rosemont

ROSEMONT BILINGUAL DAYCARE AND KINDERGARTEN
APPLICATION FORM

Please fill in this form online: download it from our website, type your answers, save it and email it to rose@rosemontbilingual.ca with a copy to rosemontbilingualschool@gmail.com. Leave the signature lines blank. The school will print your completed form, and you will sign it by hand in person to confirm.

CHILD'S NAME: _____ BIRTH DATE (DD/MM/YYYY): _____

USUAL NAME (NICKNAME): _____ BOY ☐ GIRL ☐

NATIONALITY: _____

ADDRESS: _____ COMMUNE: _____

PHONE (HOME): _____ CELL: _____

PREVIOUS SCHOOL: _____ PREVIOUS CLASS: _____

FIRST PARENT NAME: _____

RELATIONSHIP TO CHILD: _____ PROFESSION: _____

EMAIL ADDRESS: _____

ADDRESS (HOME): _____ COMMUNE: _____

PHONE (HOME): _____ CELL: _____

SECOND PARENT NAME: _____

RELATIONSHIP TO CHILD: _____ PROFESSION: _____

EMAIL ADDRESS: _____

ADDRESS (HOME): _____ COMMUNE: _____

PHONE (HOME): _____ CELL: _____

WHO PAYS THE FEES: _____

CUSTODY ARRANGEMENTS: _____

SPECIFY WHICH PARENT IS AUTHORIZED TO SEE OR PICK UP THE CHILD:

_____

PLACE WHERE PARENTS CAN BE REACHED:

FIRST PARENT NAME OF WORK PLACE: _____

ADDRESS: _____

PHONE (WORK): _____ OTHER: _____

SECOND PARENT NAME OF WORK PLACE: _____

ADDRESS: _____

PHONE (WORK): _____ OTHER: _____

CHILD'S DAILY ARRIVAL TIME: _____ DEPARTURE TIME: _____

SCHOOL LUNCH: YES ☐ NO ☐

SIGNATURE: _____

START DATE: _____ LAST DAY: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

PHONE (HOME): _____

CELL: _____

PHONE (WORK): _____

OTHER: _____

Is this emergency contact person allowed to pick up child? YES ☐ NO ☐

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

PHONE (HOME): _____

CELL: _____

PHONE (WORK): _____

OTHER: _____

Is this emergency contact person allowed to pick up child? YES ☐ NO ☐

CHILD'S HEALTH RECORD

CHILD'S NAME: _____ BIRTH DATE (DD/MM/YYYY): _____

FAMILY PHYSICIAN: _____

PHONE: _____ ADDRESS: _____

HEALTH INSURANCE / CMU NUMBER: _____

ALLERGIES (LIST ALL KNOWN WITH REACTIONS): _____

_____

_____

ARE THERE ANY SPECIAL HEALTH NEEDS? (ADHD, ODD, ETC.): _____

_____

_____

DOES CHILD REQUIRE MEDICATIONS FOR KNOWN ALLERGIES OR SPECIAL HEALTH NEEDS? (LIST ALL):

_____

DIET RESTRICTIONS (due to religion or culture or known allergies): _____

HISTORY OF PREVIOUS SERIOUS ILLNESS: _____

IS CHILD'S IMMUNIZATION UP TO DATE? YES ☐ NO ☐

PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD: _____

_____ _____

SIGNATURE OF PARENT DATE

ADMISSION POLICY

1. Once your place is confirmed, please pay the registration fee, the first instalment and the kits to hold your spot (760,000 FCFA for full day, 660,000 FCFA for half day). The registration fee is non-refundable.
2. Time Frame: 7:00am – 3:30pm, 5 days a week (Monday to Friday). Half day: 7:00am – 12:30pm.
3. School fees are paid in 4 instalments: at registration, 1 November, 1 February and 1 April. Monthly fees (meals, before and after-school care, activities) are payable in full between the 1st and the 10th of each month. Every payment requested must be settled between the 1st and the 10th of the month. Each week of late payment after the 10th incurs a late fee of 10,000 FCFA. If payment is not made within one month, parents will be notified and the child will not be admitted to class until the payment is settled.
4. Payments are accepted in cash or by mobile money only (Wave or Orange Money to 07 17 26 00 00). Cheques are not accepted.
5. Please note you will still have to make payment if the child is absent.
6. We request that your child be dropped off no later than 9:00am. Special circumstances always arise and if these circumstances occur, please make arrangements with us so we may plan for staffing.
7. Please notify the daycare immediately when there are any changes with current address, telephone numbers, change of employer, emergency contacts, or immunizations.
8. As the daycare operates on a monthly budget with expenses that are incurred regardless of whether or not a child is present, we cannot give credit for absences due to illness or holidays.
9. If your child will be absent on any day, please let us know.
10. If you are unable to be at the daycare by pick-up time, please call or WhatsApp us so that arrangements can be made.
11. Sign the attendance sheet upon the child's arrival and their departure from the daycare.
12. Provide a complete change of clothes (socks included) that are labeled with your child's name. Inside shoes are also required.
13. Sign the medication book for any medications that your child will require for that day. The medication will not be administered if the form has not been filled out completely with your child's name, exact dosage, time to be administered, date, name of medication and your signature. Medication needs to be signed in daily. If the medication is ongoing, a special form will need to be filled out by the parent with all the same necessary information. If your child has received medication prior to coming into the daycare, please ask for the Communication Book to write down the type of medication and the dosage the child received before arriving at daycare, so that we are aware that the child was or is still sick.
14. Provide permission (preferably in writing) if another person is to pick up your child. Children will not be released to anyone not authorized by the admitting parent.
15. We require notification of any changes of the custody, guardianship or care and control of your child. A copy of any agreement or court order pertaining to those matters is to be left with the center. This will assist us in ensuring that your child is released only to an authorized person.
16. Rosemont believes that if a child is too sick to go outside or take part in daily activities, they are too sick to be at the daycare.
17. Rosemont will not be responsible for lost or broken toys that your child has brought from home. We ask that you leave your child's toys at home.
18. Rosemont requires a written notice one (1) month prior to you withdrawing your child. Sessions already paid are not refunded.

Your signature at the bottom of our admission policy indicates your willingness to comply with our regulations with the understanding that this agreement may be cancelled at any time by the center only if it is in the best interest of the child and the daycare.

Before and after-school care (optional, per month): Morning care 6:00 – 7:00am: 20,000 FCFA. After class 3:30 – 5:00pm: 15,000 FCFA. Late care 5:00 – 8:00pm: 35,000 FCFA.

Special Daycare need for evening – night: special booking in advance should be made.

SIGNATURE OF PARENT	DATE

Permission Forms

1. EMERGENCY MEDICAL TREATMENT

This letter is to give my permission _____ to Rosemont Bilingual Daycare to take my child _____ for emergency medical treatment if necessary.

Rosemont Bilingual Daycare will not be held liable for ambulance or any related medical fee. Any incurred cost will be the responsibility of the parent to pay.

_____ _____

SIGNATURE OF PARENT DATE

2. MEDICATION

This letter is to give my permission _____ to Rosemont Bilingual Daycare to give my child _____ the necessary medication that I provide, as directed and informed by me.

By handing medication to the daycare, I allow the staff to give it to my child as I have directed. I will fill in the medication book with my child's name, the exact dosage, the time to be administered, the date, the name of the medication and my signature, as set out in point 13 of the admission policy.

_____ _____

SIGNATURE OF PARENT DATE

3. PHOTO CONSENT

This letter is to give my permission _____ to Rosemont Bilingual Daycare to take and archive photos and videos of my child _____ during school activities, group work and classroom time, for use on the school's website and social media, for educational purposes and to represent the school only.

These images are only meant to be used by Rosemont. They will not be transferred to any third party for any purpose outside of representing the school.

_____ _____

SIGNATURE OF PARENT DATE

Children's Interest Inventory

My child's name is _____

Three words or phrases that best describe my child are:

1. _____

2. _____

3. _____

My child's interests include: _____

_____

My child is very motivated by: _____

_____

My child may get frustrated by: _____

_____

My dreams for my child while in childcare include: _____

_____

Other insights I would like to share about my child: _____

_____

Goals I would like to implement and work on for my child: _____

_____

Is your child toilet trained? YES ☐ NO ☐

Words used for urination (please indicate what your child says when he/she wants to go to the bathroom):

_____

_____