



ROSETOWN KID KARE INC.

P.O. Box 1475
1004 Main Street
Rosetown Saskatchewan S0L 2V0

Phone: (306) 882.4024
Email: director@rosetownkidkare.ca
www.rosetownkidkare.ca

Agreement of Services and Deposits

This agreement is made by and between Rosetown Kid Kare Inc and _____
Parent/Guardian

The following has been agreed upon beginning _____
Date

I have read and agree to the full contents of the Parent Handbook and Policy and Procedures Manual. _____
Initials

I agree to all fees as listed on the Fee Structure Chart _____
Initials

I agree to pay a deposit of _____ to hold a space until the start date of _____
one months fee Date

In the event I choose not to enroll my child with this provider this deposit fee is non-refundable.

This agreement, the Parent Handbook and Policy and Procedures Manual state the obligations of the provider there are no other implied obligations. Any ammendments to this agreement must be in writing and signed by both parties.

Parent/Guardian Signature

Date

Director Signature

Date

Agreement for Child Care Services

Early Years Branch
2nd Floor 2220 College Avenue,
Regina, SK, S4P 4V9

(see guidelines on reverse)

Agreement between:

Parent or guardian

Street Address/Box Number

Town/City

Postal Code

and

Child care centre or child care home provider, hereinafter called the Child Care Service

Street Address/Box Number

Town/City

Postal Code

This agreement is a legal and binding contract between the child care service and the parent. **Please ensure that all terms and conditions are thoroughly discussed, and clearly and accurately recorded in the agreement. A copy of this Agreement for Services is to be retained by both the parent and the child care service. The parent may be required to sign additional documentation regarding policies of the child care service.**

1. The parent agrees to place the following children in the above named child care service:

Name:	Date of birth:	Name:	Date of birth:
_____	____/____/____ Year Month Day	_____	____/____/____ Year Month Day
_____	____/____/____ Year Month Day	_____	____/____/____ Year Month Day

2. The parent and the child care service agree that child care services will be available for the above named children as indicated below.

The child care service will provide alternate care when the provider or centre staff is not available (including reasons of illness and vacation) during the hours indicated below unless other arrangements are agreed upon between the parent and the child care service.

Monday _____ a.m. to _____ p.m.	Thursday _____ a.m. to _____ p.m.	Sunday _____ a.m. to _____ p.m.
Tuesday _____ a.m. to _____ p.m.	Friday _____ a.m. to _____ p.m.	
Wednesday _____ a.m. to _____ p.m.	Saturday _____ a.m. to _____ p.m.	

Additional care schedule arrangements: _____

Alternate arrangements: _____

3. The parent and the child care service agree that the total child care fee shall be \$_____ per month/week/day/hour, payable by the _____ day of the month.

The fee may be adjusted by providing _____ month(s) written notice. Non-payment of fees may be cause for immediate termination without notice.

Additional fee payment arrangements: _____

4. (Optional) The parent and the child care service agree that the following fee shall be charged for late pick-up of a child:

5. (Optional) Either party shall give _____ days/weeks written notice during the first _____ days/weeks/month of care.

6. The parent and the child care service agree that this agreement may be terminated upon _____ ~~weeks(s)~~ months(s) written notice by either the parent or the child care service. Notice shall be received by the _____ day of the month prior. The fee may be paid in lieu of notice.

The parent and the child care service agree to comply with the child care facility policies and The Child Care Regulations, 2015 as amended from time to time, a copy of which is available from the Ministry of Education.

I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by these requirements.

In witness whereof the parties hereto have set their hands this _____ day of _____, _____ (year) at _____ in the province of Saskatchewan.

Signature of parent or guardian

Signature of the supervisor or operator of the child care centre or the child care home provider

7777 EY 02/2016

Guidelines for Completion

This form is completed by the child care service and the parent prior to admitting a child. It is a contract between parent and child care service and serves as a legal document. The child care service keeps the original on file and gives the parent a copy. A new agreement must be completed whenever there is a change in number of children covered by the agreement, hours of care, fees or other relevant policies. Be sure you discuss all aspects of this agreement with the parent prior to signing.

Section 1. All children from one family may be included on one agreement or separate agreements may be used if fees and/or care schedules differ.

Section 2. Fill out normal hours of care required each day. The parent and the child care service must discuss and make arrangements for any variations that could occur in the schedule. Any permanent changes require that a new agreement must be completed.

Under additional care schedule arrangements, parents and child care service should include when care may or may not be provided, variable or casual work/care schedules, statutory holidays, part-time care and extended care hours. Under alternate care arrangements child care services should reflect their policies regarding use of alternates not provided by the child care service (reimbursement, provision of receipts, etc.)

Section 3. Total child care fee includes parent portion and subsidized portion. Child care services should inform the parent of his/her responsibility for any portion of the fee not received through Child Care Subsidy. Indicate the day of the month payments are due. Any change in fees requires a new agreement (i.e. facility fee increase, child moving from infant to toddler fee).

Under additional fee payment arrangements, the parent and the child care service should include payments other than monthly payments, specifics regarding fluctuating fees, additional fees for outings or activities, agreements for payments during parent vacations and child illnesses, interest charges for late payments, summer school-age increases, deposits and holding fees.

Section 4. Completion of this section is optional. Any fees that are charged for overtime or late pick-up should be specified. Be sure to specify the dollar amount for the period of time and the time when late charges become effective. (i.e. \$1.00 per minute after centre closing hours, \$5.00 per half hour after 5:30 p.m.)

Section 5. Completion of this section is optional. Facilities may establish a shorter period of notice during a specified trial period. (i.e. one week during the first month of care).

Section 6. If the facility has a policy stating the notice must be received by a certain date, such as the first of the month, this line should be completed.

Section 7. Signature of witnesses is optional, however, signature of a witness further authenticates the document. Any adult can be a witness to a legal document and it is preferable for the witness to be present when the form is signed, however, it is not legally required. A witness can state to the person after the person has signed the document: "Is that your signature?" and if the person responds "yes", the witness can then witness the document in writing.



FEE STRUCTURE

P.O. Box 1475
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	Full Time	Drop In's
Infant (6wks-18m)	\$340 / Month	\$30.93/ Day
Toddler (18m-2.5yr)	\$324 / Month	\$28.13/ Day
Pre-School (2.5yr-Kindergarten)	\$254/ Month	\$25.52/ Day
Non School Day		\$30 / Day
Before School		\$6 / Day
Before & After School or only After School		\$10 / Day
Cancellation		Invoice will still be sent if Director is not notified of cancellation.
Membership Fee	One time \$5 fee per family	One time \$5 fee per family
Interest	5% each day past 15 th	5% each day past 15 th
Pre-Payment	Pre-Payment by the 1 st of the month is mandatory.	

Please note:

1. Drop-in & before/after school spots will be allocated upon availability on a first come first served basis, at the discretion of the Director. Requested dates will only be accepted if emailed to director@rosetownkidkare.ca.
2. Hourly drop-ins may also be awarded at discretion of Director.

Invoices: All invoices are sent on the 1st of the month, or the next business day.

Pre-Payment: Pre-payment is mandatory for all age groups, with the option of paying a full month's fee on the 1st of the month, or half of the bill on the 1st, and half of the bill on the 15th of the current month. Payments by cheque or cash can be placed in the locked black mailbox provided at the entrance of the kitchen. Payment can also be made online or by e-transfer to director@rosetownkidkare.ca

Volunteer Fees: A \$10 volunteer fee is added to every invoice. If a minimum of three hours of volunteer time is accrued through the year, a credit will be issued in the amount that you paid on your January invoice.

Assignment of Spots: Rosetown Kid Kare acknowledges the very limited childcare options within Rosetown and area. Our goal is to provide exceptional childcare for our members and accommodate as many families as safely possible. Full-time spots will be assigned based on a combination of the following:

- Previously submitted schedules
- Ability to accommodate full families
- Current and past use of the daycare

Questions? Contact the Director at 306-882-4024 or director@rosetownkidkare.ca with questions or concerns.

** Fees are subject to change with the appropriate notice given to members as per our handbook regulations. Fees are reviewed annually at our fiscal year end, March 31, or as the board sees fit. **



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Permission for Posting Pictures

I give the Rosetown Kid Kare Inc staff permission to take and post photos of my child(ren) on the private Rosetown Kid Kare Inc Seesaw app.

Parent/Guardian Signature



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Removal Permission Form

Date: _____

Child(ren) Name: _____

I _____ give the following people permission at any time without prior consent to remove my child(ren) _____

from Rosetown Kid Kare Inc:

Name	Relationship	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature:

Child's Emergency Information

(Required Form)

Child Care Regulation 32 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

Child's Name: _____

Date of Birth: _____
Year Month Day

Parent/Guardian Name: _____

Address: _____

Postal Code: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email: _____

Two other persons to contact in case of emergency:

1. Name: _____ 2. Name: _____

Relationship: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email: _____

Personal Health Number: _____

Group Medical Services or

Medical Services Incorporated Number: _____

Parent/Guardian Name: _____

Address: _____

Postal Code: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email: _____

Physician's name: _____ Phone: _____

Address: _____

7790 EY 02/2016

(over)

Check (✓) any of the following illnesses which the child has had:

☐ Asthma

☐ Earaches

☐ Measles (red)

☐ Tonsillitis

☐ Bronchitis

☐ Eczema

☐ Mumps

☐ Whooping cough

☐ Chicken pox

☐ Frequent colds

☐ Pneumonia

☐ Other _____

☐ Convulsions

☐ Influenza

☐ Polio

☐ Croup

☐ Injuries

☐ Rheumatic fever

☐ Diphtheria

☐ Measles (German)

☐ Scarlet fever

List all known allergies:

Drug

Food

Other

_____	_____	_____
_____	_____	_____
_____	_____	_____

List all medications taken on a regular basis:

List all known medical conditions:

List any concerns/limitations in regards to this child's medical treatment:

7790 EY 02/2016

Child's Health Resume (Required Form)

Child Care Regulation 36 requires every licensee to keep a record with respect to each child attending the facility that includes: (a) child's name and date of birth, (b) names, addresses and telephone numbers of the child's parents, persons to contact in the case of an emergency and the child's medical practitioner, (c) any allergies, illness or other medical condition, and (d) the child's immunization status.

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Child's Name: _____ Starting Date: _____/_____/_____
Year Month Day

Date of Birth: _____/_____/_____
Year Month Day Personal Health Number: _____

Group Medical Services or Medical Services Incorporated Number _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Home Address: _____ Home Address: _____

Postal Code: _____ Postal Code: _____

Home phone: _____ Home phone: _____

Place of business: _____ Place of business: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Are both parents listed above authorized to remove the child from the child care facility? ☐ Yes ☐ No

Comments: _____

In case of emergency, the child care service will contact the following physician for medical treatment:

Physician's Name: _____

Address: _____

Phone: _____

Provide the names of two other persons to contact in case of emergency.

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Home phone: _____ Home phone: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Medical History

Check (✓) any of the following illnesses which the child has had:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Injuries – please list _____ |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Other - please list _____ |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Scarlet fever | _____ |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Tonsillitis | _____ |

Are your child's immunizations up to date? ☐ Yes ☐ No

Allergies

Does your child have any known **drug** allergies? ☐ Yes ☐ No If Yes, what are they and what are your child's reactions?

Does your child have any known **food** allergies? ☐ Yes ☐ No If Yes, what are they and what are your child's reactions?

Does your child have any **other** allergies? ☐ Yes ☐ No If Yes, what are they and what are your child's reactions?

Other Medical Information

Does your child take any medication on a regular basis? ☐ Yes ☐ No If Yes, please give the name of the medication and the medical condition for which it is taken. _____

Was your child born prematurely? ☐ Yes ☐ No If Yes, how many weeks? _____

Do you have any concerns about your child's development? ☐ Yes ☐ No If Yes, please comment. _____

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate? ☐ Yes ☐ No

If Yes, please identify. _____

Has your child ever undergone surgery? ☐ Yes ☐ No If Yes, please list. _____

Are there any special diets necessary for your child's health? ☐ Yes ☐ No If Yes, please describe.

Please comment on any other medical information the child care service should be aware of. _____

Date: ____/____/____
Year Month Day

Parent/Guardian Signature

Excursion and Transportation Consent

(Required Form)

Child Care Regulation 36(2)(f) requires every licensee keep a record with respect to each child attending the facility that includes any authorization provided by the child's parent for i) an excursion not involving transportation and (ii) an excursion involving transportation. In accordance with subsection 54(8), a risk assessment must be conducted by the licensee before any excursion. **Excursions where natural or other hazards exist will also require completion of Special Excursion Consent Form.**

I hereby give permission to _____
(Name of child care home provider or child care centre)

for my child _____ for the following:
(Name of child)

to participate in excursions, not involving transportation or neighbourhood walks:

☐

Yes

☐

No

to participate in excursions involving public or private transportation

☐

Yes

☐

No

Comments or Exceptions:

Date: _____ Parent/Guardian Signature _____

Note: When a parent or guardian does not authorize his/her child to participate in an excursion, the facility is obligated to provide alternate care.

Medication Form

(As Required)

Child Care Regulation 27(1) requires every licensee who agrees to administer medication to a child to: (a) obtain prior written authorization to administer the medication from the child's parent; and (b) ensure written records of each dose of medication administered to a child are maintained.

Medication Authorization

*** A separate form must be completed for each type of medication administered.**

Child's Name: _____

Name of Medication: _____

Dosage: _____

Times of day to be administered: _____, _____, _____

Child care centre or child care home provider name: _____

I hereby authorize staff of the above named child care centre or child care home to administer the above named medication in the dosage and the times of day indicated to the above named child.

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Date: _____/_____/_____
Year Month Day

Signature of parent/guardian _____

Medication Record

To use this medication record, list the dates down the left hand column and indicate the times of day that the medication was administered. The person who administers the child's medication must place his/her initials in the appropriate box.

[illegible]

School-Age Social Resume

Child's name: _____

Does your child have a nickname? ☐ Yes ☐ No If Yes, what is it? _____

Name of school: _____

School address: _____ Phone number: _____

How will your child get to and from school? _____

Is a transportation company involved? (taxi, bus service) ☐ Yes ☐ No

If Yes, name of company: _____ Phone number: _____

Family

Names of brothers and sisters (include nicknames)	Birth dates	Does this sibling live in the same home as this child?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of others living in the home	Relationship to child
_____	_____
_____	_____
_____	_____

What languages are spoken in your home? _____

Does your child have any pets? ☐ Yes ☐ No If Yes, what are they? _____

Food

Describe your child's appetite: _____

What foods do you not permit your child to eat? _____

What time does your child usually eat: Breakfast _____ Lunch _____ Snack _____ Supper _____

Provide any further information relating to your child with regard to food or eating: _____

Self-Care

Does your child need any help with dressing? ☐ Yes ☐ No If Yes, identify areas of difficulty: _____

Does your child need any help with toileting? ☐ Yes ☐ No If Yes, identify areas where assistance is required: _____

Social/Emotional Development

How does your child show feelings of:

Affection _____
Worry _____
Fear _____
Anger _____
Frustration _____
Excitement _____

Is your child shy? ☐ Yes ☐ No ☐ Sometimes

With whom? _____

When? _____

Does your child enjoy:

	Often	Sometimes	Never
Playing by himself?	_____	_____	_____
Playing with younger children?	_____	_____	_____
Playing with own-age children?	_____	_____	_____
Playing with older children?	_____	_____	_____
Being with adults?	_____	_____	_____

Does your child make new friends easily? ☐ Yes ☐ No Please comment: _____

Does your child have any imaginary playmates? ☐ Yes ☐ No If Yes, please describe: _____

What activities does your child like? _____

What activities does your child dislike? _____

Is your child enrolled in any extracurricular activities? ☐ Yes ☐ No Please list: _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Date: ____/____/____
Year Month Day

Parent/Guardian signature