



# mini masterminds

## CHILD CARE CENTRE

### Registration

**Registration Fee:**

There is a one-time registration fee of **\$100.00** payable upon time of enrolment. If registering more than one child **at the same time**, the registration fee is **\$50** for each additional child.

**Security Deposit:**

A security deposit is required equal to the total of **two weeks** of childcare service fees. This fee will be credited back to you on your last month's fee, provided a one month written notice is given. *Failure to provide a one month written notice and less than one month of childcare will result in a non-refundable deposit.*

**Registration Selection:**

Please select the **program** your child will be attending.

Toddler (18 – 30 months)	Monthly Fee	Preschool (30 months- 4 years)	Monthly Fee
<input type="checkbox"/> 3 Days/Week	\$1,500.00	<input type="checkbox"/> 5 Days/Week	\$1,400.00
<input type="checkbox"/> 5 Days/ Week	\$1,260.00		

Please select the **days** your child will be attending.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Payments can be completed through the following:**

E-Transfer to **Payments@minimastermindschildcare.com**

Cheque- Payable to Mini Masterminds Childcare Centre Inc.



## Child's Information

Child's First Name	Child's Last Name
Preferred Name	Date of Birth (dd/mm/yyyy)
Gender	Languages Spoken at home
Home Address(es)	

Are there custody arrangements pertaining to the legal right of access to your child?

- Yes
- No

If YES, please provide Mini Masterminds Child Care Centre with a copy of the appropriate legal documentation.

Name(s) of custodial parent(s): \_\_\_\_\_

Name(s) of individuals prohibited from accessing your child:

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## Parent 1 Information

Parent First Name	Child's Last Name
Relationship to Child	Date of Birth (dd/mm/yyyy)
Home Address(es) <input type="checkbox"/> Same as child	
Primary Phone Number	Alternative Phone Number
Email Address	

## Parent 2 Information

Parent First Name	Child's Last Name
Relationship to Child	Date of Birth (dd/mm/yyyy)
Home Address(es) <input type="checkbox"/> Same as child	
Primary Phone Number	Alternative Phone Number
Email Address	



## Emergency Contacts

Emergency Contact 1 Full Legal Name	Emergency Contact 2 Full Legal Name
Relationship to Child	Relationship to Child
Address	Address
Phone Number	Phone Number

## Other People Authorized to Pick Up Your Child

Full Legal Name	Full Legal Name
Relationship to Child	Relationship to Child
Phone Number	Phone Number

**Photo ID will be required upon pick up to confirm the identification before the child is released.**



## Medical Information

Doctor's Name
Doctor's Phone Number
Doctor's Address
Preferred Hospital
OHIP Card #
Insurance/Health Coverage
Please list any of the following: Medication allergies, food allergies, chronic health concerns, or any other medical concerns we should be aware of
Please list any current medications your child is taking

### Has your child had any of the following?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Seizures        | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Fainting        | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Mumps          |

Mini Masterminds Child Care Centre requires an up-to-date copy of your child's immunization record. If your child is not immunized, a "Statement of Conscience or Religious Beliefs" or "Medical Exemption" form must be provided.

### Does your child have any life-threatening allergies?

- Yes  
 No



If YES, an individualized plan for anaphylactic allergy must be developed between parent(s) and Mini Masterminds Child Care Centre prior to the start date. Please outline anaphylactic allergies below:

**Does your child have any allergies that are non-life-threatening?**

- Yes
- No

If YES, an individualized plan must be developed between parent(s) and Mini Masterminds Child Care Centre prior to the start date.

Please outline allergies below:

Symptoms of a reaction:

Treatment Required:

### Permission for Medical Treatment

In the event of an accident or illness involving my child, while my child is in the program, I hereby authorize the administration of any medical procedure deemed necessary, by the above-named doctor, any hospital emergency department, or by any other qualified physician. In no case will Mini Masterminds Child Care Centre or any of its staff members, be held financially liable for the cost incurred, as a result of any emergency procedures undertaken. I also give my child permission to participate in all activities and neighbourhood walks that are supervised by the staff of Mini Masterminds Child Care Centre

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Dietary and Feeding Restrictions

Mini Masterminds Child Care Centre will provide **all** meals for children which include **Breakfast, Lunch** and **Afternoon Snack**. Mini Masterminds Child Care Centre is a **NUT-FREE** facility.

Having the proper nutrients is imperative for the development and growth of a child. Our menus are based on *Canada's Food Guide*.

It is imperative that staff must be made aware of any food allergies or restrictions. We will accommodate alternate food to our best abilities when needed, however, we may not be able to cater to all the requirements. Therefore, we ask that you please be sure to discuss these accommodations with the Supervisor before your child is enrolled at Mini Masterminds Child Care Centre.

**Does your child have any food allergies?**

- Yes
- No

If YES, please provide details:

**Does your child have any special feeding requirements or restrictions (ex: vegan, halal, kosher)?**

- Yes
- No

If YES, please provide details:



## Sleeping Arrangements

Staff is always present in the sleep room to supervise the children. Direct visual and physical sleep checks are performed every 15 minutes. A checklist will be provided to all staff for individual Visual and Physical sleep checks during nap time. Any change in your child's sleep pattern will be documented in your child's portfolio. Lighting in the sleep room will be dimmed but must allow for direct visual monitoring and for staff to be able to see children clearly.

Sleep time does not exceed 2 hours in our toddler or preschool age classrooms. Each child will have a crib or a cot labelled with a clean sheet.

Staff must always be able to see the child's face while sleeping, ensuring that there nothing is obstructing their breathing.

**My child should be put to sleep on their:**

- Back
- Stomach
- Side

**I will be providing:**

- Blanket
- Pacifier
- Soft Cuddle Toy
- Other:

**Does your child have any specific sleeping requirements?**

- Yes
- No

If YES, please provide details:





## More About Me

Siblings?

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My sibling's names are:

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My favourite things to do are:

---

---

I really like:

---

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When I am sad, these things cheer me up:

---

---

I am afraid of:

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I am potty trained

- Yes
- No

Have I been enrolled in childcare before?

- Yes
- No

When I need to go potty, I say:

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Tell us more about you:

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## Mini Masterminds Checklist

Please remember to label all items with your child's first and last name.

- Formula/Breast Milk, if needed
- Bottles/Sippy Cups/Water Bottles
- Pacifiers, if needed
- Diapers/Pull-ups
- Wipes
- Diaper ointment, cream, etc.
- Indoor and Outdoor shoes
- Sunscreen
- Weather appropriate attire

**Winter:** Mittens/gloves, hat, scarf, boots, snow pants, coat

**Spring/Fall:** Appropriate weather condition apparel, ex. rain boots, slush pants, hats, rain jacket, etc.

**Summer:** Hat, bug repellent, water bottle, appropriate shoes

- 2 Full sets of extra clothes
- If potty training: training pants, 2 pairs of underwear, socks, and spare shoes. Clothing should be easy for a child to independently put on and take off (e.g., shoes that are easy to put on).
- Prescription medication must be in the original container with the name and dosage directions.



## Consent and Agreement Form

	Please initial	
I/We have read and understood the contents of the “Parent Manual” including the <b>code of conduct</b> . I/We agree to adhere to the policies and procedures of the program at Mini Masterminds Child Care Centre Inc.		
I/We will bring our child(ren) into Mini Masterminds Child Care Centre and greet a staff member at drop off and pick up time to ensure supervision is instilled upon my child(ren).		
I/We will ensure that my payments are kept up to date and in advance.		
I/We agree that if a payment is late or missed for any reason, I/we are to pay the NSF fee for the outstanding month.		
I/We consent to late payment fees after Mini Masterminds Child Care Centres outline hours of operations.		
I/We agree that in the event of late pick-ups over multiple occasions (3 or more times in a row) child may be withdrawn from the program.		
I/We will allow my child(ren) to participate in all activities, use the Mini Masterminds Child Care Centre’s equipment, and grant my child permission to leave the premises for supervised walks.		
I/We grant permission for Mini Masterminds Child Care Centre staff members to take any necessary steps to obtain emergency medical care if warranted. A full outline of emergency procedures, policies and practices are in the parent manual. Any expenses incurred during an emergency will be the responsibility of the child(ren)s family.		
I/We agree that Mini Masterminds Child Care Centre reserves the right to cancel any arrangements if policies are not followed by any child, parent/guardian.		
I/We understand that Mini Masterminds Child Care Centre is not responsible for any incidences that may occur as a result of false or updated information.		
I/We agree that all information on enrolment forms is true and up to date.		
I/We hereby consent to my/our child(ren) to participate in photographs, videos, and media platforms for educational purposes on behalf of Mini Masterminds Child Care Centre.	Yes	No
I/We hereby consent to my/our child(ren) work to be displayed with their first name to others. This may include in the form of writing pieces, artwork, etc. for observation and demonstration purposes.	Yes	No



I/We have read and understood the information listed above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Registration Agreement Form

Child's Name: \_\_\_\_\_

Program Selected: \_\_\_\_\_

Selected Program Dates (if applicable): \_\_\_\_\_

Monthly Child Care Fees: \_\_\_\_\_

Start Date: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Date of Deposit: \_\_\_\_\_

I/We have read and understood the contents of the "Parent Manual" including the **code of conduct**. I/We agree to adhere to the policies and procedures of the program at Mini Masterminds Child Care Centre Inc including payment policies and late fee procedures. I/We agree that all information on enrolment forms is true and up to date.

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

