



Safe, strong and smart children

**STEP BY STEP**

9116 Bayview Avenue  
Richmond Hill, ON, L4B 3M9  
Phone: 905-747-0001, 416-824-8536

## STEP BY STEP LEARNING ACADEMY APPLICATION FORM

**\*Please note that there is a non-refundable \$100 enrollment fee**

Please use the PRINT letters while filling in the information in the form

CHILD'S NAME \_\_\_\_\_ M/F \_\_\_\_\_  
First Name Last Name

DATE OF BIRTH \_\_\_\_\_  
Day Month Year

MOTHER \_\_\_\_\_  
First Name Last Name

FATHER \_\_\_\_\_  
First Name Last Name

Mother Contact Info	Father Contact Info
Email: _____	Email: _____
Home Address: _____ _____ _____	Home Address: _____ _____ _____
Home Number: _____	Home Number: _____
Work Address: _____ _____ _____	Work Address: _____ _____ _____
Work Number: _____	Work Number: _____
Cell Number: _____	Cell Number: _____

**For Office Use Only:**

**DATE OF APPLICATION: RECEIVED** \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## FEE SCHEDULE FORM

**Hours of Operations: 7:00am – 6:00pm**

Daycare fees effective: January 2018

**1 week THREE HOURS FREE Visiting as Adaptation Period**

Period	Children 16 months to 30 months (Toddlers)	Children 30months to 5 years (Intermediates/Preschool)
5 Full Days	<b>\$1,300 / month</b>	<b>\$1,050 / month</b>

- A non-refundable **\$100 Enrollment Fee** per student is required with all new enrollment applications.

Fees are payable to **Step by Step Learning Academy Inc.**

- **1<sup>st</sup> monthly payment is due on the 1<sup>st</sup> day of the month along with 10 post-dated cheques for balance of annual Daycare fees.**
- **1 month security deposit = (fee for the last month of enrollment) is due together with the first monthly payment.**
- Family rates (at the same time of enrollment for siblings): 2<sup>nd</sup> child in the same family gets a discount of 10% per month in Daycare fees, no enrollment fee for the second child.
- Tuition fees include two snacks, lunch, one music activity per week, art materials and miscellaneous cots.
- A \$40 fee applies for each NSF cheque
- **A \$20 per day fee applies for late cheques** (Please ensure timely payments to avoid any of these late fees)
- **Provide the Daycare with a 30 business days notice in writing prior to withdrawing the child from the Daycare.**

Please Note:

- If your child will be late (arriving after 9:00am) kindly advise our office prior to that time.
- Late pick-ups (after 6pm) will be charged \$1.00 per minute, payable upon pick up to the staff in charge

Parents' Names: \_\_\_\_\_

Parents' Signatures: \_\_\_\_\_

START DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ DISCHARGE DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_



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## HEALTH RELATED INFORMATION

### **DOCTOR'S INFO:**

DOCTOR'S NAME:	
ADDRESS:	
PHONE NUMBER:	

### **EMERGENCY CONTACT INFO:**

NAME:	
RELATIONSHIP TO CHILD:	
HOME ADDRESS:	
HOME PHONE NUMBER:	
WORK NUMBER:	

HAS THE CHILD ATTENDED DAYCARE BEFORE? Yes \_\_\_\_ No \_\_\_\_

NAME OF CHILD'S SCHOOL (if applicable):

\_\_\_\_\_

PERIOD OF TIME ATTENDING SCHOOL:

\_\_\_\_\_

\_\_\_\_\_

IF NO, WHO HAS CARED FOR THIS CHILD UP TO THIS TIME?

\_\_\_\_\_

\_\_\_\_\_

DOES THE CHILD HAVE SIBLINGS? (WHAT AGE?) \_\_\_\_\_

\_\_\_\_\_

GENERAL HEALTH OF THE CHILD?

\_\_\_\_\_

\_\_\_\_\_



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ANY PREVIOUS HOSPITALIZATION UP TO THIS TIME? (PLEASE SPECIFY)

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IS YOUR CHILD ON A SPECIAL DIET? Yes \_\_\_ No \_\_\_

If YES, PLEASE SPECIFY

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DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?

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DOES YOUR CHILD HAVE ANY ALLERGIES? (PLEASE SPECIFY)

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## CHILD ALLERGIES

FOOD ALLERGIES:

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FOOD RESTRICTIONS:

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MAJOR ILLNESS:

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DOES THE CHILD SUFFER FROM ASTHMA?                      YES                      NO

DID THE CHILD HAVE ANY SEIZURES?                      YES                      NO

(if applicable add the details below):

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**Date of Application:** \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Parents' Signatures:** \_\_\_\_\_



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## SLEEPING PREFERENCES DETAILS

DOES THE CHILD SLEEP DURING THE DAYTIME?                      YES                      NO

WHAT IS THE SLEEPING SCHEDULE OF THE CHILD?

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DOES THE CHILD HAVE ANY SPECIFIC SLEEPING PREFERENCES?

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**Step By Step Daycare reserves the right to request that parents provide written advice from a health care professional if there is a conflict between the family's sleep and rest beliefs and practices and those implemented by our daycare.**

Parents' Names: \_\_\_\_\_

Parents' Signatures: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_



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## **PARENT PERMISSION FORM**

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
Day Month Year

### **PICTURES**

I hereby consent to let my child \_\_\_\_\_ to be photographed by Step By Step Learning Academy where the pictures are to be used for display around the centre and to be shared with the parents.

Parent's signature(s): \_\_\_\_\_

### **PLAYGROUND**

I hereby consent to let my child \_\_\_\_\_ to be taken out of Step By Step Learning Academy to be able to participate in all outdoor activities (i.e. Walks) as part of his/her daily program.

Parent's signature(s): \_\_\_\_\_

### **SUNSCREEN**

I hereby give consent to let my child \_\_\_\_\_ for staff teachers to apply sunscreen to my child as needed.

Parent's signature(s): \_\_\_\_\_

### **RELEASE/DISCLAIMER**

By approving participation in child care activities ("the Activities") sponsored/operated by Step By Step Learning Academy, in hereby release and hold harmless the Daycare and its employees, representatives and agents from and all claims for damages whatsoever, which may be caused by, or arise from, my child's participation in the Activities acting within the scope of their duties. In no event shall Step By Step Learning Academy be liable to a participant or any other person for damages caused by or arising from Activities except as expressly stated above.

Parent's signature(s): \_\_\_\_\_



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## **MEDICAL RELEASE AUTHORIZATION FORM**

Child's Name: \_\_\_\_\_

Release to: Step By Step Learning Academy

I, \_\_\_\_\_ give full authorization to Step By Step Learning Academy if at any time due to circumstances such as accident, sudden illness or emergency, medical treatment is required to take \_\_\_\_\_ out of the centre if necessary. A private physician or hospital may give this, including anesthetic if necessary. I also consent to emergency transportation if necessary.

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

Parents' Names: \_\_\_\_\_

Parents' Signatures: \_\_\_\_\_



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## **HISTORY OF COMMUNICABLE DISEASES**

Childhood diseases and illness are part of growing up. In the instance of communicable diseases affecting the children in the centre, please be advised that you will be notified and encouraged to consult your physician; as well as reporting such a disease to the local health authorities.

Step By Step Learning Academy will distribute information to the parents' about the children's health. Please be advised that when your child is absent due to illness, notify the centre immediately.

Children who are absent due to any sickness and contagious disease may not return to Step By Step Learning Academy without a signed statement from the family doctor indicating that the child is no longer contagious and is ready to return to the centre.

Please take the time to check off if your child has had any of the following communicable diseases:

- \_\_\_\_\_ Measles
- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ German Measles (Rubella)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

**Parents' Names:** \_\_\_\_\_

\_\_\_\_\_

**Parents' Signatures:** \_\_\_\_\_

\_\_\_\_\_





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## **ALLERGIC REACTION/SPECIAL CIRCUMSTANCE PERMISSION FORM**

I \_\_\_\_\_ hereby **GIVE** permission to the staff of  
Parent's name  
Step By Step Learning Academy to administer to my child \_\_\_\_\_  
Child's name  
medications which were prescribed by the child's doctor.

**We require the medication to be accompanied by a doctor's note and supplied by the parents.**

Please indicate the name of the medication, dosage instructions, and sale receipt of the medication.

Medication Name:	
Dosage instructions:	
Times to be administered:	
Purchase receipt date:	
Expiry date:	
Doctor's Name:	
Doctor's Phone Number:	

Before the medication will be administrated the parents will be informed by a phone call on the symptoms of the child and the reasons of the medication administration. The following medication will be available and kept at the daycare in a proper storage following all the guidelines of the York Region Community and Health Services.

**If permission is not given and the child would develop seizures, if you would not be reachable by phone we will call 911 and your child hospitalized assisted by one of our staff.**

**Parents' Names:** \_\_\_\_\_

**Parents' Signatures:** \_\_\_\_\_

**Staff's Signature:** \_\_\_\_\_



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### RELEASE AUTHORIZATION FORM

Please list the names, relationships and telephone numbers of all the people that your child may be released to. Please contact the day care if someone other than the persons listed will be picking up your child. If the person who regularly picks up the child is unable to come in, then it is the responsibility of the parent to contact the day care.

Please be aware that the Step By Step Learning Academy will ask for photo ID to match the name with the individual who is allowed to pick up the child.

Please put a star beside the names of the people who will usually drop off and/or pick up the child.

NAME			
RELATIONSHIP			
PHONE (home or cell)		PHONE (office)	
NAME			
RELATIONSHIP			
PHONE (home or cell)		PHONE (office)	
NAME			
RELATIONSHIP			
PHONE (home or cell)		PHONE (office)	
NAME			
RELATIONSHIP			
PHONE (home or cell)		PHONE (office)	

In the case of separation/divorce of parents, please notify Step By Step Learning Academy of the rules regarding to child pickup **as soon as possible**.

If there are any special pick-up rules due to separation/divorce proceeding for guardianship. Please fill out the following section.

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The above information is required for the safety of the children. Thank you for your help and cooperation.

\_\_\_\_\_  
**Parents/Guardian Signature**



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## ENROLLMENT CHECK LIST

I have received and read the Parent Handbook and understand the parent responsibilities and policies outlined. Please include your initial in the designated column on the right.

Subject:	Initial
Step By Step Learning Academy Mission Statement	
Program Statement	
List of prohibited Practices	
Sleep Supervision Policy	
Sleeping Preferences Details	
Parents Issue and Concerns Policy	
Child Information	
Child Illness(24 hours)/Injuries (Accident report card)	
Allergies / Medical needs	
Child Abuse Reporting	
Application Form	
Up to date contact information	
Administration of prescribed medicine	
Copy of Immunization Record	
Fire Drills	
Playground Safety	
Hours of Operation	
History of Communicable Disease Form	
Arrivals and Departures	
Withdrawals	
Late Pick up of Children	
Food restriction(s)	
Release Authorization Form	
Medical Release Authorization Form	
Parent Permission Form	
Extra Clothing	
3-4 days worth of diapers/ Toilet Training pants	
Blanket for naps	
Reporting Absences	

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

Parents' Names: \_\_\_\_\_

Parents' Signatures: \_\_\_\_\_



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**I read and understood the Parents' Handbook provided to me by Step By Step Learning Academy ("Daycare"). I confirm that I agree with the policies and procedures.**

**Furthermore, I agree to provide the Daycare with a 30 business days notice in writing prior to withdrawing my child from the Daycare.**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent signature

(Supervisor)  
  
\_\_\_\_\_



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## **Please bring the following on the first day:**

- Registration Form Package
- Copy of Immunization record
- First month fee
- Last month fee (deposit)
- 10 Postdated cheques
- Extra set of clothes (labeled)
- 2 Blankets and small pillow
- Indoor Shoes/Outdoor Shoes
- Crocs for water play in the summer and toilet training purpose (not necessary if child toilet trained)
- Diapers/Pull-ups and wipes (if needed)