



Macaulay Tree House School Age Programs

50 The Granite Bluff, Bracebridge, Ontario P1L 1L4

Phone: 705-645-1953 Fax: 705-645-5846

www.macaulaytreehouse.ca

2019-2020 REGISTRATION FORM

School Child Attends: _____ Before School: Mon. Tues. Wed. Thurs. Fri.

Grade: ____ Bus# ____ Teacher's Name: _____ After School: Mon. Tues. Wed. Thurs. Fri.

CHILD INFORMATION

Last Name: _____ First Name: _____

Gender: M F Date of Birth: _____

Start Date: _____ End Date: _____

Custody of Child: Both Parents Mother Father Guardian

Are there custody arrangements that we should be aware of Yes No If yes, documentation is attached: Yes No

PARENT/GUARDIAN INFORMATION

Parent's Name: _____ Place of Work: _____

Home Address: _____ Work Address: _____

Town: _____ Town: _____

Postal Code: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail address: _____

Parent's Name: _____ Place of Work: _____

Home Address: _____ Work Address: _____

Town: _____ Town: _____

Postal Code: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail address: _____

Please check the box beside the parent who would like to receive the income tax receipt at the end of the year.

ALTERNATE CONTACT & EMERGENCY INFORMATION – other than parents

Contact Name: _____
Phone #: _____

Relationship to Child: _____
Other Phone #: _____

Contact Name: _____
Phone #: _____

Relationship to Child: _____
Other Phone #: _____

Contact Name: _____
Phone #: _____

Relationship to Child: _____
Other Phone #: _____

Who may pick up your child from the program (other than parents or emergency contacts). Must be 18 years of age or older. Please give full name and relationship to child.

MEDICAL INFORMATION

Doctor's Name: _____
Address: _____
Town: _____
Postal Code: _____
Other Medical Concerns: _____

Phone: _____
Does your child have allergies? Yes No
Food Restrictions: _____

***Please note anaphylactic allergies require further documents-please contact the School Age Program Supervisor**

Is your child involved with other community agencies? (Community Living, Hands, etc.) _____

Does your child currently work with an Educational Assistant or one-to-one support worker? YES NO

***If yes, please contact the School Age Program Supervisor**

CONSENT TO PHOTOGRAPH

Consent to photograph: I give permission to Macaulay Tree House to photograph my child for use by Macaulay Tree House and participating families only. YES NO

Parent Signature _____ Date _____

ENROLMENT AGREEMENT

Please note registrations will NOT be processed without all fields completed.

I have completed and attached the following documents:

- Communicable Disease Form
- Permission to Share Information Form
- PAD Form OR Please use my PAD information currently on file

Macaulay Tree House requires the following:

- A \$5.00 registration fee (this will be withdrawn on the date of the first PAD)
- Children are enrolled in the same days on a weekly basis
- Families are required to pay for statutory holidays (Thanksgiving, Family Day, Good Friday, Easter Monday, Victoria Day)
- Families are required to pay for all absent or sick days
- Two weeks' written notice is required to change or cancel care
- There will be a fee of \$40.00 for any NSF charges that get returned (NSF charge may result in child care being suspended, please refer to Parent Handbook)

I give permission for _____ to participate in the School Age Program offered by Macaulay Tree House Day Nursery. I have received, read and understand the policies and procedures as presented in the Macaulay Tree House School Age Program Handbook.

Parent Signature _____

Date _____

Parent Signature _____

Date _____

Supervisor Signature _____

Date _____



Permission to Share Information

I, _____, authorize Macaulay Tree House Day Nursery
(name of parent) (name of Child Care Provider)
to share information regarding my child _____ with
(name of child)
_____.
(name of school)

Signature: _____ Date: _____

I, _____, authorize _____
(name of parent) (name of school)
to share information regarding my child _____ with
(name of child)
Macaulay Tree House Day Nursery.
(name of Child Care Provider)

Signature: _____ Date: _____



Macaulay Tree House Day Nursery

50 The Granite Bluff Bracebridge, ON, P1L 1L4

Phone: 705-645-1953 fax: 705-645-5846

Email: treesap@bellnet.ca

I, _____ confirm that my child _____

has had a previous history of the following communicable diseases (please check box):

<input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS)	<input type="checkbox"/> Meningitis (acute, bacterial or viral)
<input type="checkbox"/> Acute flaccid paralysis (AFP)	<input type="checkbox"/> Meningococcal disease
<input type="checkbox"/> Amebiasis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Anthrax	<input type="checkbox"/> Ophthalmia neonatorum
<input type="checkbox"/> Botulism	<input type="checkbox"/> Paralytic shellfish poisoning (PSP)
<input type="checkbox"/> Brucellosis	<input type="checkbox"/> Paratyphoid Fever
<input type="checkbox"/> Campylobacter enteritis	<input type="checkbox"/> Pertussis (Whooping Cough)
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Plague
<input type="checkbox"/> Chickenpox (Varicella)	<input type="checkbox"/> Pneumonococcal disease
<input type="checkbox"/> Chlamydia trachomatis infections	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Cholera	<input type="checkbox"/> Psittacosis/Omithosis
<input type="checkbox"/> Clostridium difficile associated disease (CDAD)	<input type="checkbox"/> Q Fever
<input type="checkbox"/> Creutzfeldt-Jakob Disease	<input type="checkbox"/> Rabies
<input type="checkbox"/> Cryptosporidiosis	<input type="checkbox"/> Respiratory infection
<input type="checkbox"/> Cyclosporiasis	<input type="checkbox"/> Rubella
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Rubella, congenital syndrome
<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Salmonellosis
<input type="checkbox"/> Food poisoning, all causes	<input type="checkbox"/> Severe Acute Respiratory Syndrome (SARS)
<input type="checkbox"/> Gastroenteritis	<input type="checkbox"/> Shigellosis
<input type="checkbox"/> Giardiasis	<input type="checkbox"/> Smallpox
<input type="checkbox"/> Gonorrhoea	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Group A Streptococcal disease or Group B Streptococcal disease	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Haemophilus influenza b disease	<input type="checkbox"/> Trichinosis
<input type="checkbox"/> Hantavirus pulmonary syndrome	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Hemorrhagic fevers	<input type="checkbox"/> Tularemia
<input type="checkbox"/> Hepatitis A, B, or C	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Influenza	<input type="checkbox"/> Verotoxin-producing E. coli infection
<input type="checkbox"/> Lassa Fever	<input type="checkbox"/> West Nile Virus Illness
<input type="checkbox"/> Legionellosis	<input type="checkbox"/> Yellow Fever
<input type="checkbox"/> Leprosy	<input type="checkbox"/> Yersiniosis
<input type="checkbox"/> Listeriosis	
<input type="checkbox"/> Lyme disease	
<input type="checkbox"/> Malaria	
<input type="checkbox"/> Measles	

My child **does not** have a previous history of any of the above communicable diseases.

Parent/Guardian Signature: _____



Macaulay Tree House

Pre authorized Debit(PAD) Form

Customer information:

Account #: _____ First name: _____ Last name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Cell phone: _____

email: _____

Bank Account Information:

Transit #: _____ Bank ID: _____ Account #: _____

Account holder name (First,Last) _____

Account type Chequing Savings

Bank name: _____

Branch address:	John Smith	Date	YYYY-MM-DD
	123 Any Street		
	My Town, Province		
	PAY TO THE		
	ORDER OF		
	Your bank name		
	124 Any Street		
	Town, Province		
	Memo _____		
	"001" :12345 678 910"112"8		

Attach Void Cheque or Pre authorized debit form here

I authorize Macaulay Tree House to debit my account for the account balance on a bi weekly basis



Signature _____ Date: _____

Pre-Authorized Debit (PAD) Schedule for Macaulay Tree House

2019-2020

September 2019						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	 6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2019						
Su	M	Tu	W	Th	F	Sa
		1	2	3	 4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019						
Su	M	Tu	W	Th	F	Sa
					 1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	 29	30

December 2019						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	 27	28
29	30	31				

January 2020						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
Su	M	Tu	W	Th	F	Sa
					 1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2020						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2020						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

 PAD Dates