Pluto Day Care

Enrollment Checklist for Parents

Welcome to Pluto Day Care! To help ensure a smooth enrollment process, please use the checklist below to confirm that all required forms, documents, and supplies have been completed or provided. Incomplete enrollment packages may delay your child's start date.

The following forms are included in this enrollment package. Please complete all sections electronically to the best of your knowledge. All required signatures and dates must be completed before the package is submitted.

To allow sufficient time for review and preparation, completed enrollment packages should ideally be submitted approximately two (2) weeks before your child's start date. At a minimum, all required forms must be received by Pluto Day Care no later than two (2) business days before your child's first day of attendance.

We understand that information may change over time. Parents/guardians may update their child's information at any time by contacting the Centre or by completing the applicable update forms available on the Parent Resources page of our website.

Required Forms

- [ ] Enrollment Form
- [ ] Emergency Contact Form
- [ ] Financial Agreement
- [ ] Diapers, Pull-Ups & Wipes Policy
- [ ] Parent Agreement & Terms of Enrollment
- [ ] Consents Page
- [ ] Important Safety Warning
- [ ] Vaccinations
- [ ] Acknowledgement of Support Services
- [ ] Non-Prescription Products & Activities Blanket Authorization Form
- [ ] Health & Medical Information
- [ ] Allergies & Restrictions Page

Additional Required Forms for Infants

- [ ] Infant Room Introductory Questionnaire
- [ ] Infant Food Chart
- [ ] Infant Feeding Schedule

Required Documents

- [ ] Immunization Record or Valid Exemption
- [ ] Emergency Medication (if applicable)
- [ ] Medical Action Plan (if applicable)
- [ ] Court Orders/Custody Documentation (if applicable)

Required Supplies for First Day

- [ ] Indoor Shoes
- [ ] Outdoor Clothing
- [ ] Extra Change of Clothes
- [ ] Diapering Supplies (if applicable)
- [ ] Ready-made Bottles/Formula/Breast Milk (Infants)
- [ ] Comfort Item (if desired)

Fees with CWELCC Reduction

Fees reflect the current Canada-Wide Early Learning and Child Care fee reduction and may change in accordance with provincial or Regional funding requirements.

Base Fees

Age Group	Program	Monthly Fee
Infant	Under 18 Months	$478.50
Toddler	18 Months–2½ Years	$478.50
Preschool	2½–6 Years	$458.33

Monthly fees must be received by **no later than 6:00 p.m**. on the first calendar day of each month. This deadline applies even when the first falls on a weekend, statutory holiday, Professional Development Day, winter closure, or other Centre closure.

Registration Deposit – $250.00

Child Care Deposit: $200.00	Entry Fob Deposit: $50.00
Applied to the final month's fees when the required thirty (30) calendar days' notice is provided through Pluto Day Care's Withdrawal Form. The deposit is forfeited if the required notice is not provided.	Covers two entry fobs at $25.00 each and is refunded when all issued fobs are returned in good condition.

Region of Waterloo Fee Subsidy & Entry Fobs

Written confirmation of Region of Waterloo fee subsidy must be received at least two (2) weeks before the child's scheduled start date. Until confirmation is received, families are responsible for the $200.00 child care deposit, the applicable fob deposit, and all fees owing.

If subsidy is later approved, the child care deposit will be refunded where full subsidy applies or credited toward the family's required parent contribution where partial subsidy applies.

Subsidized families receive one access code per family, based on the last four digits of Parent/Guardian 1's telephone number. Only one access code is issued per family. Entry fobs are optional for subsidized families and require the applicable deposit.

Families who paid the entry fob deposit before subsidy approval may either return the fobs in good condition for a refund or keep them until their child withdraws from care.

Additional Fees (Non-Base Fees)

Fee	Amount
Late pick-up from centre	$25.00 at 6:01 p.m., plus $2.00 per additional minute
Late payment of fees	$10.00 per calendar day
Lost, damaged, additional, or optional fob	$25.00 each

Additional fees are due within **five (5) business days** of notification.

Late Pick-up from Centre

Children and parents/guardians must have exited the Centre by 6:00 p.m. Late fees are based on the Centre's door-access timestamp.

Payment Deadline & Late Payments

A $10.^{00}$ late charge applies immediately after the 6:00 p.m. payment deadline, and for each calendar day the balance remains unpaid. Late charges continue during weekends, statutory holidays, Professional Development Days, winter closure, and other Centre closures.

Payments received after 6:00 p.m. or while the Centre is closed are considered received on the next business day. Late charges continue to apply for each intervening calendar day until payment has been received and processed by the Centre.

Children will not be admitted to care if the full balance, including late charges, has not been received by 6:00 p.m. on the second calendar day of the month. If the account remains unpaid at 6:00 p.m. on the eighth calendar day, the child will be automatically withdrawn. All amounts owing remain payable. *For specific examples, please refer to the Financial Agreement.*

Accepted Payment Methods

We accept **cash** and **e-transfer** payments.

E-transfers must be sent to **paymentspluto@gmail.com** and will be deposited to **706785 Ontario Inc.**

The message must include the **Centre location and child's full name**. Payments received without this information may not be applied to the correct account, and any resulting late charges remain the account holder's responsibility.

Payments are considered received only once they have been successfully deposited into Pluto Day Care's account.

This Fee Schedule forms part of Pluto Day Care's Financial Agreement and Parent Agreement.

Pluto Day Care

Enrollment / Emergency Information

Complete electronically where possible. Update the Centre whenever information changes.

Child's Preferred Name: _____

Child's Legal Name: _____ Start Date: _____
First Middle Initial Last DD-MM-YYYY

Child's Home Address: _____ Unit: _____

City: _____ Postal Code: _____ Date of Birth: _____
DD-MM-YYYY

Parent/Guardian 1 (First Person to Contact)

First & Last Name: _____ Phone: _____
First Last

Relationship to Child: _____ Email Address: _____

Receives Centre emails: ☐ Yes ☐ No

Address (If different from child's):
Street: _____ City: _____ Postal Code: _____

Parent/Guardian 2 (Second Person to Contact)

First & Last Name: _____ Phone: _____
First Last

Relationship to Child: _____ Email Address: _____

Receives Centre emails: ☐ Yes ☐ No

Address (If different from child's):
Street: _____ City: _____ Postal Code: _____

Restrictions or Known Allergies:

We are a peanut, pork, pork product, beef, & honey free facility; do not list these unless anaphylaxis allergy

_____

Emergency Contacts

Please provide two emergency contacts **(other than the child's parent(s)/guardian(s))** who are authorized to pick up your child in an emergency. If you cannot provide two emergency contacts, please complete the Emergency Contact Waiver on the reverse side of this page. *These are not the same as Authorized Pick-Up Persons, but can be listed in both locations.*

Emergency Contact 1

First & Last Name: _____ Phone: _____
First Last

Address: _____ City: _____ Postal Code: _____

Emergency Contact 2

First & Last Name: _____ Phone: _____
First Last

Address: _____ City: _____ Postal Code: _____

In case of sudden or serious illness or accident concerning my child, my signature below shows that I give consent for appropriate treatment to be given by a qualified physician or staff member. Every effort will be made to contact parents. I understand that any expenses involved will be my responsibility.

With my signature below, I declare that all of the above information is accurate and up-to-date.

_____ _____ _____
Date (DD-MM-YYYY) Parent/Guardian Name Parent/Guardian Signature

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Authorized Pick-Up Persons

List people who, in addition to parents/guardians, may pick up your child without additional permission.
Parents/guardians do not get listed here.
Names must match valid government-issued photo identification.

1. Full Name: _____ Relationship to Child: _____
2. Full Name: _____ Relationship to Child: _____
3. Full Name: _____ Relationship to Child: _____
4. Full Name: _____ Relationship to Child: _____
5. Full Name: _____ Relationship to Child: _____
6. Full Name: _____ Relationship to Child: _____

Authorized Pick-Up Identification

Pluto Day Care staff may request valid government-issued photo identification from any person picking up a child. Authorized pick-up persons should carry valid identification at all times, as a child may not be released if their identity cannot be confirmed.

Staff must be treated respectfully when requesting identification and will not be reprimanded for following this safety requirement.

Any authorized pick-up person who is **16 or 17 years old** requires a completed **Underage Pick-Up Waiver**. No person under the age of 16 may pick up a child without an accompanying adult.

_____ _____ _____
Date (DD-MM-YYYY) Parent/Guardian Name Parent/Guardian Signature

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Pluto Day Care

Emergency Contact Waiver

Complete this form only if you are unable to provide two emergency contacts for your child.

As part of the enrollment process, Pluto Day Care requests that parents/guardians provide the names and contact information of **two (2) emergency contacts** who may be contacted if a parent/guardian cannot be reached.

I, the parent/guardian of _____, acknowledge that I have been asked to provide two emergency contacts but am unable to do so, or have chosen to provide only one or no emergency contacts.

I understand that, in the event of an emergency where Pluto Day Care is unable to contact a parent/guardian, the absence of emergency contact information may delay communication with another responsible adult. I acknowledge that Pluto Day Care cannot be held responsible for any consequences resulting from the absence of emergency contact information, provided reasonable efforts have been made to contact the parent(s)/guardian(s).

_____ _____ _____
Date (DD-MM-YYYY) Parent/Guardian Name Parent/Guardian Signature

Additional Information

☐ **Yes** ☐ **No** Are there custody, parenting-time, access, restraining-order, or court-order arrangements for your child?

If yes, documents provided to centre: _____

Anticipated average attendance times

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Getting to Know Your Child

How do you pronounce your child's name? _____

What language(s) are spoken at home? _____

Who lives in your child's home? _____

Are there any cultural traditions or holidays your family celebrates that you would like us to know about?

_____

What helps comfort your child? _____

How does your child show they are upset, tired, or overwhelmed?

_____

Favourite toys, books, songs, or activities: _____

Anything else that would help us support a successful transition? _____

_____

Behaviour & Safety Information

Please answer Yes or No. Honest information helps Pluto Day Care plan appropriate supports and maintain safety.

☐ **Yes** ☐ **No** Has bitten another child

☐ **Yes** ☐ **No** Frequently hits, kicks, pushes, or throws objects

☐ **Yes** ☐ **No** Attempts to leave adult supervision or climbs gates/fences

☐ **Yes** ☐ **No** Has required one-to-one or enhanced staffing support

☐ **Yes** ☐ **No** Has received behavioural/developmental support or worked with a Resource Consultant

☐ **Yes** ☐ **No** Has been suspended, discharged, or withdrawn from another child care program

Please explain any "Yes" answers: _____

_____

By signing below, I confirm that the information in this form is complete, accurate, and current to the best of my knowledge.

_____	_____	_____
Date (DD-MM-YYYY)	Parent/Guardian Name	Parent/Guardian Signature