

***St. Lawrence Co-operative Day Care Inc.***

***Child Enrollment Information***

*Infant/Toddler*  
*4 Market St.*  
*Toronto, ON*  
*(416) 363-5989*

*Preschool*  
*2 Princess St.*  
*Toronto, ON*  
*(416) 363-9506*

*School-age*  
*230 The Esplanade*  
*Toronto, ON*  
*(416) 363-9425*

***Providing quality child care in the St. Lawrence community SINCE 1979.***

Child's Name: \_\_\_\_\_  
Last Middle First

Child's Address: \_\_\_\_\_  
Street Apt. # City Province Postal Code

Child's Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_  
(day / month / year) (day / month / year)

**Parent #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone # or Alternate Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours of work: \_\_\_\_\_

**Parent #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone # or Alternate Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours of work: \_\_\_\_\_

**EMERGENCY CONTACTS** (other than parents) this person(s) must be able to pick up your child in an emergency if we are unable to contact you. **This person must be at least 16 yrs. old to pick up at the infant/toddler or preschool location and at least 13yrs. old to pick up at the school-age location.**

**Contact #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Telephone #: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Child's Allergies/Restrictions: \_\_\_\_\_

Child's Reaction to Allergen: \_\_\_\_\_

**ANAPHYLACTIC ALLERGIES:** \_\_\_\_\_

**REACTION TO CAUSATIVE AGENT:** \_\_\_\_\_

**ANAPHYLACTIC EMERGENCY PLAN**(submitted): \_\_\_\_\_

Email address: \_\_\_\_\_

### Medical Information Form

**DOES YOUR CHILD HAVE ANY FOOD ALLERGIES, RESTRICTIONS OR REACTIONS TO MEDICATION, BITES, STINGS, FOODS: PLEASE SPECIFY THE ITEM AND THE REACTION**

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List any illnesses, operations, accidents, communicable diseases (e.g. chicken pox) which your child has had. Please be specific and list details. Please list any hospitalizations since birth.

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Does your child wear glasses, contact lenses, hearing aid, brace etc...? If yes, please describe

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Does your child have any present health problems or concerns? If yes, please describe

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Is your child taking any medication on a regular basis? If yes, please describe

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Is there any other health information you feel the staff should know in order to best help your child (e.g. frequent colds, asthma, speech difficulties, behaviour patterns, birth complications? Please describe)

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Please list any special requirements your child has in respect of diet, rest or exercise

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**The above information may be shared with appropriate staff**

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

**Date:** \_\_\_\_\_

## Medical Consent Form

1. Should it become necessary for my child, \_\_\_\_\_ to receive medical care, I/we, \_\_\_\_\_ hereby give the staff of St. Lawrence Co-operative Day Care Inc. permission to use his/her best judgment in obtaining the best medical service for my/our child.
  
2. I/we, \_\_\_\_\_, understand that in the event of a medical emergency not involving the use of an ambulance the staff of St. Lawrence co-operative Day Care Inc. will escort my child to Sick Children's Hospital via cab.
  
3. I/we, \_\_\_\_\_, understand that any cost incurred for any accident or medical emergency will be my/our responsibility.
  
4. I/we, \_\_\_\_\_, understand that in the event of an illness, accident, or medical emergency, I/we will be notified as soon as possible by the SLCD staff.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Business telephone #: \_\_\_\_\_

Cell or Alternate Telephone #: \_\_\_\_\_

## Family Information

*Please list people in the household, i.e. siblings, relatives, friends, housemates*

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_

Who does your child spend most of her/his time with?

\_\_\_\_\_

Have there been any major changes in the family setting in the past twelve months?

\_\_\_\_\_

Are there any other languages spoken at home other than English?

\_\_\_\_\_

Is there a pet in your home? What is your pet's name?

\_\_\_\_\_

## General Information

What kind of comforting techniques or objects help soothe your child?

\_\_\_\_\_

How does your child relate to other children?

\_\_\_\_\_

Please suggest ways to help your child when she/he is anxious or upset:

\_\_\_\_\_

If your child has participated in any other day care setting, please indicate when: where:

\_\_\_\_\_

Does your child have a fear? (i.e. water, animals) How does your child react to her/his fear?

\_\_\_\_\_

Please list activities your child enjoys indoors and outdoors:

\_\_\_\_\_

## General Information Continued *(Infants & Toddlers Only)*

How does your child prefer to be held? (i.e. cradled, against chest, facing in/out etc...)

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Is your child used to sitting in a stroller? Are they able to walk holding onto a stroller?

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How does your child react when you leave her/him alone to go into another room?

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If she/he becomes upset, how long does it take for her/him to become calm and feel secure again?

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## Sleep Patterns *(Infants & Toddlers Only)*

How long does your child typically sleep at night?

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What is your child's sleeping pattern for the day?

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What time does your child go to sleep? A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

What time does your child wake up? A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Does your child experience nightmares or sleeping disturbances? If yes, what kind?

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Does your child prefer to sleep on her/his back? \_\_\_\_\_ Side? \_\_\_\_\_

Does your child sleep in her/his own room? \_\_\_\_\_

Does your child sleep in her/his own bed? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Do you have any special ways of helping your child go to sleep? Please specify

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Does your child usually cry when she/he wakes up?

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**\*Please note due to health & safety reasons we do not allow children to go to sleep with a bottle\***

### Feeding Instructions *(Infants & Toddlers Only)*

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

My child is breast fed \_\_\_\_\_ My child is bottle fed \_\_\_\_\_

**My child can have the following liquids:**

Formula \_\_\_\_\_ Type of Formula? \_\_\_\_\_  
How many ounces per bottle? \_\_\_\_\_ How many bottles per day? \_\_\_\_\_

Milk \_\_\_\_\_ Type of Milk? \_\_\_\_\_  
How many ounces per bottle? \_\_\_\_\_ How many bottles per day? \_\_\_\_\_

Juice \_\_\_\_\_ Type of Juice? \_\_\_\_\_  
How many ounces per bottle? \_\_\_\_\_ How many bottles per day? \_\_\_\_\_

Water \_\_\_\_\_  
How many ounces per bottle? \_\_\_\_\_ How many bottles per day? \_\_\_\_\_

**My child can have the following foods:**

Jarred baby food? \_\_\_\_\_ Pureed adult food? \_\_\_\_\_ Chunky adult food? \_\_\_\_\_

Types of cereals: \_\_\_\_\_

Types of vegetables: \_\_\_\_\_

Types of meats: \_\_\_\_\_

Other: \_\_\_\_\_

What is your child's feeding schedule throughout a typical day?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child hold her/his own bottle? \_\_\_\_\_

When eating, is your child on your lap or in a separate chair? \_\_\_\_\_

Does your child have a healthy appetite and show interest in food? \_\_\_\_\_

Have you noticed any sensitivity to particular foods? If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Has your child experienced difficulty with eating? \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

### Personal Hygiene Patterns *(Infants & Toddlers Only)*

My child is using cloth diapers \_\_\_\_\_ My child is using disposable diapers \_\_\_\_\_

The type of ointment/cream my child uses for her/his diapering needs are: \_\_\_\_\_

I prefer my child to use wipes I bring in: \_\_\_\_\_ I prefer day care wipes \_\_\_\_\_

Does your child show an interest in using the potty or toilet? \_\_\_\_\_

What, if any phrase does your child use for a bowel movement? \_\_\_\_\_

**\*Please note: Due to limited time and staff, we request parents NOT use disposable PULL UP DIAPERS while their child is in day care.**

**Thank you for your cooperation.**

### Permission to Apply Creams, Powders or Ointments

I give permission for the staff of St. Lawrence Co-operative Day care Inc. to apply the following skin care products to my child :

Under the following conditions:

1. \_\_\_\_\_ diapering product when changing my child's diaper  
(name of product)
2. Apply daycare ( ) other ( ) sunscreen product before taking my child outside
3. \_\_\_\_\_

I understand that, should my child show a reaction to any of the above mentioned products, the staff of St. Lawrence Co-operative Day Care Inc. will discontinue its use and notify me of the reaction at their earliest convenience.

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

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



## Permission for Neighbourhood Trips

As part of our program, the children will participate in frequent walks around the community and/or visit a variety of local community businesses i.e. fire station, library, St. Lawrence Market etc...

I give permission for my child, \_\_\_\_\_ to take part in  
(child's name)  
neighbourhood walks.

The St. Lawrence Co-operative Day Care Inc. often takes photographs, voice recordings and video recordings of the children as part of the curriculum to display and use **ONLY within the day care.**

I give permission for my child, \_\_\_\_\_ to be

Photographed:        yes    no

Video-taped:        yes    no

Voice recorded:     yes    no

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Parent Information

Upon entering St. Lawrence Co-operative Day Care Inc., you will automatically become a member of the co-operative. Therefore, we would be interested in knowing which areas you would like to participate in (i.e. handy-person, music, story-telling, maintenance, political lobbying, fundraising etc...)

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Times Available: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Home Telephone #:** \_\_\_\_\_ **Business Telephone #:** \_\_\_\_\_

## Code of Conduct

### ***Declaration:***

The St. Lawrence Co-operative Day Care Inc. is a “**FRIENDLY ZONE**” in which all members and staff collectively agree to communicate and act in a manner that emphasizes mutual respect, fairness and equality. Individual needs and differences are recognized as being part of this collective process, and all members and staff are required to seek out clear and reasonable ways of addressing concerns.

The Board of Directors and staff recognize that there are many stress factors that make individuals less able to deal with difficult situations, and therefore are committed to providing a supportive environment.

Individuals are expected to abide by the Code of Conduct; and verbal, physical and gestural aggression is **NOT** permitted on the premises.

### ***Process:***

All members and staff are required to sign the Code of Conduct Agreement and to familiarize themselves with the terms of the agreement. The parent representatives at each centre are available to answer questions and to act as a liaison between the staff, parent and the Board of Directors.

### ***Definitions:***

**FRIENDLY ZONE:** An environment in which individuals respect each others rights and where there is fairness and equality.

**VERBAL AGRESSION:** Highly inappropriate language and/or methods of communication that make another person(s) feel threatened or out of control of the situation.

**PHYSICAL AGRESSION:** Any act taken to deliberately inflict physical hurt or injury upon another person(s) or herself/himself.

**GESTURAL AGRESSION:** Highly inappropriate gestures, body language or invasion of another person’s personal space causing the other person to fell threatened or out of control of the situation.

### ***Procedures:***

#### **A) Avenues to address concerns:**

1. Directly with the person(s) involved
2. Contact the Program Supervisor
3. Contact a parent representative and/or union representative

#### **B) How to address concerns:**

1. Carefully document concern
2. Meet with the Program Co-ordinator / parent representative / union representative to address concern
3. Document all meetings
4. Agree on a course of action to resolve the issue
5. Follow the agreed upon course of action
6. Attend follow up meetings as required to review or revise the plan of action
7. The Board of Directors will have the final input in order to bring closure to the issue

**Terms:**

All members and staff agree to:

- support a friendly and supportive environment
- strive to ensure positive communication during interactions
- follow the recommended procedures for addressing concerns
- participate in all meetings and allow careful documentation of the meeting
- abide by the final decision of the Board of Directors

If any member or staff fails to abide by the Code of Conduct the following procedure will apply:

1. The concern and inappropriate behaviour will be documented and presented by the parent/staff/Program Co-ordinator to the parent representative.
2. The parent representative will set up an initial meeting as required with the parties concerned to gather more information and determine if the Code of Conduct was violated.
3. The parent representative will convey this information in written form to all Board members so that a collective decision may be made on how to deal with the problem.
4. The Board of Directors reserves the right to do the following: issue a written warning, institute a probationary period or revoke membership of any member.

## Code of Conduct Agreement

(Print name)

I, \_\_\_\_\_ am aware that St. Lawrence Co-operative Day Care is a “FRIENDLY ZONE”, and do hereby agree to respect other people’s rights and to do my part to ensure fairness and equality.

I have read the above policy and do agree to the terms set forth.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

## ANAPHYLACTIC POLICY

“Anaphylaxis” is a severe allergy that can be fatal. In order to reduce the risk of anaphylactic shock the following steps have been taken.

1. **We cannot accept any child with an anaphylactic allergy into the program without an epi-pen that will remain at the day care at all times.**
2. Policy in place to reduce the risk of exposure to anaphylactic causing agents in the day care. (NUT FREE ZONE)
3. Each site will be trained in the proper use of the epi-pen by the parent or guardian of the anaphylactic child.  
The epi-pen will be stored in a pouch that will be kept in a medication box in the child’s room and will follow the child throughout the day.
4. As new staff are hired for the program training will be administered by the supervisor.
5. There will be regular First Aid training for all staff in direct contact with the children.
6. A file will be kept on each child with an anaphylactic allergy.  
**Parents/Guardians will need to supply an epi-pen that will remain at the day care** and any information on life-threatening allergies. The file will include a copy of current emergency contacts and any prescriptions and instructions from physicians or parents/guardians with regards to a plan of action should the child experience an anaphylactic reaction. This plan will be reviewed by each staff; student and volunteer commencing work with the day care and annually thereafter. It is the obligation of the parent/guardian to ensure this information is kept up to date.
7. If a staff has reason to believe that a child is experiencing an anaphylactic reaction, the staff may administer an epi-pen or other medication prescribed to the child for the treatment of an anaphylactic reaction.
8. Every attempt is made to avoid children from experiencing an allergic or anaphylactic reaction but in the event one does experience an allergic or anaphylactic reaction an epi-pen or other prescribed medication will be given and 911 will be called. A serious occurrence report regarding the incident will be made to City of Toronto Children’s Services.
9. A person with a nut allergy may have an immediate reaction or may react a few hours later. Some signs that a person is having an allergic reaction are:
  - Runny nose
  - Itchy skin rash
  - Hives
  - Tightness in the throat
  - Hoarse voice

- Wheezing
- Cough
- Nausea
- Vomiting
- Stomach pain
- Diarrhea

By Signing below you acknowledge and understand the above policy and will abide by the policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### **SMOKE FREE CENTRE POLICY**

No person smoking or holding an unlit cigarette is permitted on daycare premises including the playground whether the children are present or not.

Procedure:

Every staff, student, volunteer, parent or visitor will be informed that smoking is prohibited and will sign off on the policy at the beginning of employment or enrolment and then on a yearly basis for employees.

Parents will be informed before children start and “NO SMOKING” signs will be posted throughout the centre and in all washrooms that the staff uses.

Any person who refuses to comply is in contravention of the SMOKE FREE ONTARIO ACT as well as St. Lawrence Cooperative Daycare’s policy and will be warned for 1<sup>st</sup> offense, suspended for 2<sup>nd</sup> offence and expelled for 3<sup>rd</sup> offence.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

## NUT FREE POLICY

In accordance with the Health and Safety Act “Nuts or Products containing Nuts” are NOT permitted at St. Lawrence Cooperative Daycare.

Always read the label if you are unsure whether a product contains nuts.

Some items to avoid are;

- Peanut butter, peanuts and peanut oil
- Mixed nuts, candied peanuts, beer nuts and peanut brittle
- Crushed nuts in sauces
- Asian foods ( for example, satay and pad thai)
- Pesto (an Italian sauce made with nuts)
- Marzipan ( paste made from ground almonds and sugar)
- Health food bars, energy bars and sports bars
- All cakes and pastries with unknown ingredients, particularly carrot cake, pumpkin cake or pie and fruit and nut rolls
- Bouillon and Worcestershire sauce
- Praline and nougat
- Muesli and fruited breakfast cereals
- Vegetarian casseroles prepared with nuts and some veggie burgers
- Prepared salads and salad dressings
- Gravy mixes
- Candy with nuts

By signing you acknowledge and understand the above policy and will abide by it.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

## Parent Contract

*The conditions of this agreement protect both the parents and The St. Lawrence Co-operative Day Care Centre Incorporated ("the Centre). It assures the Centre that you, the parents, will financially support the space guaranteed for your child. Such guarantees from the parents protect the financial stability of the Centre, and ensure it continues to provide child care for your family.*

Agreement

**I agree to:**

1. Accept membership in the St. Lawrence Co-operative Day Care Inc. upon my child's enrollment in the program and I agree to resign membership upon my child's withdrawal;
2. Pay in advance, the designated fees, with no deductions for absences including holidays; (subsidy allows for a total 35 absences which include holidays and sick days in a calendar year);
3. Give the Centre two weeks notice, in writing, when my child is being withdrawn;

**I understand that:**

1. The daily fees are set by the General Membership and reviewed annually;
2. I am responsible to pay the full daily fee unless I receive a subsidy from the City of Toronto Community & Neighbourhood Children's Services;
3. If I receive subsidy for child care fees from the Children's Services Department, I will be responsible for my assessed daily fee contribution;
4. I am responsible to fulfill all the requirements of the Children's Services Department, necessary to maintain the subsidy; and
5. If I become ineligible for any subsidy, I am responsible for paying the full daily fee.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20

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

Please Print Full Name: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

## Pick Up Authorization Form

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

Dear Parent(s):

In order to protect your child, we require authorization by the parent or guardian when other individuals pick your child up. Please list below ALL individuals who will come to get your child. Additional names can be added at a later date.

**Please note: Persons picking up at the Infant/Toddler and Preschool location MUST be at least 16 years old, and if picking up from the School-age location at least 13 years old.**

**YOUR CHILD WILL NOT BE RELEASED TO ANY PERSONS NOT LISTED BELOW**

NAME	ADDRESS	HOME PHONE#	BUSINESS PHONE #

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

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



<b>Child's File Card</b>				
<b>Child's Name:</b> _____				
Child's Address: _____				
Street	Apt. #	City	Postal Code	
<b>Child's Phone #:</b> _____				
Date of Birth: _____ Start Date: _____				
<b>Parent #1 Name:</b> _____				
Address: _____ e-mail _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Parent # 2 Name:</b> _____				
Address: _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Emergency Contact #1</b>				
<b>Name:</b> _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Emergency Contact # 2</b>				
<b>Name:</b> _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Child's Doctor's Name:</b> _____ Phone #: _____				
Doctor's Address: _____				
<b>Child's Allergies/Restrictions:</b> _____				
Child's reaction to allergen: _____				
<i>For office use only: Walk</i> _____ <i>Photo</i> _____ <i>Voice</i> _____ <i>CO</i> _____				

<b>Child's File Card</b>				
<b>Child's Name:</b> _____				
Child's Address: _____				
Street	Apt. #	City	Postal Code	
<b>Child's Phone #:</b> _____				
Date of Birth: _____ Start Date: _____				
<b>Parent #1 Name:</b> _____				
Address: _____ e-mail _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Parent # 2 Name:</b> _____				
Address: _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Emergency Contact #1 Name:</b> _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Emergency Contact # 2 Name:</b> _____				
Home Phone #: _____ Work #: _____				
Cell or Alternate Phone #: _____				
<b>Child's Doctor's Name:</b> _____ Phone #: _____				
Doctor's Address: _____				
<b>Child's Allergies/Restrictions:</b> _____				
Child's reaction to allergen: _____				
<i>For office use only: Walk</i> _____ <i>Photo</i> _____ <i>Voice</i> _____ <i>CO</i> _____				

# St. Lawrence Cooperative Day Care Inc.

I, \_\_\_\_\_ understand that although my child  
(Parent Name)

\_\_\_\_\_ born \_\_\_\_\_  
(Child's Name) (Birthdate)

Is being admitted to St. Lawrence Co Operative Day Care on \_\_\_\_\_  
(Date of admission)

in the \_\_\_\_\_ age grouping, there is no guarantee that he/she will be able to remain in the above mentioned center until he/she reaches up to 10 years old.

Continuation in this centre will depend on vacancy being available in the next age grouping to which he/she would normally progress.

Dated in Metropolitan Toronto this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Parent's Signature: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_

## Release and Indemnity Agreement Form

Please read the following very carefully to ensure that you fully understand the legalities before you sign.

I, the legal parent/guardian of \_\_\_\_\_ (child's name) give my permission for \_\_\_\_\_ (child's name) to participate in all day care activities both on and off the premises of St. Lawrence Co-operative Day Care Inc.

The undersigned hereby waives and releases St. Lawrence Co-operative Day Care Inc. its Directors, Program Supervisors and employees from any and all claims, demands, actions or causes of action which may arise out of accident, injury or damage which may occur to \_\_\_\_\_ (child's name) while participating in the day care activities, on or off site excursions, for the period of membership at St. Lawrence Co-operative Day Care Inc.

I also assume and accept all risk, danger and hazards in connection with the St. Lawrence Co-operative Day Care Inc.

I have read and understand this release and indemnity agreement prior to signing it and am aware that by signing this document I am affecting the legal rights and liabilities of myself and my child (ren).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Print name of Parent/Guardian \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Print name of Witness \_\_\_\_\_

This form will be kept on file at St. Lawrence Co-operative Day Care Inc.

**Note:**

If a child is unable to go on any of the day care trips then the child will have to stay at home.