

## AACD PARENT SUREVEY – RETURN TO CARE

Please **print clearly** to complete the following:

CHILD'S NAME (first/last):	DATE OF BIRTH:
AGE GROUP/ROOM PRE-COVID:	Subsidy or Full Fee:

Please note if you were subsidized prior to Covid-19 closure then we can admit children and will notify Children's Services of the start date. Any information they require from you after that will come from their office. If for any reason subsidy is revoked you will be responsible for the full fee for days attended.

1. Preferred drop off time (to be confirmed once hours of operation are determined).	
2. Person Designated to drop off.	
3. Preferred pick up time. (to be confirmed once hours of operation are determined).	
4. Person designated to pick up.	
5. Please advise if you are eligible for any priority admission consideration as outlined in the policy (pg. 4).	

Please initial beside each statement to confirm completion of tasks:

1. I have reviewed the COVID-19 PANDEMIC POLICIES & PROCEDURES (dated July 29, 2020), understand and agree to abide by these policies.	
2. I understand that double late fees will be charged for late pick up effectively immediately and until further notice. I also understand that multiple occurrences could result in the termination of care.	

Parent name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_