



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

The child live with:  father and mother  father  mother  guardian.

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: 8:00am – 5:00pm**

Daycare fees effective: January 2021

Period	Children 16 months to 30 months (Toddlers)	Children 30months to 5 years (Intermediates/Preschool)
5 Full Days	<b>\$1,300 / month</b>	<b>\$1,100 / month</b>
3-5 Full Days	<b>\$70/day</b>	<b>\$60/day</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.**  
Or through e-transfer **liberzon2@hotmail.com**

- **Monthly payment due at the last day of the previous month.**
- **Security deposit is fee for the last month of enrollment.**
- **Enrollment fee, first monthly payment and security deposit are due together before start day.**
- 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 morning and afternoon, 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 day 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 5pm) 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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## ENROLLMENT POLICIES

### Admission Requirements

Admission forms must be filled out and complete before the children enter Step by Step Learning Academy Daycare to be on file the first day of admission to the centre. Please check the Enrollment checklist to ensure that all forms and documents have been reviewed.

### Withdrawal

If a parent decides to withdraw his/her child out from daycare, Step by Step Learning Academy Daycare needs to know 30 business days in advance to the last day.

**PLEASE NOTE:** Step by Step Learning Academy Daycare reserves the right to terminate services if policies are not followed, fees are not paid or if the program is unsuitable for the child (i.e. in such instances that a child's behavior is repeatedly disruptive to the program or threatens the safety of other children and staff. Every effort will be made to amend unacceptable behavior prior to dismissing the child from the program).

### Payment of Fees

The 1<sup>st</sup> and last month's fee must be paid as a deposit prior to the 1<sup>st</sup> day of day care. Fees are payable by monthly postdated cheques dated for the first day of each month for the period in which your child is enrolled in the Centre. 10 post-dated cheques must be submitted to the Childcare Supervisor at the time of admission. Please make all cheques payable to Step by Step Learning Academy Daycare.

All cheques returned from the bank classified as NSF (not sufficient funds) will be returned back to the parent with a charge of \$40. Fees not received on schedule date will be subject to a \$20.00 per day late charge.

Days in which the children are sick or are taking holidays including legal holidays will always be payable.

### Days of Operations of the Centre

Step by Step Learning Academy Daycare will open from 8am - 5pm on all business days except for the following civic holidays when they fall on a business day:

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Civic holiday (*First Monday in August*)
- Labour Day
- Thanksgiving
- Christmas Day
- Boxing Day

**PLEASE NOTE:** The monthly fees cover these days regardless of how many days the centre is open or how many days are in the month.



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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**

Time child normally goes to bed at night: \_\_\_\_\_

Time child normally wakes up in the morning: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Regular nap time(s): \_\_\_\_\_

If your child doesn't nap, what quiet activities do they enjoy?

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What is your child's normal routine for falling asleep? For example, do they fall asleep on their own or do you stay with them and rub their back? Let us know what works at home. While we may not be able to do what you do at home, staff will make every effort to support your child in getting a good rest.

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

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**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.

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 call 911 to seek medical attention and emergency transportation if necessary.

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

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

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

**Does your child(ren) have anaphylaxis reaction or medical need?**

**YES**  **NO**

**Dear parents if your child has an anaphylaxis reaction or needs an individual plan, please include the medical information on the emergency form provided from Step by Step Learning Academy Daycare. If your child(ren) medical condition changes please inform the daycare immediately. You will be provided with a new form to be filled out regarding changes.**

**Please refer your child(ren) enrolment package.**

**If your child has anaphylaxis reaction 2 EpiPen need to be provided to Daycare. (Please consult your child pediatrician; as well be acknowledged there is fee support will be provided by government)**





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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 / Parents Code of Conduct	
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 day 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	
- Enrollment fee	
- First month fee	
- Last month fee (deposit)	
- 10 Postdated cheques	
- Water bottle	
- Extra set of clothes (labeled)	
- Indoor Shoes/Outdoor Shoes	
- 2 Blankets and small pillow	
- Crocs for water play in the summer and toilet training purpose (not necessary if child toilet trained)	



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