

# The HHA Daycare

## Dear Parent/Guardian

Welcome to the HHA Daycare!

We are excited for the many new adventures on the horizon as we explore the world around us, learn about who we are, and celebrate the beauty and joy of Jewish living.

Whether you are returning to our Daycare or coming for the very first time, our staff can't wait to welcome your children.

Enclosed is our Registration Packet. We are happy to assist in any way we can. For help completing the forms, or applying for Child Care Subsidy from the City of Hamilton, feel free to contact Kym Gazda at [kgazda@hha.ca](mailto:kgazda@hha.ca) or 905.528.0039.

For any questions about our Daycare programme, please don't hesitate to call me directly at 905.528.0330.

## Looking forward to great new beginnings!

Joy Zians  
Child Care Director

Hamilton Hebrew Academy  
[www.hha.ca](http://www.hha.ca) | [office@hha.ca](mailto:office@hha.ca) | 905-528-0330  
60 Dow Avenue Hamilton, Ontario L8S 1W4

# The HHA Daycare

## Registration & Tuition Agreement

Although there are no internal subsidies available for these programmes, subsidies may be available from the City of Hamilton. Forms can be filled out online by visiting <https://www.missioninc.com/olaf/hamilton/>.

### Child (Infant, Toddler & Nursery only):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Hebrew Birthday: \_\_\_\_\_

### Parent / Guardian 1 {PRIMARY}:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

Home address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Address \_\_\_\_\_

### Parent / Guardian 2:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

Home address (if different than above) \_\_\_\_\_

Occupation \_\_\_\_\_ Business Name/Address \_\_\_\_\_

\*Which parent should be called first if your child is sick? \_\_\_\_\_ Child lives with: \_\_\_\_\_

# The HHA Daycare

**Emergency Contact 1 (other than parent):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact 2 (other than parent):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

**Non-Emergency Contact (other than parent):** (If a student is sick according to public health policies and neither parent can be contacted to pick up, must be local & available to pick up your child if necessary):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

**Additional people authorized to pick-up your children other than those stated above:**

Name \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_

**Relevant custody information (if applicable)**

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# The HHA Daycare

## 2022 Daycare Schedule & Fees

**Name of Child, Birthdate, and Requested Start Date:**  
 (Please complete one per child in the daycare)

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**Please Circle Requested Hours in Age Appropriate Timetable:**

| Infants 0 - 18 months (monthly fees) |            |      |         |        |
|--------------------------------------|------------|------|---------|--------|
| CLASS                                | TIME TABLE | HRS  | 5 DAYS  | 3 DAYS |
| Full 1                               | 8:00-4:00  | 8    | \$1,100 | \$660  |
| Full 2                               | 8:00-5:00  | 9    | \$1,200 | \$720  |
| Full 3                               | 8:00-6:00  | 10   | \$1,300 | \$780  |
| Full 4                               | 7:30-6:00  | 10.5 | \$1,350 | \$810  |

| Toddler 18 – 30 months (monthly fees) |            |      |         |        |
|---------------------------------------|------------|------|---------|--------|
| CLASS                                 | TIME TABLE | HRS  | 5 DAYS  | 3 DAYS |
| Full 1                                | 8:00-4:00  | 8    | \$880   | \$528  |
| Full 2                                | 8:00-5:00  | 9    | \$952   | \$573  |
| Full 3                                | 8:00-6:00  | 10   | \$1,024 | \$615  |
| Full 4                                | 7:30-6:00  | 10.5 | \$1,060 | \$636  |
| Morning                               | 8:00-12:00 | 4    | \$440   | \$264  |
| Afternoon                             | 12:00-4:00 | 4    | \$440   | \$264  |

| Nursery 30 months + (monthly fees) |            |      |         |        |
|------------------------------------|------------|------|---------|--------|
| CLASS                              | TIME TABLE | HRS  | 5 DAYS  | 3 DAYS |
| Full 1                             | 8:00-4:00  | 8    | \$880   | \$528  |
| Full 2                             | 8:00-5:00  | 9    | \$952   | \$573  |
| Full 3                             | 8:00-6:00  | 10   | \$1,024 | \$615  |
| Full 4                             | 7:30-6:00  | 10.5 | \$1,060 | \$636  |
| Morning                            | 8:00-12:00 | 4    | \$440   | \$264  |
| Afternoon                          | 12:00-4:00 | 4    | \$440   | \$264  |

### **IMPORTANT NOTICES:**

#### **Absent/Sick Days/Vacation time/Stat. or Jewish Holiday closures/Snow Days/Extra days**

Parents are responsible for full fees on days that your child is absent, sick or on vacation. Fees have been calculated to include closures due to statutory holidays and Jewish holidays. Payments are made by the month, and no refunds are given if the child is withdrawn before the end of the month.

#### **Classroom Infrastructure**

Children are subject to move to a different class based upon the teacher and supervisor's discretion. The parent will be notified if or when this decision has been made.

#### **Early Care and Aftercare**

Early Care and Aftercare are only available for children that are enrolled according to the timetable. If you require this service intermittently advanced notice must be given to the teacher and there is no guarantee we will be able to accommodate the request.

#### **Holiday Closures**

Please see last page.

#### **Early Friday Dismissal**

Please see last page.

**ONE FULL MONTH'S NOTICE IS REQUIRED IF YOUR CHILD IS LEAVING THE PROGRAM. FEE WILL END AT THE END OF THE ONE MONTH PERIOD.**

# The HHA Daycare

## 2022 Daycare Schedule & Fees

### PARENT / GUARDIAN CONSENT: (please check all that apply)

- I understand that in the event of sudden illness or accidental injury, every effort will be made to contact the parent or guardian. Should I be unavailable, you are authorized to transport my child to the closest emergency ward of a hospital for immediate medical attention. In the event of a minor medical issue, I authorize the staff of the Hamilton Hebrew Academy to provide my above-mentioned child(ren) with necessary medical treatment as appropriate.
- I give the HHA permission to administer medication to my child. I will fill out a form that will accompany the labelled medication.
- I give the staff at the HHA permission to use a diaper cream or topical ointment on my child for a diaper rash or other skin condition that I will provide. I have used this product previously without any adverse reaction to my child's skin. The cream / ointment is clearly labelled with my child's name and the instructions for application will be provided in writing attached to the product.
- I give the staff at the HHA permission to apply sunscreen, when necessary, on my child for outdoor play, that I will provide.
- I understand, parents are responsible for full fees on days that your child is absent, sick, on vacation, or there is an unforeseen act of nature. Fees have been calculated to include closures due to statutory holidays and Jewish holidays. Payments are made by the month, and no refunds are given if the child is withdrawn before the end of the month.
- My children's medical information on file is current and does not need to be updated. In the event that there are any changes I will immediately inform the school office and provide a new medical form. This includes any changes to health card numbers, allergies, or if my child contracted any communicable diseases.
- Due to dietary restrictions, I am forgoing the meal plan that the school is providing on behalf of my child, and I will provide meals for my child that will meet the Canadian Food Requirements and will not contain any allergen that the school has made me aware of.
- My child has additional dietary restrictions as follows: \_\_\_\_\_
- I give permission for the staff at The HHA to take my child(ren) on excursions to the playground, local parks, as well as on walks in the vicinity of the school, or in strollers in the neighbourhood, on the premises for religious study & educational experiences. This authorization remains in effect until the school is notified in writing to revoke this permission.
- I give permission for my name, telephone #, and e-mail address to be included in my children's class lists to be shared and distributed to other parents in my children's classes at the beginning of the school year.
- I consent to the use of the email address(es) provided on this registration form to receive electronic communications from the HHA which will include (but are not limited to) e-bulletins, office memos, and teacher communications. I recognize that these emails may include important and time sensitive information and agree to check emails frequently.
- I understand that children are subject to move to a different class based upon the teacher and supervisor's discretion. The parent will be notified if or when this decision has been made.
- In registering my child(ren) I recognize that the HHA is reserving space for the entire year. In the event of early withdrawal, I will be responsible for a pro-rated amount of the tuition up to the date of withdrawal, plus 25% of the remaining annual tuition or one-month tuition, not to exceed the total amount for the year. There will be no make-up days, refunds or credits in the event of absences or extended vacations.

# The HHA Daycare

## 2022 Daycare Schedule & Fees

Requested Start Date: \_\_\_\_\_

Requested Classroom: \_\_\_\_\_

Monthly Fee Total: \_\_\_\_\_

Registering from (check one):  Sept. 2021 through August 2022

Sept. 2021 through July 2022

Sept. 2021 through June 2022

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

Payment Type or Credit Card# \_\_\_\_\_

Expiry # \_\_\_\_\_

Date of Monthly Payments:  1st  15<sup>th</sup>  30<sup>th</sup> of each month (please check)

Here at the HHA we are pleased to announce that we are registered with the City of Hamilton. With this, Subsidies are available for any family that may want to apply. For information please contact (905)546-4870. To Apply: <https://www.missioninc.com/olaf/hamilton>

By signing you have read all important notices and agree to the terms and conditions:

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# The HHA Daycare

## Medical Information Form

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Grade/Class \_\_\_\_\_ Ontario Health Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Medical Conditions**

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's full participation in school activities.

- |                                                   |                                                               |
|---------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Hemophilia/Bleeding disorders        |
| <input type="checkbox"/> ASD                      | <input type="checkbox"/> Digestive upsets                     |
| <input type="checkbox"/> CP                       | <input type="checkbox"/> Heart problems                       |
| <input type="checkbox"/> Fainting Spells          | <input type="checkbox"/> Recent illness or operation          |
| <input type="checkbox"/> History of head injuries | <input type="checkbox"/> Chronic Urinary infections           |
| <input type="checkbox"/> Chronic Nosebleed        | <input type="checkbox"/> Chronic Ear, Nose, Throat infections |
| <input type="checkbox"/> Feet or Leg problems     | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Chronic Migraine         | _____                                                         |
| <input type="checkbox"/> Seizures                 | _____                                                         |
| <input type="checkbox"/> Diabetes                 |                                                               |

Details of treatment for each of the above conditions indicated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous communicable diseases: Date: \_\_\_\_\_ Illness: \_\_\_\_\_

Previous illness or injuries requiring hospitalization: Date: \_\_\_\_\_ Injury/Illness: \_\_\_\_\_

Special medical conditions or known allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# The HHA Daycare

## Medical Information Form (Page 2)

Please explain if your child/ward has any medical condition that requires any modification of his/her program.

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Is your child up to date on their immunizations  Yes  No

### Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: \_\_\_\_\_

If foods are life-threatening, please explain the symptoms and the treatment: \_\_\_\_\_

(b) Medications: \_\_\_\_\_

(c) Other (e.g., bee or wasp stings, environmental allergies): \_\_\_\_\_

Has your child suffered any serious allergic or asthmatic reaction? Y / N

If so, please provide details, including the type and severity of reaction:

Is allergy considered: Mild\_\_\_\_ Moderate\_\_\_\_ Serious\_\_\_\_ Life-Threatening\_\_\_\_

Has a doctor prescribed an Epi-Pen for your child Yes\_\_\_\_ No\_\_\_\_

Has a doctor prescribed an inhaler for asthma? Yes\_\_\_\_ No\_\_\_\_

Has a doctor prescribed an inhaler for any other reason? Yes\_\_\_\_ No\_\_\_\_

### Dietary Restrictions

Please list any foods your child/ward should not eat for medical or dietary reasons:

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# The HHA Daycare

## Medical Information Form (Page 3)

### Medication

Does your child/ward take prescribed medication on a regular basis? Please specify:

What prescribed medication(s) should your child/ward have with him/her during school trips?

### General

(1) Does your child wear or carry medical alert identification (e.g., bracelet)? Yes\_\_\_\_ No\_\_\_\_

If yes, please specify what is written on it:

(2) Does your child wear/use any special devices such as hearing aids, limb braces, glasses, etc.? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:

(3) Does your child have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares, etc.)? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Should it become necessary for my child to have medical care, I hereby give the teacher/staff member permission to use her/his best judgment in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: \_\_\_\_\_ (Please print)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ (Please print)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# The HHA Daycare

## Checklist

### Accompanying this form are the following:

- Medical Form (only for new students or to update medical information)
- Anaphylaxis form if applicable
- Completed Registration Form
- Completed Schedule & Fees
- Complete Payment arrangements
- Photocopy of birth certificate (new students only)
- Photo of student (new students only)
- Updated Vaccination Records

**OFFICE USE ONLY:** Full admissions packet rcvd on: \_\_\_\_\_

Start date of applicant(s): \_\_\_\_\_ Discharge date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# The HHA Daycare

## 2022 DAYCARE CALENDAR

### 2022 Holiday Closures

|                  |                           |
|------------------|---------------------------|
| February 21      | Statutory Holiday         |
| April 15         | Statutory Holiday         |
| April 18-22      | Passover Break            |
| May 23           | Statutory Holiday         |
| June 6           | Shavuot                   |
| July 1           | Statutory Holiday         |
| August 1         | Civic Holiday             |
| September 2      | PD Day                    |
| September 5      | Statutory Holiday         |
| September 26, 27 | Rosh Hashana              |
| October 5        | Yom Kippur                |
| October 10, 11   | Statutory Holiday, Sukkot |
| October 17, 18   | Simchat Torah             |
| December 26, 27  | Statutory Holiday         |

### 2022 Early Friday Dismissal Times

| <u>MONTH</u> | <u>MON-THU</u> | <u>FRI</u> |
|--------------|----------------|------------|
| January      | 6:00 pm        | 4:30 pm    |
| February     | 6:00 pm        | 5:15 pm    |
| March        | 6:00 pm        | 6:00 pm    |
| April        | 6:00 pm        | 6:00 pm    |
| May          | 6:00 pm        | 6:00 pm    |
| June         | 6:00 pm        | 6:00 pm    |
| July         | 5:30 pm        | 5:30 pm    |
| August       | 5:30 pm        | 5:30 pm    |
| September    | 6:00 pm        | 6:00 pm    |
| October      | 6:00 pm        | 6:00 pm    |
| November     | 6:00 pm        | 4:15 pm    |
| December     | 6:00 pm        | 4:15 pm    |