



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

2019 – 2020 PA DAY, WINTER AND MARCH BREAK REGISTRATION FORM

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

PA Days: Fri. Oct 25 Thurs. Nov 28 Fri. Nov 29 Fri. Jan 31 Fri May 1 Fri. June 5

Christmas Camp: Mon. Dec 23 Fri. Dec 27 Mon. Dec 30 Thur. Jan 2 Fri. Jan 3

PLEASE NOTE: Our Christmas Camp Days may vary depending on number of children registered. Please have your completed registration form back to the office by Friday November 29, 2019.

March Break: Mon. March 16 Tue. March 17 Wed. March 18 Thur. March 19 Fri. March 20

Please note if you would like to add, change or cancel days later, these requests need to be submitted in writing to the office with at least two weeks notice. No changes or cancellations may be submitted to the program staff.

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: _____

Contact Name: _____
Daytime phone: _____
Relationship to child: _____

Contact Name: _____
Daytime phone: _____
Relationship to child: _____

Contact Name: _____
Daytime Phone: _____
Relationship to child: _____

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 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)**



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

Preauthorized Debit (PAD) Form

Customer information:

Account #:	First name:	Last name:
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Address:

City:	Province:	Postal code:
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Phone:	Cell phone:
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email:

Bank Account Information:

Transit #:	Bank ID:	Account #:
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Account holder name (First, Last)

Account type	Chequing	Savings
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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 Preauthorized debit form here

I authorize Macaulay Tree House to debit my account for the account balance on a biweekly 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