



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

treesap@bellnet.ca

2018 – 2019 FULL DAY PROGRAM REGISTRATION FORM

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

PA Days: ☐ Friday, February 1

☐ Friday, April 5

☐ Friday, June 7

March Break: ☐ Monday, March 11

☐ Tuesday, March 12

☐ Wednesday, March 13

☐ Thursday, March 14

☐ Friday, March 15

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: _____
Daytime phone: _____

relationship to child: _____
other Phone: _____

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Daytime phone: _____

relationship to child: _____
other Phone: _____

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Daytime 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. _____

MEDICAL INFORMATION

Doctors 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 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 the 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)**