



Revised September 2019 1 | Page
September 2019-August 2020



The Learning Centre Registration Form

PARENT #1 INFORMATION		PARENT #2 INFORMATION	
First & Last Name:		First & Last Name:	
Relationship to Child:		Relationship to Child:	
Home Mailing Address (including postal code & city):		Home Mailing Address (including postal code & city):	
Home #:	Cell #:	Home #:	Cell #:
E-mail:		E-mail:	
Place of Employment:		Place of Employment:	
Work Address (including postal code & city):		Work Address (including postal code & city):	
Work #:	Ext:	Work #:	Ext:
EMERGENCY CONTACT INFORMATION #1		EMERGENCY CONTACT INFORMATION #2	
Name:		Name:	
Phone #:		Phone #:	
Address (including postal code & city):		Address (including postal code & city):	
Relationship to Child:		Relationship to Child:	
AUTHORIZED TO PICK-UP		CUSTODY AGREEMENT	
Please indicate below the persons whom your child can be released to other than Parent #1 & #2 (listed above) <small>Personal Identification may be required at pick-up (e.g. driver's license)</small>		Please indicate who has custody below <i>*Copy of Court Order must be on file for custody situations</i>	
Full Name	Relationship to Child	Mother & Father	<input type="checkbox"/>
1.		Mother only	<input type="checkbox"/>
2.		Father only	<input type="checkbox"/>
3.		Other:	<input type="checkbox"/>
4.		Other:	<input type="checkbox"/>



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CONSENT FORMS

Name of Child:

There are various times when pictures of the children will be taken, either by teachers, educators, other parents, or members of the media.

☐ I give **GIAG The Learning Centre** permission to take pictures of my child and use them for program promotion, social media (GIAG Website, Facebook, Instagram, Newspaper...etc.), and various artistic displays around the school.

☐ I **DO NOT** give consent.

Parent/Guardian's Signature: _____ Date(m/d/y): _____

☐ I give **GIAG The Learning Centre** permission for my child to receive baked goods / healthy food when a parent or staff member brings them from their home.

☐ I **DO NOT** give consent.

Parent/Guardian's Signature: _____ Date(m/d/y): _____

PARENT CONSENTS REQUIRED FOR REGISTRATION

I, _____ certify that I have read, signed, understand the following:

- Registration Forms
- Consent Forms / Parent Consents Required for Registration
- Financial Agreement Form
- Parent Handbook (I agree to comply with the rules & regulations)

The Learning Centre:

- staff & the **Upper Canada District School Board Staff / Catholic District School Board of Eastern Ontario Staff** have permission to exchange written &/or verbal educational, health/medical & transportation information about my child.
- have permission to apply sunscreen on my child before going outside (when needed).
- staff has permission to take my child on field trips that are within walking distance of The Learning Centre that my child is attending.
- have permission to provide medical treatment to my child if at any time an accident, illness, or an emergency occurs, and my child needs immediate attention.
- staff/students/volunteers are not held responsible for any accidents which may occur at any time.
- may decline a child due to physical and/or verbal aggression towards The Learning Centre staff and/or other children in the program OR if the safety of the children/others is at risk.
- will apply a late fee charge of \$1 per child for every minute when your child is not picked up after the centre's closing time.
- "Policy & Procedure Manual" is available to me to review prior to my child starting in the program or at any time during my involvement with GIAG The Learning Centre.
- reserves the right to terminate care if parents do not give full disclosure at the time of registration.

I, _____, acknowledge that I have read and understand the above information and by signing below I give permission for all the above information.

Parent/Guardian's Signature: _____ Date(m/d/y): _____

OFFICE USE ONLY

Start Date(m/d/y):

End Date(m/d/y):



The Learning Centre Registration Form

FINANCIAL AGREEMENT FORM

Name of Child:

TLC Site Attending:

☐ Bridgewood P.S. (Cornwall)

☐ Longue Sault P.S.

☐ Rothwell-Osnabruk (Ingleside)

☐ Iroquois P.S.

☐ Winchester P.S.

☐ Laggan P.S. (Dalkeith)

Please select Full Time OR Part Time:

☐ I understand that by signing up as “full time”, I am charged for sick days and statutory holidays.

☐ I understand that by signing up as “part time”, I am not guaranteed a space, and I must call to confirm availability.

FULL TIME

☐ Before

☐ After

☐ Before & After

Please provide post dated cheques for the amount indicated below for the 1st of every month.

PART TIME

☐ Before

☐ After

☐ Before & After

Please note all scheduled days must be paid 1 week prior to child care. If your child is absent on the scheduled day(s), the regular fee will still apply.

CITY OF CORNWALL CHILD CARE SUBSIDY

☐ Fully Subsidized

☐ Partially Subsidized – Monthly Parent Portion Amount: \$ _____

Part time rates: \$9 Before School, \$9 After School, \$15 Before and After School

Full Time Rates	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Before (\$8)	\$152	\$176	\$160	\$120	\$152	\$160	\$136	\$176	\$160	\$152
After (\$8)	\$152	\$176	\$160	\$120	\$152	\$160	\$136	\$176	\$160	\$152
Before & After (\$13)	\$247	\$286	\$260	\$195	\$247	\$260	\$221	\$286	\$260	\$247

PA Days: \$35 for a full day

Sibling Discount on PA Days: \$30 per sibling for a full day

In order to be environmentally friendly, we would like to contact you by email to improve our communication with you, and for invoicing. Please provide us with an updated email: _____

CHILDCARE OFFICIAL INCOME TAX RECEIPTS will be issued by February 28th of each year to the person(s) indicated below

Parent #1 ☐

Parent #2 ☐

Parent #1 & #2 ☐

50% Parent #1, 50% Parent #2 ☐

Parent Signature: _____

Date(m/d/y): _____

OFFICE USE ONLY

Staff Signature: _____

Date(m/d/y): _____