☐ Tularemia
☐ Hepatitis A, B, or C	☐ Typhoid Fever
☐ Influenza	☐ Verotoxin-producing E. coli infection
☐ Lassa Fever	☐ West Nile Virus Illness
☐ Legionellosis	☐ Yellow Fever
☐ Leprosy	☐ Yersiniosis
☐ Listeriosis	
☐ Lyme disease	
☐ Malaria	
☐ Measles	

☐ My child **does not** have a previous history of any of the above communicable diseases.

Parent/Guardian Signature:_______________________________

Macaulay Tree House

Pre authorized Debit(PAD) Form

Customer information:

Account #:	First name:	Last name:
Address:		

City:	Province:	Postal code:
Phone:	Cell phone:	
email:		

Bank Account Information:

Transit #:	Bank ID:	Account #:
Account holder name (First,Last)		

Account type	Chequing	Savings	
Bank name:			

Branch address:

John Smith
123 Any Street
My Town, Province

Date YYYY-MM-DD

PAY TO THE
ORDER OF

Your bank name
124 Any Street
Town, Province

Memo ____________

"001" :12345 678 910"'112"'8

Attach Void Cheque or Pre authorized debit form here

I authorize Macaulay Tree House to debit my account for the account balance on a bi weekly basis

Signature ____________________ Date: ____________

Pre-Authorized Debit (PAD) Schedule for Macaulay Tree House

2018-2019

September 2018

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	△7	8
9	10	11	12	13	14	15
16	17	18	19	20	△21	22
23	24	25	26	27	28	29
30						

October 2018

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	△5	6
7	8	9	10	11	12	13
14	15	16	17	18	△19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2018

Su	M	Tu	W	Th	F	Sa
				1	△2	3
4	5	6	7	8	9	10
11	12	13	14	15	△16	17
18	19	20	21	22	23	24
25	26	27	28	29	△30	

December 2018

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	△14	15
16	17	18	19	20	21	22
23	24	25	26	27	△28	29
30	31					

January 2019

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	△11	12
13	14	15	16	17	18	19
20	21	22	23	24	△25	26
27	28	29	30	31		

February 2019

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	△8	9
10	11	12	13	14	15	16
17	18	19	20	21	△22	23
24	25	26	27	28		

March 2019

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	△8	9
10	11	12	13	14	15	16
17	18	19	20	21	△22	23
24	25	26	27	28	29	30
31						

April 2019

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	△5	6
7	8	9	10	11	12	13
14	15	16	17	18	△19	20
21	22	23	24	25	26	27
28	29	30				

May 2019

Su	M	Tu	W	Th	F	Sa
			1	2	△3	4
5	6	7	8	9	10	11
12	13	14	15	16	△17	18
19	20	21	22	23	24	25
26	27	28	29	30	△31	

June 2019

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	△14	15
16	17	18	19	20	21	22
23	24	25	26	27	△28	29
30						

July 2019

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	△12	13
14	15	16	17	18	19	20
21	22	23	24	25	△26	27
28	29	30	31			

August 2019

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	△9	10
11	12	13	14	15	16	17
18	19	20	21	22	△23	24
25	26	27	28	29	30	31

△ **PAD Dates**

Permission to Share Information

I, ________________________________ authorize ______________________ to share
(name of parent) (name of Child Care Provider)

information regarding my child __________________ with _______________________.
(name of child) (name of school)

Signature: __________________________ Date: __________________________

I, ________________________________ authorize ______________________ to share
(name of parent) (name of school)

information regarding my child __________________ with _______________________.
(name of child) (name of Child Care Provider)

Signature: __________________________ Date: __________________________