



Mississippi Mills Childcare Services

Registration Form/Contract

School Age Programs

Child Information

Last Name: _____ First Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Date of Birth (D/M/Y): ____/____/____ Resides with: _____

Schedule *Schedules must be consistent week to week.
*We require a minimum of 2 days a week.

Check the box indicating your child's school

Holy Name of Mary R. Tait McKenzie Naismith

Check the boxes for days you require care

Monday Tuesday Wednesday Thursday Friday

AM PM AM PM AM PM AM PM AM PM

Parent/Guardian Information

Last Name: _____ First Name: _____

Relation to Child: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Employer: _____ Phone/Ext.: _____

Work Address: _____

Last Name: _____ First Name: _____

Relation to Child: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Employer: _____ Phone/Ext.: _____

Work Address: _____

**We require an original copy of any legal restrictions regarding custody and/or access.*

Siblings

Name	Age	School/Childcare Centre

Check the box if you will be applying for subsidy through Lanark County.
This will help coordinate your start date with your approval date for subsidy.





Mississippi Mills Childcare Services Registration Form/Contract

Emergency Contacts *Please list 2 emergency contacts other than main guardians.

Name	Relationship	Address	Phone

Medical Information

Does your child have any medical needs and/or conditions (allergies, asthma, etc.?)

No Yes Please specify: _____

Does your child require an EpiPen?

No Yes If "Yes", an Anaphylaxis Plan must be completed before your child begins childcare.

Does your child have a special diet? _____

Does your child require daily medication? _____

Family Doctor: _____ Phone: _____

Mailing Address: _____

Family Dentist: _____ Phone: _____

Mailing Address: _____

Permissions Please initial on the corresponding line to indicate you give permission.

_____ I hereby grant permission for my child to use all play equipment and participate in all activities at the Centre/School.

_____ I hereby grant permission for staff to administer sunscreen when required.

_____ I hereby grant permission for my child to leave the Childcare/School premises under the direct supervision of Childcare Staff for in town walks and field trips. (Out of town field trips require separate permission forms)

_____ I hereby grant permission to the Director/Supervisor or her designate to obtain medical care for my child if warranted.

_____ I have received and read the Mississippi Mills Childcare Services/School Age Programs "[Parent Handbook](#)" and agree to adhere to the policies.

_____ I give permission for the use of my child's name/photo in newsletters, display boards, photo albums, childcare website, local newspaper, or the municipality's social media.

_____ I give permission for group photos including my child to be sent to other parents using our Hi Mama App.

_____ I understand and agree that accounts must be in good standing to ensure that service is not disrupted.

Signature (Parent or Guardian) _____ Date _____

Requested date Childcare to commence _____

OFFICE USE

Official Start Date: _____ File Closed: _____





CORPORATION OF THE MUNICIPALITY OF MISSISSIPPI MILLS

3131 OLD PERTH ROAD · PO BOX 400 · RR 2 · ALMONTE ON · K0A 1A0

PHONE: 613-256-2064
FAX: 613-256-4887
WEBSITE: www.mississippimills.ca

PLEASE COMPLETE AND RETURN THE AGREEMENT BELOW.

SIGNED AGREEMENT IS REQUIRED TO COMPLETE LILLIO ENROLLMENT PROCESS.

I agree to turn autopay on and keep autopay turned on in the Lillio billing platform.

This will ensure my payments to Mississippi Mills Childcare Services are paid on time in full. I understand that I am in full control of my payments and payment settings, and I will notify Mississippi Mills Childcare Services by email to childcare@mississippimills.ca if at any time I decide to make any changes to my autopay settings or need to turn autopay off.

I also understand that by turning autopay off in the Lillio billing platform, I am fully responsible to ensure my account is paid in full by the respective due date to Mississippi Mills Childcare Services using one of two alternative payment methods as noted on Page 17 of the Mississippi Mills Childcare Services Parent Handbook, and that failure to make this payment may result in loss of my childcare space(s) with Mississippi Mills Childcare Services.

Signature

Date

Child DAY Number(s): _____

Child Name(s): _____

Guardian/Parent Name(s): _____

Address: _____

Guardian/Parent Phone No(s): _____

Guardian/Parent Email(s): _____



The Municipality of Mississippi Mills Childcare Services

LUNCH BAG POLICY AGREEMENT

The Municipality of Mississippi Mills Childcare programs provide nutritious snacks before and after school each day **and lunch /snacks for infant/toddler and preschool children.**

For school age children, on school holidays /summer when it is necessary to send your child with a lunch, **and for younger age groups that are required to bring in their own lunch,** we ask that the following policy be followed.

- Parents must ensure that their child’s lunch is nutritious and meets the guidelines from the **Canada Food Guide.** Lunches should include items from each of the food groups plus I extra fruit or vegetable.
- A few examples of some recommended food items are fruit, whole wheat bread, cheese, milk, yogurt, eggs, pasta. Please do not include foods that are low in nutritional value and/or high in sugar content such as candy, chocolate bars, soda pop or high sugar drinks. Please check food labels before sending lunches. It is important that lunches are nut free.
- Lunch containers and water bottles must be labeled with the child’s name on it.
- Food items should be stored according to the instructions. Please include an ice pack should items need to be kept cold.
- Microwaves are not available at any of the school locations.
- Please inform the teacher in writing of any food allergies or food restrictions your child may have.
- Food allergies are posted in the room where snack and lunch is served. Please be aware of food items that are restricted.
- If for any reason a lunch is forgotten, staff will contact the parents to make alternate arrangements.

I am providing a bag lunch for my child(ren) _____ to be served at this program as a lunch.

Name

I have been provided with information about the types of food items which need to be included in the lunch as well as those which are not to be included due to their low nutritional value and/or high sugar content. I will ensure that food items will be stored according to the instructions. I understand that it is my responsibility to ensure that the lunches provided meet the requirements for high quality.

I _____ have read and understand the “ Bag Lunch Policy” and agree to adhere to this policy as directed by the Ministry of Education, Early Years Division.

Signature: _____ Date: _____