



**FOR OFFICE USE ONLY**

Admission date: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_

## Infant Program Enrollment

**PLEASE INDICATE THE STANDARD HOURS OF CARE YOU WILL REQUIRE FOR YOUR CHILD:**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

### **STUDENT INFORMATION**

Full Legal Name:		Preferred Name:		
Date of Birth (dd/mm/yy)		Age at Start Date: (years, months):		
Student's Address:		City:	Province:	Postal Code
Languages Spoken at Home:		Other children in the family enrolled in the school (list names, if applicable)		

### **PARENT INFORMATION**

'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Parent / Guardian		Parent / Guardian	
Full Legal Name:		Full Legal Name:	
Relationship to child:		Relationship to child:	
Primary Phone #:		Primary Phone #:	
Work Phone:		Work Phone:	
Email:		Email:	
<input type="checkbox"/> Check if address is same as child. If not, please complete below.		<input type="checkbox"/> Check if address is same as child. If not, please complete below.	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:

### **FAMILY PROFILE**

Are there custody arrangements pertaining to legal right of access to your child? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	
Name of person responsible for school expenses: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Mother & Father <input type="checkbox"/> Other's Name _____	
Other's Address: _____ City: _____	
Postal Code: _____ Primary Phone #: _____ Alternate Phone#: _____	
Email: _____	

**EMERGENCY CONTACT (other than parents)**

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

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone #:	Primary Phone #:	Primary Phone #:
Alternate Phone #:	Alternate Phone #:	Alternate Phone #:
Address:	Address:	Address:
City:	City:	City:
Province:          Postal Code:	Province:          Postal Code:	Province:          Postal Code:
<input type="checkbox"/> Check if authorized to pick-up child	<input type="checkbox"/> Check if authorized to pick-up child	<input type="checkbox"/> Check if authorized to pick-up child

**RELEASE AUTHORIZATION FORM**

For the safety of all children, parents must indicate the names of all the persons authorized to pick up their children. Children will not be released to anyone unknown to TTMS unless the parent of the child emails the school specifying who will be picking up. Any person who has not had a face-to-face introduction with TTMS, our staff will request identification before releasing the child. Parents, emergency contacts and person’s authorized to pick-up a child must be prepared to present personal photo id (such as driver’s license, etc.) at TTMS’ request. These safety measures are in place to protect the children. If the staff is in doubt about the person picking up the child, the child will not be released until the parent or guardian can be contacted. In addition, parents need to be aware that children will not be released to anyone believed by TTMS to be under the influence of alcohol or other substances.

	Full Legal Name	Relationship to child	Primary Phone #
1			
2			
3			
4			

I grant permission for the people listed on the Release Authorization form to pick up my child.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

**HEALTH INFORMATION**

Health Card Number:	General State of Health:
Does your child have a life-threatening allergy / anaphylactic (e.g. anaphylactic to peanuts or bee stings) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, an individualized plan and medical protocol for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the school prior to the child’s start date.	
Does your child have any allergies that are not life-threatening (food or other substance such as latex)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide relevant details, (known allergies, symptoms, reactions and treatment):	

**HEALTH INFORMATION CONTINUED**

If your child is on any medications, please list them: \_\_\_\_\_

*Please note:* If any medication needs to be administered during the time your child is at TTMS, a completed medication form must be submitted before it can be administered.

If your child has had any history of communicable diseases (e.g., chicken pox, measles, etc.), please list them below (see Appendix A for common communicable diseases from Health Canada): \_\_\_\_\_

Does your child have any medical need(s) that require additional support (e.g. diabetes)?  Yes  No

If YES, an individualized plan for children with medical needs must be developed between the parent and TTMS prior to the child's first day in the program.

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, etc):

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

**IMMUNIZATION RECORDS**

Please provide a copy of your child's legal/official (stating child's full name and D.O.B) updated immunization record to the school prior to your child's start date.

If you have chosen not to immunize your child, a ***Statement of Medical Exemption form***  
<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=immunization+exemption&NO=010-3041E> OR

***Statement of Conscious or Religious Belief form***  
<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=014-4897-64E>  
must be completed and provided to the school prior to your child's start date.

**EMERGENCY MEDICAL TREATMENT CONSENT**

I acknowledge being aware that:

- It is the policy of Tender Treasures to notify me when my child is ill or needs medical attention.
- In the event that the school is unable to contact me or the situation requires immediate medical intervention, the school staff will seek medical attention for my child on my behalf.

I authorize TTMS to do one of or all of the following (but not limited to) for my child if it is the opinion of the staff that such services are necessary:

- Call 911
- Contact a physician/medical professional
- Summon an ambulance or other emergency medical aid
- Have my child taken by ambulance to the nearest emergency centre

If such an emergency should arise, I shall be notified as soon as possible. In the event of a medical emergency when I am not available, I give permission to the emergency physician to administer any medical procedures deemed necessary. I agree to assume responsibility for payment of any costs incurred by TTMS on my behalf for example but not limited to ambulance fees, medical fees.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

**CONSENT SIGN-OFF::**

**CONSENT FOR ALL VIDEO AND PHOTOGRAPHS (Please check one):**

Yes  No I hereby give permission for Tender Treasures Montessori School to use pictures and videos of my child taken by the school. Examples of this includes but not limited to marketing, media advertising, social media, and internal use. We invite you to follow and share our Instagram page [@tendertreasuresmontessori2009](https://www.instagram.com/tendertreasuresmontessori2009)

I understand and agree that these materials will become the property of Tender Treasures Montessori School of Woodbridge Inc.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

**CONSENT FOR FIELD TRIPS**

Yes  No I hereby give consent for my child to leave Tender Treasures Montessori School premises from time to time to participate in excursions to places of interest planned as part of the children’s neighbourhood experiences and program.

*Note:* For any special field trips that TTMS will go with the children, parents will receive a separate permission form in advance and the details of the field trip.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

**WALKING CONSENT**

On occasion the children may take a neighbourhood, nature, exercise or field trip walk. These walking trips are sometimes spontaneous and not pre-planned. By signing this consent form, you are giving the staff of Tender Treasures Montessori permission to take your child on a walk with their classmates.

Yes  No I give my child permission to participate in walking trips under the supervision of Tender Treasures.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

**ALCOHOL BASED HAND SANITIZER (ABHS) CONSENT**

I give permission for Tender Treasures Montessori School to use alcohol based hand sanitizer (ABHS) on my child throughout their time at TTMS when necessary in addition to soap and warm water to clean their hands.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

**AUTHORIZATION FOR NON-PRESCRIPTION SKIN PRODUCTS**

Please check the following non-prescription skin products that you would like to be applied to your child while at TTMS in accordance with the manufacturer’s instructions on the container. Only items with a DIN number will be used. No expired skin products will be used. Please ensure that the ingredients do not contain any nut products and the container is clearly marked with your child’s full name.

- Diaper Creams/Ointment     Lip Balm     Hand Sanitizers     Insect repellent     Lotions

Please state the brand name and expiry date of the non-prescription items you will be providing:

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

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

**PARENT HANDBOOK, GENERAL POLICIES & PROCEDURES AUTHORIZATION & AGREEMENT**

By signing below, I indicate that I have read and will abide by the Parent Handbook, General Policies and Proedures, the Academic Tuition Fee Policies and the Covid-19 Protocols. Revisions to these policies will on a need basis and updated accordingly.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date (DD/MM/YYYY)

## STUDENT QUESTIONNAIRE

Student's Name: \_\_\_\_\_ Start Date (DD/MM/YYYY) \_\_\_\_\_

D.O.B (DD/MM/YYYY): \_\_\_\_\_ Age at Start Date: \_\_\_\_\_

Tender Treasures objective is getting to know each of our families as best as we can. This questionnaire is designed to help us better understand your child and do our very best to have a smooth and successful transition to Tender Treasures. Please complete the information below and return this form with your child's registration package.

### CHILD ROUTINES

#### DIETARY & FEEDING ARRANGEMENTS

Does your child have any special feeding arrangements?  Yes  No

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, milk, kosher/halal)?  Yes  No

If yes, please provide relevant details:

#### SLEEPING ARRANGEMENTS

*\*Please provide a bed sheet & blanket\**

Favourite item to use for nap:

Authorization to sleep on a cot?  Yes  No

Please provide us with any information that will help our staff to support your child with establishing and maintaining a sleep routine:

#### TOILETING

Please refer to the following link for Montessori hints to toilet learning. <https://aidtolife.org/independence/nappies-pants.html>

Please provide us with any necessary information/details regarding your child's toileting that will help our staff with your child's diapering routine.

#### PHYSICAL ACTIVITY

Does your child require any additional support or accommodation with respect to physical activity?  Yes  No

If YES, please provide relevant details:

#### CHILD DEVELOPMENT

What information can you provide us about your child's development to help with your child transition into our school?

#### ADDITIONAL INFORMATION

Please indicate any additional information that is relevant to the care of your child (e.g. but not limited to frequent colds, ear infections or frequent shoulder dislocation, etc.)

#### FOR OFFICE USE ONLY

##### *Classroom Acknowledgement*

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**INFANT ONLY (6 WEEKS TO 18 MONTHS)**

**FEEDING ARRANGEMENTS**

My infant drinks  Breast Milk     Formula     Breast Milk & Formula     Homo Milk

My infant has started eating solid foods  Yes     No

If YES, food must be:     Pureed     Mashed     Steamed until soft     Other: \_\_\_\_\_

My infant can self-feed  Yes (independently)     Yes (with support)     No

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g. meal times, favourite foods, foods not introduced, allergies or food restrictions):

**FEEDING SCHEDULE**

TIME	MEAL/BOTTLE PROVIDED	COMMENTS

**SLEEP ARRANGEMENTS**

*Note:* According to the joint statement on safe sleep, preventing sudden infant deaths in Canada, children up to their first birthday will be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of sudden infant death syndrome (SIDS). The requirement for an infant sleep position may only be waived if a medical doctor / physician provides documentation to TTMS.

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?     Yes     No

If yes, please provide relevant details:

<sup>1 2</sup> Government of Canada: Safe Sleep - <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep.html>

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*Classroom Acknowledgement*

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix A: List of Reportable Diseases

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

## Appendix B: Regulatory Requirements for Children's Records

### Regulatory Requirements: Ontario Regulation 137/15

#### Children's Records

72(1) Every licensee shall ensure that up-to-date records that are available for inspection by an inspector or program adviser at all times are kept of the following matters in respect of each child receiving child care at a child care centre operated by the licensee or receiving child care at a premises where it oversees the provision of home child care:

1. An application for enrollment signed by a parent of the child.
  2. The name, date of birth and home address of the child.
  3. The names, home addresses and telephone numbers of the parents of the child.
  4. The address and telephone number at which a parent of the child or other person can be reached in case of an emergency during the hours when the child receives child care.
  5. The names of person(s) to whom the child may be released.
  6. The date of admission of the child.
  7. The date of discharge of the child.
  8. The child's previous history of communicable diseases, conditions requiring medical attention and, in the case of a child who is not in attendance at a school or private school within the meaning of the Education Act, immunization or any statement or required form completed by a parent or legally qualified medical practitioner as to why the child should not be immunized.
  9. Any symptoms indicative of ill health.
  - 9.1 A copy of any individualized plan.
  10. Written instructions signed by a parent of the child for any medical treatment or drug or medication that is to be administered during the hours the child receives child care.
  11. Written instructions signed by a parent of the child concerning any special requirements in respect of diet, rest or physical activity.
  12. A copy of any written recommendation referred to in subsection 33.1 (1) from a child's physician regarding the placement of a child for sleep.
- (2) The records listed in subsection (1) shall be kept, as the case may be,
- (a) on the premises of the child care centre at which the child receives child care; or
  - (3) See Manual Section 10.3.
  - (4) Revoked.
  - (5) Every licensee shall ensure that the records required to be maintained under this section with respect to a child are kept for at least three years from the date the child is discharged at the child care centre or home child care agency.

## Tender Treasures Montessori School

### Student Cot Order Form

Date	
Student Name	
Classroom	

\*Please indicate the quantity for each item\*

Description	2T	3T	4T	5T	6T	UNIT COST	SUB TOTAL
WHITE short sleeve polo						\$30.00	
NAVY short sleeve polo						\$30.00	
WHITE long sleeve polo						\$30.00	
NAVY long sleeve polo						\$30.00	
NAVY jumper dress						\$30.00	
NAVY skort						\$30.00	
NAVY pant (uni-sex)						\$30.00	
Cot Sheets						\$20.00	
						<b>TOTAL</b>	

- Tax is included in all the prices listed above. All Sales are **FINAL**.
- Payment can be made with exact cash or a cheque made payable to Tender Treasures Montessori School prior to receiving the uniform/Cot Sheets.
- Please allow for at least one week to receive your uniform order.

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**FOR OFFICE USE ONLY:**

- Paid by cheque # and date \_\_\_\_\_
- Paid by cash and date \$ \_\_\_\_\_



## PARENT/GUARDIAN ACKNOWLEDGEMENT AND AGREEMENT

**As a Parent/Guardian responsible for my child(ren)'s child care placement, I agree to the following:**

- I have read and understand the information in this document.
- I understand the risk of illness associated with placing my child(ren) at Tender Treasures Montessori School.
- I agree to all screening requirements and to report accurate screening information daily for all child(ren) screened. Misrepresentation of the completion of screening may result in the termination of my child care placement.
- I will not administer any medication to my child that may mask the symptoms of illness, such as Tylenol or Advil, prior to dropping my child off at Tender Treasures Montessori School.
- I agree to exclude ALL of my child(ren) from Tender Treasures Montessori School immediately upon observing any of the signs listed in the screening agreement.
- In the event of illness, I agree to provide Tender Treasures Montessori School a copy of any test results (positive or negative for COVID-19), a completed "Return to Tender Treasures Parent Attestation following a child illness" form by York Region and/or clearance by Public Health prior to returning my child(ren) to Tender Treasures Montessori School.
- I understand and agree that I must be socially responsible, and will respect all of the rules and guidelines outlined by Tender Treasures Montessori School, the Ministry of Education, and the Public Health authorities.
- I understand and accept that if my child(ren) must be off school due to illness, including COVID-19 related illness, there will be no refund or credit of fees as there are no breaks in service.
- This handbook is a guideline and the school will use its judgement and discretion with making any necessary changes. The school reserves the right to apply or change these policies to any circumstances that the school feels has just cause. Upon changes to this handbook TTMS will email all parents an up to date copy. The updated parent handbook and the policies it contains will supersede any previous handbooks and or previously signed documents.
- I agree to follow all policies and procedures with respect to COVID-19 in addition to all existing policies and procedures at Tender Treasures Montessori School.

\_\_\_\_\_

**Parent/Guardian Name**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

### **COVID-19 Screening**

#### **Notice with Respect to the Collection, Use and Disclosure of Personal Health**

The information pertaining to your COVID-19 Screening is being collected, used and disclosed under the authority of the *Health Protection and Promotion Act R.S.O 1990 c.H.7* and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, use, disclosure and disposal of information including the *Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c.M.5* and the *Personal Health Information Protection Act 2004 S.O. 2004 c.3*.

This information will be used by York Public Health to investigate the occurrence of COVID-19 in the Region of York, provide case management, follow-up with close contacts to assess the risk to others, program planning and evaluation. If you test positive for COVID-19, your result may be disclosed to your daycare provider to reduce the risk of spreading the virus in a daycare setting. Any questions, regarding this collection, use or disclosure may be directed to the 17250 Yonge Street, Newmar