



# 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](http://www.macaulaytreehouse.ca)

[treesap@bellnet.ca](mailto: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: \_\_\_\_\_

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Daytime phone: \_\_\_\_\_  
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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)**