



## Admission Forms

Office Use

Enrollment Date:

### Child

Surname

First Name

Preferred Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender [ ] Male [ ] Female  
Month/ Day/ Year

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Custody [ ] Mother [ ] Father [ ] Both [ ] Guardian (specify)\* \_\_\_\_\_  
*\*Please provide legal documentation*

Living Arrangements \_\_\_\_\_

How did you hear about Bronte Heights? \_\_\_\_\_

### Parent/Guardian

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Parent/ Guardian

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

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**Bronte Heights Day School**

1240 Burloak Drive Unit #3, Burlington, Ontario, L7L 6B3

Telephone: (905) 336-7777 • E-mail: [contact@bronteheights.com](mailto:contact@bronteheights.com) [www.bronteheights.com](http://www.bronteheights.com)

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact Information

Please provide two additional contacts other than parents who would assume responsibility of your child in case of emergency

Contact #1

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact #2

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Authorized Pick Ups

*Please note: Bronte Heights will release your child to anyone listed below as an authorized pick up. If you choose not to have anyone additional pick up your child please check the box below. Under no circumstances will any child be released to anyone not known to Bronte Heights staff without verbal or written authorization from the parent or guardian. Unknown persons will be asked to produce identification before the child is released to them.*

I prefer not to have anyone additional pick up my child.

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

### Program Requirements

Toddler (14 Months- 30 Months)

Preschool (30 Months- 3 Years)

Kindergarten (4 Years – 5 Years)

2 days (Tuesday and Thursday)

3 days (Monday, Wednesday and Friday)

Track A\* or Track B\*

5 Days (Monday to Friday)

\*Please note: Children enrolled at Bronte Heights for Track A or B schedules will be placed on a waiting list for March Break, Christmas Break and Summer Break by request. We can not guarantee full time care during any school breaks.

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## Payment Options

### [ ] 4 week Credit Card Payments

I/ We authorize Bronte Heights Day School to automatically withdraw the amount listed below from my credit card every 4 weeks.

Cardholder's Name (as printed on card) \_\_\_\_\_

Visa/MasterCard # \_\_\_\_\_ CVV \_\_\_\_\_ Expiry Date \_\_\_\_\_

Print

Signature

Date

### Fee List

#### Toddler

- [ ] \$61.00 Per Day - 2 days (Tuesday and Thursday)
- [ ] \$58.00 Per Day - 3 days (Monday, Wednesday and Friday)
- [ ] \$53.00 Per Day - 5 Days (Monday to Friday)

#### Preschool

- [ ] \$60.00 Per Day - 2 days (Tuesday and Thursday)
- [ ] \$57.00 Per Day - 3 days (Monday, Wednesday and Friday)
- [ ] \$52.00 Per Day - 5 Days (Monday to Friday)

**\*No rate change if child is not potty trained**

#### Kindergarten

- [ ] \$58.00 Per Day - 2 days (Tuesday and Thursday)
- [ ] \$55.00 Per Day - 3 days (Monday, Wednesday and Friday)
- [ ] \$562.00 every four weeks for Track A (Monday, Wednesday, alternate Friday)
- [ ] \$562.00 every four weeks for Track B (Tuesday, Thursday, alternate Friday)
- [ ] \$50.00 Per Day - 5 Days (Monday to Friday)

**\*No rate change if child is not potty trained**

4 Week Fee: \_\_\_\_\_

#### Office Use

First Date of Withdrawal: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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## Medical Form

Please note: the information below is required as per the Day Nurseries Act.

**Child** \_\_\_\_\_  
Surname First Name Preferred Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender [ ] Male [ ] Female  
Month/ Day/ Year

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_

Health Card Number \_\_\_\_\_ Version Code \_\_\_\_\_

Expiry Date \_\_\_\_\_

[ ] Photocopy of immunization record

Please note: As per the Day Nursery Act, a child is required to have the immunizations indicated below by the Medical Officer of Health. If for some reason your child is not immunized exemption will need to be obtained from Halton Regional Health.

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus B
- Measles
- Mumps
- Rubella

## Consent for Medical Treatment

While ever possible, effort will be made to reach the parents/guardians in the event of a medical emergency. Should Bronte Heights be unable to contact a parent or guardian, we require parental permission to authorize any doctor to give necessary treatment in the event of an emergency. I hereby consent to medical treatment for my child in the event that emergency treatment is necessary due to accident, sudden illness, or other emergency situation as deemed necessary by any staff member. Bronte Heights Day School and staff are hereby released for any liability due to any circumstance resulting from medical treatment given.

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## Medical Form Continued

### Allergies

Please list any allergies:

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Please describe reaction to allergies:

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Any past or current health conditions or special needs:

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Any regular medication required: (If so please fill out Permission to Administer Medication Form)

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Any rest time fears or special requirements:

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Any exercise requirements:

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

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

### Sick Days

We do not provide discounts, make ups or additional days for time lost due to illness.

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### Permission to Photograph

I \_\_\_\_\_ give permission to Bronte Heights to take (my  
(Parent/ Guardian's Name)  
child) \_\_\_\_\_'s picture and post it in the school, use  
(Child's Name)  
it in brochures and on their website for professional use only.

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

### Vacation Policy

We do not provide vacation time at Bronte Heights. Vacation time taken must be paid in full in order to hold your spot.

### Statutory Holidays

- New Year Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving
- Christmas Eve (close at 1:00 pm)
- Christmas Day
- Boxing Day
- New Year Eve (close at 1:00 pm)
- Family Day

### Snow Days

Bronte Heights has the right to close early due to inclement weather. Parents may be notified in the mornings before the centre opens or during operating hours.

### Late Fees

I understand that a late fee is applicable when my child is picked up after closing (6:00 PM). Late fees are to be paid in cash the same day or before drop off the next day.

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## Information Sheet

### About your child

Special Fears: If yes, provide details

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Previous Daycare/ baby-sitter experience:

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Languages spoken at home:

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Describe your child's personality:

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What Methods of behavioural control are used at home?

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What is your child's reaction to the above method?

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## Information Sheet Continued

### Eating Habits

Time your child eats breakfast \_\_\_\_\_

Time your child eats lunch \_\_\_\_\_

Any Provisions to your child's diet:

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### Sleeping Habits

Does your child have a regular bedtime routine? [ ] Yes [ ] No

What time does your child usually go to bed at night? \_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_

What is your child's disposition upon waking up?

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### What are your expectations of Bronte Heights Day School?

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## Parent Agreement Form

### Child

Surname

First Name

Preferred Name

- 1) Child care between \_\_\_\_\_ and \_\_\_\_\_ for \_\_\_\_\_ days per week as prearranged, excluding days that the school is closed due to statutory holidays or inclement weather.
- 2) The child shall be involved in a program of play and learning experiences, which are appropriate for the ages and abilities of the children in each group. A balance of active and quiet play is provided, with individual and group activities, which are geared toward the emotional, social, physical, aesthetic, and individual growth of young children.
- 3) The child shall be administered medication, upon written request of the child's parent or guardian. A medication form must be filled out, or medication can not be administered. The school shall have no responsibility of any kind whatsoever, for failure to provide requested prescription or over the counter medication, nor adverse reactions which are caused by the administration of such medication.
- 4) The school shall be provided appropriate first aid to an injured child. A parent or guardian shall be notified if it is the judgment of the school staff the immediate medical attention is necessary. It is further the judgment of the school staff that the injury is of an emergency nature, appropriate emergency help shall be called to the school and a parent or guardian shall be contacted.
- 5) A child who has become ill shall be given appropriate care until called for by parent or guardian or a designated representative.
- 6) The school shall notify parents or guardians of suspected exposure to a communicable disease, as shall the parents or guardians notify the school.
- 7) The school shall not be responsible for any personal belongings. (Please ensure all items coming into the centre are labeled.)
- 8) The Supervisor and any staff member shall report to the Children's Aid Society or local authorities as required by law, any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.

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## **Payment Provisions**

- 1) A receipt of payment will be issued at the end of each calendar year for income tax purposes.
- 2) No credit shall be given for days the school is closed due to statutory holidays or inclement weather.
- 3) Full fees must be paid if your child is absent from school, including illness and vacation time.
- 4) Late pick fees apply when a child is picked up after 6:00PM
- 5) An administration fee of \$45.00 is applicable to all NSF payments.
- 6) A late fee of \$10.00 is charged for late pick up (Please read all payment provisions in parent handbook.)
- 7) Fees are non refundable in the case of cancellations or changes after having secured a place for your child.

## **Obligation of Parent or Guardians**

- 1) The person bringing the child to school must inform staff members of their arrival so that the teacher may sign them into the program.
- 2) To notify the school when someone other than themselves will be picking up the child. They should also notify that person that they will be asked for a piece of photo identification if they are not familiar to staff members.
- 3) To see that the child is dressed appropriately and is furnished with extra clothing in their cubbies. In the event that a child has to change clothing throughout the day and they do not have extras, parents will be called to provide clothing for the child.
- 4) To notify the school when your child is going to be absent, and for what reason. Also notify the school if your child has had exposure to a communicable disease.
- 5) To give 30 days written notice to the school when withdrawing from the program. Failure to do so will result in a charge equal to one month's fees.
- 6) To respect the non-religious nature of this program.
- 7) To treat all staff members with respect.
- 8) To refrain from reprimanding the children of other families while on school premises.

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### Termination of the Agreement

This agreement shall be terminated if any one or more of the following occur:

- 1) Failure of parent or guardian to honor obligations listed in this agreement or in any rules, regulations, or manual provided by the school.
- 2) The parent or guardian of the child allows their account to become delinquent.
- 3) The school, in its sole and unfettered discretion, determines that it is not in the best interest of the school or other children enrolled at the school to have the child in attendance.

I have read and comply with the policies outlined here and in Bronte Heights Parent Handbook.

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

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Registration Checklist

The following checklist is to ensure that you have completed all the necessary requirements for Admission at Bronte Heights Please read and complete and/or submit the following as appropriate.

- Application for admission form
- Photocopy of your child's immunization records
- Medical information and emergency contact information
- Illness policy
- Child release authorization
- Permission for Bronte Heights to the Ministry: Creams, Milk, Allergies
- Completed and signed Admission Agreement form
- \$95.00 registration fee(one time fee) + 4 weeks of fees
- 2 recent photographs of your child
- Extra clothing for your child, socks, underwear, pants, t-shirt, long sleeve shirt
- Diapers, Diaper Cream and wipes (if applicable)
- A small pillow and/or stuffed animal are optional for rest time- Blankets provided
- Extra clothing appropriate to the season and indoor shoes or slippers
- Students enrolled in the Preschool and Kindergarten rooms should bring in a tooth brush and tooth paste
- Water Bottle to be kept at school
- Read Anaphylaxis Policy/Privacy Policy

Please ensure that all items brought into the school are individually labeled.

Should you have any questions regarding any of the above requirements, please do not hesitate to contact the school supervisor for clarification.

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