

FRANKLAND DAY CARE

816 Logan Avenue

Toronto, Ontario M4K 3E1

frankland@bellnet.ca

2026 SUMMER CAMP

Dear Parents,

Frankland Day Care Centre is now accepting Summer Weekly Registration!

Our School-age fee (**Grades 1 - 6**) for this summer is **\$287.60 per week**, which includes AM/PM snacks, and all on-site activities.

Please note:

* Frankland Day Care's operating hours will be **8:30 am – 5:00 pm**.

* Frankland Day Care enrolls children on a "first come first served" basis. It would be advisable to return your form ASAP in order to avoid disappointment.

* **FRANKLAND DAY CARE WILL BE EXTENDING OUR SUMMER PROGRAM TO THE COMMUNITY ON FRIDAY MARCH 6, 2026.**

* The fee for catered lunch is \$4.94 per day (optional), please see below for total weeks cost.

Frankland Day Care is no longer accepting payment by cheque or e-transfer. We will require monthly payment by pre-authorized debit payments using the Plotoo platform (www.plotoo.com).

Frankland Day Care will be CLOSED on Wednesday July 1 & Monday August 3, 2026.

PROGRAM WEEKS	DATES	PROGRAM COST WITH CATERED LUNCH	PLEASE CHECK (with catered lunch)	PROGRAM COST WITHOUT CATERED LUNCH	PLEASE CHECK (without catered lunch)
WEEK 1	JUNE 29 – JULY 3	\$307.36		\$287.60	
WEEK 2	JULY 6 - 10	\$312.30		\$287.60	
WEEK 3	JULY 13 - 17	\$312.30		\$287.60	
WEEK 4	JULY 20 - 24	\$312.30		\$287.60	
WEEK 5	JULY 27 - 31	\$312.30		\$287.60	
WEEK 6	AUGUST 3 - 7	\$307.36		\$287.60	
WEEK 7	AUGUST 10 - 14	\$312.30		\$287.60	
WEEK 8	AUGUST 17 - 21	\$312.30		\$287.60	
WEEK 9	AUGUST 24 - 28	\$312.30		\$287.60	
WEEK 10	AUG. 31 – SEPT. 4	\$312.30		\$287.60	

I hereby authorize my child/ren, _____ (entering grade) _____ to participate in the planned activities at Frankland Day Care for the PROGRAM WEEKS I have indicated.

Date

Parent Signature

Cancellation policy: Frankland Day Care requires 2 weeks' notice to cancel any week(s) your child(ren) has been registered for. Full weekly payment will be required for any notice given that is shorter than 2 weeks.

FRANKLAND DAY CARE CENTRE SUMMER REGISTRATION FORM

Child's Name: _____

Parents/ Child's Full Address: _____
(Street & Number) (City) (Province) (Postal code)

Home Phone Number: _____ Date of Birth (M/D/Y): _____ / _____ / _____
(Month) (Day) (Year)

E-mail Address _____

Child's Doctor, Address, Phone#: _____
(Name) (Phone Number)

(Street & Number) (City) (Province) (Postal code)

1. Parent Name: _____

Address: _____
(Street & Number) (City) (Province) (Postal code)

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

2. Parent Name: _____

Address: _____
(Street & Number) (City) (Province) (Postal code)

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

3. Parent Name: _____

Address: _____
(Street & Number) (City) (Province) (Postal code)

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

4. Parent Name: _____

Address: _____
(Street & Number) (City) (Province) (Postal code)

Home Phone Number: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

****EMERGENCY CONTACT - (**Other than a Parent/ Guardian**)****

Name: _____

Address: _____
(Street & Number) (City) (Province) (Postal Code)

Home Phone Number: _____ Business Phone: _____

Relationship to child: _____

CHILD'S HEALTH HISTORY

Please list any past communicable diseases (i.e. Chicken pox, Mumps, German Measles, etc.) and/or illnesses (i.e. asthma, bronchitis, epilepsy) which your child has contracted that the day care should know about.

Type of Communicable Disease and/or Illness	Has Contracted	Has Not Contracted	Month and Year (if possible)
Chickenpox			
German Measles			
Mumps			
Scarlet Fever			
Tonsillitis			
Bronchitis			
Pneumonia			
Epilepsy			
Asthma			

Does your child have frequent colds _____ tonsillitis _____ earaches _____
Stomach aches _____ high fever _____

Are there any ongoing health concerns you feel the staff should know about in order to best help your child? _____

Please describe any symptoms that would indicate that your child is of ill health. _____

ALLERGIES

Please list all allergies including life threatening (anaphylactic) allergies.

Type of Allergy: _____

Signs & Symptoms specific to your child of an anaphylactic reaction: _____

Action to be taken by day care staff should your child have an anaphylactic/allergic reaction:

Are there any food restrictions due to religious beliefs and/or allergies? Please list _____

MEDICAL EMERGENCY CONSENT

While every possible effort will be made to reach parents in the event of a medical emergency, we request permission to authorize a doctor to give necessary treatment in the event of such an emergency.

Parent Consent: I agree to medical treatment being given to this child if at any time such treatment is necessary because of circumstances such as accident, sudden illness, or emergency.

Parent Signature

Date

MISCELLANEOUS INFORMATION

What food likes and dislikes does your child have? _____

Please list any information that you believe will be of benefit in providing quality care to your child.
(For example, dietary, rest and/or exercise requirements)

Parent Signature

Date