

#### **OLGC CHILDCARE FACILITY**

# Parent Agreement 2022/2023

## **PHILOSOPHY**

I understand the philosophy of OLGC Childcare Facility and accept the importance of songs, crafts, education, exploration and prayers used in our program.

### **FEES**

I agree to pay a \$40.00 (non-refundable) registration fee.

I understand, if I withdraw my child, for any reason, or staff deems the child is not ready for preschool, the registration fee is not refundable.

I have completed the Payor's Authorization Form for Pre-Authorized Debits and provided a voided cheque . I understand fees will be electronically withdrawn on the 1st day of each month (September – June). I acknowledge no refunds will be issued for days my child is absent or on vacation. Also no refunds will be issued for snow days, Christmas holidays and Spring Break.

I agree to pay \$30.00 NSF service fee if an NSF cheque or EFT is returned to the facility by the bank.

If it becomes necessary to withdraw my child from the facility for any reason, I agree to give one month's written notice to the Facility Manager or pay one month's fee in lieu of notice.

#### **IMMUNIZATION RECORDS:**

I agree to give the facility a photocopy of my child's immunization records.

#### **EMERGENCY POLICY**

In the event that a child requires immediate medical attention, due to illness or injury, and we are unable to reach the parents, an ambulance will be called by our staff.

I authorize the staff at the facility to call an ambulance in the event of an injury or illness of my child if we, the parents, cannot be immediately reached.

I understand that if an ambulance is called for my child, I will be responsible for paying any ambulance costs associated with transportation to the hospital.

I hereby give consent for my child, to receive medical attention. I herby give my consent to the staff at OLGC Childcare Facility to administer First Aid procedures whenever deemed necessary.

#### ARRIVAL AND DEPARTURE POLICY

I will not send my child to the centre if he/she exhibits any questionable illness and agree to immediately notify the Facility Manager of any communicable disease my child contracts.

I am aware of the preschool's start and end times (8:45am – 11:15am or 12:00pm – 2:30pm) and will promptly pick up my child at end of class.

I understand there will be a late charge of \$1.00 per minute, if my child is not picked up on time.

I am aware of, and agree to, the Facility's policy that staff will not allow my child to leave with anyone other than a parent or authorized individuals listed on the registration form. I will contact the Facility, immediately, if an alternate person, not on the authorized list, is to pick up my child.

### **SUBSIDY**

If applying for Government Subsidy, I agree to have all documents completed and signed by mid June and submitted to the Ministry by June 30th in order for the facility to have paperwork in place for September.

I understand and agree, if the Facility does not receive approval of my subsidy from the Ministry, Preschool fees will be withdrawn, as scheduled, on the 1<sup>st</sup> of the month. I also understand no refunds will be issued for any previous fees paid prior to receiving approval from the Ministry.

#### GENERAI

I will ensure my child is fully potty-trained.

#### **KINDERGARTEN ENTRY**

I understand that being registered at OLGC Childcare Facility does not guarantee automatic enrollment of my child into Our Lady of Good Counsel Elementary School.

Parent's Name:			Date:
	(Print Name)	(Signature)	
Child's Full Name:			
	(Print Name)		

RETURN THIS COPY WITH YOUR APPLICATION