



# Macaulay Tree House School Age Programs

50 The Granite Bluff, Bracebridge, ON, P1L 1L4

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

[www.macaulaytreehouse.ca](http://www.macaulaytreehouse.ca) | [treesap@bellnet.ca](mailto:treesap@bellnet.ca)

## 2018 – 2019 P.A.DAY/MARCH BREAK EXTERNAL REGISTRATION FORM

Please check the days you would like your child to attend:

P.A. Days:  Fri, Oct 26, 2018  Fri, Nov 23, 2018  Fri, Feb 1, 2019  Fri, April 5, 2019  Fri, June 7, 2019

March Break 2019:  Monday, March 11  March 12  March 13  March 14  Friday, March 15

*Want to add day(s) at a later time? Please submit this request in writing to the office with at least two weeks' notice. Please note that no cancellations or changes in care may be submitted to program staff. These changes must be submitted to the main office in writing.*

### Child Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_\_

Custody of Child:  Both Parents  Mother  Father  Guardian

Are there custody arrangements that we should be aware of  Yes  No **If yes, please attach documentation.**

### Parent 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 which parent you would like to receive the income tax receipt at the end of the year.**

ALTERNATE CONTACT & EMERGENCY Information – other than parents

Contact Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ other Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ other Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ 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. \_\_\_\_\_

MEDICAL INFORMATION

Does your child have allergies?  Yes  No | Is this allergy anaphylactic?  Yes  No

Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

**Please note that anaphylactic allergies require further documents. Please contact School Age Program Supervisor.**

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

Does your child require one-to-one support while attending the program?  YES  NO

**If yes, please contact 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: \_\_\_\_\_

ENROLLMENT AGREEMENT

**Please note registrations WILL NOT be processed without all fields completed.**

**I have completed and attached the following documents:**

- PAD form
- Communicable Disease Form

Macaulay Tree House requires the following:

- A \$5.00 registration fee (this will be withdrawn the date of the first PAD)
- Families are required to pay for all absent or sick days
- Families are required to pay for all days selected on Page 1 of registration form
- In order for families to cancel a day, you must inform Macaulay Tree House Day Nursery five business days in advance
- There will be a fee of \$40.00 for any NSF charges that get returned (NSF charge could result in child care being suspended)

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: \_\_\_\_\_

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

**Completed registration forms can be dropped off at Macaulay Tree House Day Nursery  
(50 The Granite Bluff in Bracebridge) or e-mailed to treesap@bellnet.ca.**



## 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

**2018-2019**

September 2018						
Su	M	Tu	W	Th	F	Sa
					△7	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 2018						
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 2018						
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 2018						
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 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		

February 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		

March 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						

April 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				

May 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	

June 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						

July 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			

August 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

△ PAD Dates



## 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: \_\_\_\_\_

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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: \_\_\_\_\_