



Streetsville Children's Centre

CHILD INFORMATION				
Child's First Name		Child's Last Name		
Preferred Name	Date of Birth (MM/DD/YYYY)	Age at Start of Care	Gender: Female Male	
Home Address (street number, unit number and street name)				
City, Province			Postal Code	
Primary Email			Primary Telephone	
Applying for Subsidy:	Yes No	Full Time Part Time	Start Date (MM/DD/YYYY)	
Part-Time Days:	Monday Tuesday Wednesday Thursday Friday			
How did you hear about us?		Referred by?		

A security deposit is due upon registration once a spot is confirmed with management; this would be first month and last month fee. This will be applied to your first month's fees. If for any reason you do not take the enrollment after signing the registration agreement, no refunds will be given for withdrawal from the program. For more details, please see our Fee Payment Policy.

FAMILY DATA
If there are custody, and/or access issues, legal documentation must be provided to the Centre.
Please ensure parents names are legal names - meaning if the Centre needs to write you a cheque that cheques can be cashed in your name or that federal tax receipts are created with the correct legal names. A \$25 service charge will apply to re-issue cheques and re-issue year end tax receipts.

Parent/Guardian #1				
First Name (Legal Name)		Last Name (Legal Name)		
Preferred Name		Relationship: Mother Father		Other: Please Specify
If different from child	Home Address (street number, unit number and street name)			
	City, Province, Postal Code			
Primary Phone		Work Phone	Cell	Home Phone
Employer's Name		Address		
City, Province, Postal Code		Email		
Occupation				

Parent/Guardian #2				
First Name (Legal Name)		Last Name (Legal Name)		
Preferred Name		Relationship: Mother Father		Other: Please Specify
If different from child	Home Address (street number, unit number and street name)			
	City, Province, Postal Code			
Primary Phone		Work Phone	Cell	Home Phone
Employer's Name		Address		
City, Province, Postal Code		Email		
Occupation				



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Medical Information	
Child's Full Name	Doctor's Full Name
Address (street number, unit number and street name)	Phone Number
City, Province, Postal Code	EPIPEN: YES NO
List any allergies/anaphylaxis or any other medical concerns:	
Special requirements or preferences (food or other):	

(****OTHER THAN PARENTS****) Emergency Contacts & Persons Authorized to Pick up Child (****OTHER THAN PARENTS****)
Other than parents, minimum of 1 person over 16 years of age and who have consent to pick up your child if you are unable to and/or in case of an emergency. In an emergency, your child must be picked up within 1 hour of notification from SCC. Please list in order of notification priority.

Name	Address	Phone #	Relationship

Your child will only be released to persons authorized above or with written permission from parents(s) or guardian(s). Any change in the above information **MUST** be reported IMMEDIATELY to the Centre to ensure the safety of your child. **Please note identification will be required.** In case of emergency and parent(s)/guardian(s) cannot be reached, I authorize Streetsville Children's Centre to release my child to the emergency contacts above.

Parent/Guardian Signature	Date (MM/DD/YYYY)
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FOR OFFICE USE ONLY	
Date of Enrolment	Date of Graduation
<input type="checkbox"/> Key Fob Issued (\$20 per fob)	
Fob#	Fob#
Fob#	Fob#
Parent requests/considerations	



Streetsville Children's Centre

Consent Authorization

Child's Name:

Date of Birth:

(MM/DD/YYYY)

Program Participation: Please check the appropriate response.

1. I do ☐ do not ☐ grant permission for my child to use all the play equipment and to participate in all the activities of the Centre.
2. I do ☐ do not ☐ grant permission for my child to leave the daycare property under the supervision of the qualified staff for walks in the neighbourhood. I understand that field trips requiring transportation in a vehicle will be announced in advance and a separate consent form will be provided for each trip.
3. I do ☐ do not ☐ grant permission for the staff to apply sunscreen provided by me.
4. I do ☐ do not ☐ grant permission for the staff to apply any over the counter diaper cream and/or skin lotion that I have provided to the program for my child.
5. I do give permission for staff to assist or to apply _____ that I have provided for my child. (Indicate the name of the topical over the counter item or note N/A if nothing.)

Emergency Treatment: Please check the appropriate response.

In case of an emergency **the staff does** ☐ **the staff does not** ☐ have my permission to administer First Aid for the benefit of my child. The Centre guarantees that one staff on duty in the Centre is trained and currently certified in Children's First Aid and CPR.

I do ☐ do not ☐ grant permission for the Centre staff to secure appropriate medical treatment and /or hospitalize my child, named above, in the event of an emergency, accident, or sudden illness for the benefit of my child. I understand that the staff will make every effort to promptly contact me or a person I have authorized to inform me of my child's condition.

Parent/Guardian Signature

Date (MM/DD/YYYY)



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FEE PAYMENT POLICY

1. Fees are paid by auto pay through the Lillio app. If fees are not paid within 3 days from the first of the month, there is a \$5 per day fee for late payment and if not paid by the end of the second week your child can be removed from the Centre due to arrears in payment and his/her vacancy will be given to the next child on the waiting list. Initial, or overdue payments can be made only by e-transfer or cash. We do not accept debit or credit of any kind at any time.
2. Fees are paid in advance of childcare services. The fees are taken out the first of the month. If the first falls on a weekend or holiday the fees will be withdrawn the first Monday of the month.
3. At the time of registration, we require the first month and last month fee as a deposit to save your spot. First months deposit which is applied to your starting month. If you have given a deposit to hold a spot for your child, written notice must be given one month in advance of the start date should you choose not to take the spot. If for any reason you do not take the enrollment after signing the agreement, no refunds will be given for withdrawal from the program
4. Written notice of withdrawal to the office administration ONLY via email on office@sccacademy.com (not the teachers in the class or Lillio) must be given one month in advance of the withdrawal date for children who are already attending the centre or have a confirmed start date. As well, written notice must be given one month in advance when changing from full time to part time. If one month is not received, your next fees will be withdrawn from the account provided and no monies will be refunded. The purpose of the one month notice is to allow the centre to replace your spot and thereby meet its financial obligations.
5. Upon registration bank account information must be inputted into the Lillio app with auto pay selected with authorization completed to withdraw fees on the first of each month.
6. If an infant is requesting to leave the infant program at Streetsville Children's Centre, a one month notice and a date at the end of a month must be given, and the start dates will only be at the beginning of a month. For example, if a family is choosing to leave the program in November and you have decided this in mid-October, the next date to leave would be November 30th noting that the notice must be at least one month and be at the end of a month.
7. Please note that if there is any holidays/vacation time taken by a child from the centre, the full/regular fees are due the first of each month as normally required in order to maintain the spot in the centre or please see the withdraw policy above.
8. LATE PICK UP FEES: if a child has not left the centre by 5:30pm, that family is considered late and will be responsible for a charge of \$3 per minute per family and the parents will be responsible for paying in cash at that time or the next day. The pick up at that time will be in the office area.



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10. For part-time students; fees are owing on any day that is designated for the child (including STAT holidays or sick days) and cannot be traded for another day. Please note your part-time fees have already been adjusted for STAT holidays. Refunds will not be issued for reasons of illness. If your child is ill or away for any reason and has missed any days in their set program schedule or did not start, there are no options for make-up days and there are no refunds.
11. At times refunds need to be given to parents. All forms completed for Streetsville Children's Centre must be in the parent(s)/guardian(s) legal name(s). These names must agree with your banking information so that an e-transfer at your bank can be sent without incident. A \$25 service charge will apply for any failed e-transfer that need to be resent. It is your responsibility to ensure the office has the most up to date family information.
12. Receipts will be issued annually by the end of February for the previous year.
13. A \$25 service charge will apply to re-issue a cheque or federal tax receipt. If you have already left the centre payment must be made before anything is re-issued.
14. A \$25 service charge will apply for the completion of any documentation required by CRA, family law, etc. Payment must be received in advance of documentation being provided.
15. Streetsville Children's Centre reserves the right to change its fees or any of its' policies at any time.

I/We understand the Fee Payment Policy above of Streetsville Children's Centre and agree to meet the requirements of this policy as outlined

Parent/Guardian Signature

Date (MM/DD/YYYY)



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TUITION FEES Jan - Dec 2025*			
Age Group	Age**	FULL TIME Monthly Fees	PART TIME
Infant	1 month -18 months	\$ 478.50	\$22/day
Toddler	1 1/2 years - 2 1/2 years	\$ 478.50	\$22/day
Preschool	2 1/2 years - 4 years	\$ 478.50	\$22/day
Kindergarten	4 - 5 years	\$ 478.50	\$22/day

*Subject to change as per CWELCC guidelines received from RoP.
 ** These are approximate ages and fees are based not specifically on age but on availability of an age group. Fees will be based on the group your child is in.

Following table highlights the items which form part of the Tuition fee (Base fee) and are being subsidized under the CWELCC program (Marked as X under Yes Column). Fees for other services are categorized as Non- Base Fee and not subsidized under CWELCC.

Program / Activity	Yes	No
Full- Time Program	X	
Part Time Program	X	
Registration fee - \$0		
FOB charges		X
Late pickup charges		X
Non-sufficient fund fee/ e-transfer/Bank charges		X
Late payment fee if any		X
Field trips		X
Special events/ Course Materials		X
Cake order payments		X
JK/SK Curriculum Fee		X
Specialized Therapies		X
Craft works / Projects		X

Please note billing is done monthly and fees are due the 1st of each month by auto pay from a bank account via Lillio.

Security Deposit

A security deposit is required with application to save your spot. This includes first month and last month payment via as well as a deposit for first month's fees.

Streetsville Children's Centre reserves the right to make changes to fees at any time.

I/We understand the Tuition Fee Schedule of Streetsville Children Centre.

Please complete and return the agreement below.

I agree to turn autopay on and keep autopay turned in on in the Lillio billing platform. This will ensure my payments to SCC are paid on time in full. I understand that I am in full control of my payments and payment settings, and I will notify SCC if at any time I decide to make any changes or need to turn autopay off.

Parent/Guardian Signature

Date (MM/DD/YYYY)



Streetsville Children's Centre

PROTECTION OF CONFIDENTIAL INFORMATION POLICY

It is Streetsville Children's Centre policy, as directed in the Child Care and Early Years Act (CCEYA), that all staff, parents, volunteers, and students are made aware of the confidential nature on information concerning children and their families.

The confidential nature of such information will be respected.

All reasonable care and caution in protecting printed or written confidential information from casual observations, unauthorized perusal, or other abuse will be exercised. Children's files will only be made accessible to the Streetsville Children's Centre educators, supervisor and director as well as authorized agents from the Ministry of Education and Public Health. Information will NOT be released to any other organization, agency or third party without the signed authorization of the parent[s] or guardian(s).

All clients' information that I have become aware of will be considered confidential and will be respected.

Parent/Guardian Signature

Date (MM/DD/YYYY)

Parent Manual and review of Program Statement (Centre Policies)

I _____ (please print) parent of _____ acknowledge that I have been provided a copy of the Parent Manual for review, I have read specifically the **sleep policy**. I also acknowledge that during the enrollment process a Management staff provided a general overview of the Parent Manual and provided opportunity for questions to be asked or concerns to be addressed.

Parent/Guardian Signature

Date (MM/DD/YYYY)



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Participation Agreement

Re: to email and publish my child's work, photographs or videos via Lillio

To: Parent/Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "**Program**"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may be featured in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit <https://www.lillio.com/>. Please complete, sign, and return this form to the Centre. It is important that we have the contact information of both parents/guardians if applicable. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child/ren's Name(s): _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 1 Email: _____

Parent/Guardian 2 Email: _____

Parent/Guardian Signature: _____ Date (MM/DD/YYYY): _____