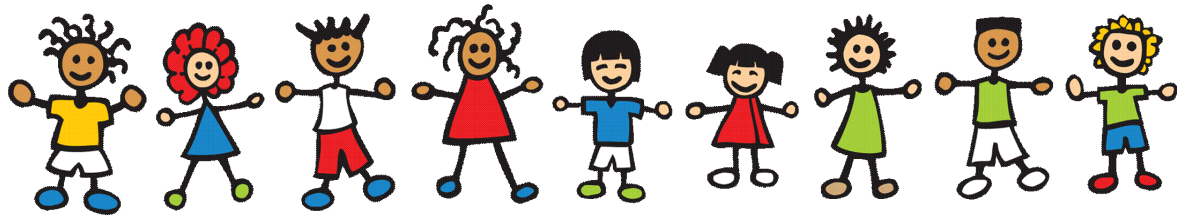
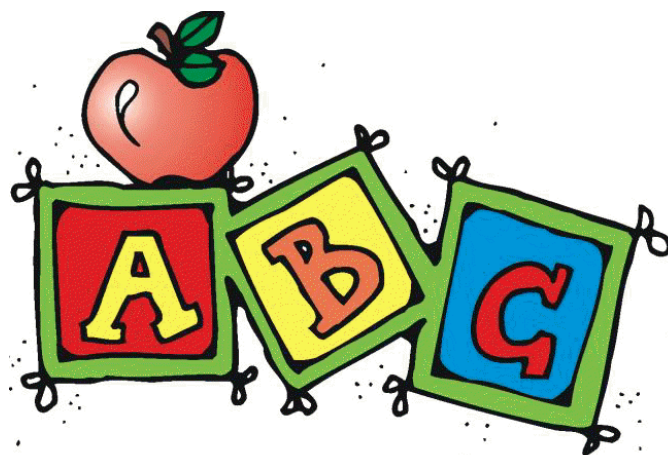


*ABC CHILD DEVELOPMENT CENTRE
AND OUT OF SCHOOL CARE*



REGISTRATION PACKAGE



ABC Child Development Centre: Daycare and Out of School Care

Registration Form (Updated: October 2019)

****All Questions must be answered. Please Strike Out the options that are Not-Applicable.** A license holder must, in respect to each child, maintain on the program premise an up-to-date record containing the following information. It is required that this information also be taken for all off-site activities such as field trips or emergency evacuations.

Child's Information

Name:	Date of Birth:
Address:	Alberta Health Care:
Postal Code:	Gender:
Home Phone:	Is your child known by any other name?

Mother's Information

Father's Information

Name:	Name:
Address & Postal Code:	Address & Postal Code:
Home Phone:	Home Phone:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Wk Address & Postal Code:	Wk Address & Postal Code:
Wk. Phone: _____ Cell: _____ (Please indicate which # you would prefer to be called 1 st)	Wk. Phone: _____ Cell: _____ (Please indicate which # you would prefer to be called 1 st)
Work Shift:	Work Shift:
Has custody of child: Yes () No ()	Has custody of child: Yes () No ()

Emergency Contact #1

Emergency Contact #2

Name:		Name:	
Address & Postal Code:		Address & Postal Code:	
Phone (W)	Phone (H)	Phone (W)	Phone (H)
Phone (C)		Phone (C)	
Relation to the child		Relation to the child	

Health Information

Is the Child's Immunization Up to date?	Yes ()	No ()
On Going Medication:	Yes ()	No ()
If yes, details/description:		
Allergies:	Yes ()	No ()
If yes, details/description:		
** What procedure should staff follow in case of allergic reaction?		
Diet restrictions/Additional info:		
Consent to administer First Aid to the child in case of accidents/emergencies: Yes () No ()		

Does your child self-administer any medication? (Ventolin, Insulin, etc. If yes, please specify the medication & frequency: _____

****Applies to only out of school care children**

Where is this medication kept? (Back-pack, lunchbox, etc) _____

***Please provide Sunscreen and bug spray for summer months.**

Consent to apply sunscreen & bug spray to the child:

Yes () No ()

Parent Signature	Parent Signature
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Consent to Receive E-mails from the Centre:

Yes () No ()	Yes () No ()
Parent Signature	Parent Signature

Additional Health Information

Family Physician:	Dr. _____	Address & Ph. no.: _____
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Does your child have any physical restriction or illness? _____

Which of the following has your child had?

Measles _____ **Mumps** _____ **Chicken Pox** _____ **Scarlet Fever** _____ **Other:** _____

Child's History and other Relevant Information

- Does child dress self - YES _____ NO _____ Undress self – YES _____ NO _____
- Does your child need any help in personal care routine? _____ Yes _____ No
Please Specify (if Yes): _____
- Language understood and spoken by the child: _____
- How does your child behave around other children (seeks others out, feels shy, etc)?

- How does your child react when left with unfamiliar people and/or in unfamiliar situations?

- What suggestions do you have that would help staff ease your child's transition into the program? _____
- What type of activities does your child enjoys the most? _____

- Does your child have any fears? _____
- Discipline techniques used at home: _____
- In order to assist ABC to be responsive to the diverse needs of our families, is there any information you would like to share with us regarding any special celebrations, dietary needs, or specific characteristics of your heritage that would help us provide special or specific programming? _____

Nap Schedules:

- What time(s) and for how long does your child usually nap? _____

- Are there any special dolls, blankets, etc that your child needs to go to sleep?

- What is your child's disposition upon waking? () Happy () Grouchy () Clingy () Slow ()
Other _____

Additional Information:

- Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc) : _____
- Do you have any concerns about your child's development? Speech _____ Fine motor _____ Gross Motor _____ Behavior _____ Social/Emotional _____
- Previous School and Childcare(s): _____
(if yes) Reason for Leaving: _____

Parent Signature	Parent Signature
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Consent to check reference with the previous daycare(s): Yes () No ()

Consent to release child's information to future daycare(s): Yes () No ()

Start Date: _____ **Arrival Time**:** _____ **Departure Time**:** _____

***If not regular hours, please let us know in advance so that we can book enough childcare givers to maintain ratios*

If your child is attending school, please indicate the following:

Name of the School: _____ Grade: _____ Room no. _____ Teacher's Name: _____

Mother

Father

Alberta health care:	Alberta health care:
Driver's License #:	Driver's License #:

**A photocopy will be taken of the required identification to keep on file*

****There is a charge of \$50.00, non-refundable admission fee, payable with this registration being returned.**

List of Enclosures:

- Complete Registration Package
- Registration Fee
- Copy of Child's Alberta Health Care Card
- Copy of Child's Immunization Records
- Copies of Two Govt. issued Identification Documents (at least one photo ID) for parents e.g. Driving License, Alberta Health Care etc.

Parent Signature	Parent Signature
Date	Date

Office use only

Date of Application: _____ *First Date of Attendance:* _____ *Last Date of Attendance:* _____

FEES:

Room	Monthly Fee as of September 1, 2018
Infant (1-12 months)	\$1295
Infant (13-19 months)	\$1195
Toddler (20 months-3 years)	\$1095
Preschool (3 years-4.5 years) - KG not attending school	\$995
KG attending school	\$895
O.S.C	\$550
*fee for school going children (KG attending School and OSC), changes during summer months of July-August.	

Note: There will be an annual increase in the day care fee. Any changes in fee schedule will be notified to parents one month prior to fees changing

- There is a charge of \$50.00, non-refundable registration processing fee that must be paid along with this completed form to hold a spot for each child.
- **FEES ARE DUE AND ARE TO BE PAID ON OR BEFORE THE 1ST OF EACH MONTH.** We will consider individual circumstances regarding payment of fees if arrangements are made in ADVANCE, in writing.
- **The late charge for overdue fees will be charged as follows:**
2% of the overall fees × each day that the fee is late.

If failure to pay fees exceeds 5 business days, notification of immediate termination will be given. **Fees are to be paid in full, each month, regardless of time away/ vacation/ stat. holiday/ Christmas Break/ etc. to ensure that your child's spot is held.**

- Method of payment: cash/cheques or money order.
- For families receiving subsidy, the full fee is due on the 1st of every month, irrespective of whether approval is in place or pending. For example; once approved the parent portion is due on the first of every month. If pending, the full fee needs to be paid and a credit will be applied to the account once approved.

There will be an NSF charge of \$30.00. After two NSF cheques, only cash, certified cheques, or money orders will be accepted.

***Parents are responsible for making sure their fee is paid in full and on time.**

CONSENT FOR TRANSPORTATION

I give my child permission to be transported to and from school and on field trips by walking and/or by using the Centre's bus.

Parent name (Printed)	Parent name (Printed)
Parent Signature	Parent Signature
Date	Date

CONSENT TO RELEASE

CONSENT TO RELEASE CHILD INFORMATION, PHOTOGRAPH, OR VIDEOTAPE

I/ We _____, hereby give ABC Child Development Centre permission to take and use my child's/ children's and/or my family's photograph and/or videos. I/ we understand that these photographs may be internally or externally for displays, newsletters, centre website, face book page or promotions such as community college job fairs, and open house events. Student information may be used on sign out and bulletin boards.

Please include a check mark for permission on one or all of the following:

- Internally (within the daycare)
- Externally (outside the daycare)
- Face book page
- Website

Parent name (Printed)	Parent name (Printed)
Parent Signature	Parent Signature
Date	Date

CONSENT TO RELEASE/ POST CHILD MEDICAL/ ALLERGY INFORMATION

I/ We _____, hereby give ABC Child Development Centre permission to post children's medical/ allergy information. Because it is so important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post information identifying your child's name and medical information. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the FOIP Act.

Parent name (Printed)	Parent name (Printed)
Parent Signature	Parent Signature
Date	Date

CONSENT FOR COMMUNITY TRIPS

Children are taken for various outdoor activities to the following community playgrounds, which are all within walking distance from the Centre: Greenfield Park, Green field Community (Spray) Park, Green Shack, St. Stanislaus Park, Richard Secord School Park, Aspen Gardens Park, Westbrook Park, St. Boniface School Park and Royal Gardens Park, as per the schedules displayed in the respective rooms.

In regards to the outdoor play policy, I/We give my child permission to walk and participate in activities at the above mentioned community parks. And will make sure that the child is carrying weather appropriate gear for example: water bottle, hat, bug spray, sun glasses and sunscreen (Summer Months) and snow suits/winter jackets, mittens, hats, snow boots, scarves etc. (Winter Months).

Parent name (Printed)	Parent name (Printed)
Parent Signature	Parent Signature
Date	Date

CONSENT FOR USE OF TECHNOLOGY

I/ We _____, hereby give ABC Child Development Centre permission for the following activities with regards to Program’s Technology Policy:

- Occasional Movie Day (according to age and weekly interest/celebrations)
- Use of Wii for indoor physical activities (OSC only)
- Electronics time (in groups & supervised at all times) (OSC only)

Parent Signature	Parent Signature
Date	Date

TERMINATION POLICY

PARENTS:

In the case that your child no longer requires care at ABC Child Development Centre, it is the parent/ guardian’s responsibility to notify the centre in writing.

ABC Child Development Centre requires a one-month notice (from the 1st of the month prior to the last day the child will be in our care. Failure to provide this notification will result in one month of child care fee being charged to the parents. If you have any questions/concerns please ask the Director.

DIRECTOR:

We reserve the right to issue immediate termination in a situation where a child’s behavior affects the well-being of other children/ staff, failure to pay fees, or any action of disregard/ disrespect towards the staff/ management of our centre.

In the case that a child’s behavior is such that they are endangering other children and/or staff, and all previous attempts to help the child have failed; the Director will proceed with the following course of action:

- A written statement addressed to the parent about concerns regarding the child’s behavior, asking the parent to collaborate with staff on solutions to the issues.
- If the written statement does not help, and the well-being of childcare staff and children is still threatened, **immediate termination** will result.

Non-payment of fees is also subject to immediate termination without notice. Please ensure fees are paid in time and in full.

I understand that ABC Child Development Centre reserves the right to terminate childcare services for reasons seen fit by the Director and Management as outlined in the Termination Policy. I ensure my cooperation in such a matter.

I agree that it is my responsibility to notify the Director at least with one month notice from the 1st of the month or one month’s fee in lieu of the notice, prior to withdrawing my child from care.

I have read, understood, and agree with the terms outlined in the Termination Policy.

Parent name (Printed)	Parent name (Printed)
Parent Signature	Parent Signature
Date	Date

CHILD CARE CONTRACT

By registering my child(ren) in ABC Child Development Centre, I agree to the following:

- I agree to abide by the policies outlined in the Program Policy Handbook, and understand failure to do so will result in the termination of childcare services. I understand that this is a contract and my signature indicates that I have read and understood the policies outlined, and that I will agree to honor this contract.
- When I cannot be reached, I give permission for ABC Child Development Centre staff to contact any Emergency Contacts listed on my child’s registration package, or take the necessary steps to ensure the safety and well-being of my child(ren).
- ABC Child Development Centre reserves the right the increase the monthly fee. A 1-month notice prior to the increase will be provided.
- I understand that the monthly fee must be paid **in full** on or before the first of each month to ensure my child(ren)’s spot is guaranteed for that month. I also understand that arranging and ensuring subsidy approval is up to date is my responsibility.
- I agree to the terms set out, regarding the admission requirements for my child to attend ABC CHILD DEVELOPMENT CENTRE OUT OF SCHOOL CARE and I acknowledge that I have read, understood, and have agreed to all the policies and procedures as outlined in the Program Policy Handbook and this document.
- I understand that if I have any concerns or complaints regarding the care of my child, I will refer to the grievance procedure outlined in the Program Policy Handbook.
- I understand that ABC Child Development Centre reserves the right to terminate childcare services for reasons seen fit by the Director and Management as outlined in the Termination Policy. I/We would fully cooperate in such a situation.
- I agree that it is my responsibility to notify the Director at least with one month notice from the 1st of the month prior to withdrawing my child from care or will pay one month’s full fee in lieu of the notice period.
- I have read, understood, and agree with the terms outlined regarding late pickup (charges of \$1 per min after 6 pm) in the Arrival & Departure Policy.
- I understand it’s my liability to inform the centre and update the registration form for any changes in the contact/emergency information.
- I understand that the fees are to be paid in full, each month, regardless of time away/ vacation/ stat. holiday/ Christmas Break/ etc. to ensure that my child’s spot is held.

Parent name (Printed)	Parent name (Printed)
Parent Signature	Parent Signature
Date	Date

PARENT ORIENTATION CHECKLIST

This is your orientation checklist. We will be sharing information with you about our center and we are also providing you with a copy of the Program Policy Handbook. This orientation is intended to help you understand what you need to know as you leave your child in our care. We plan to cover all areas listed below with you. If an area is not covered or if you do not receive a copy of the policies and procedures, please be sure to let us know.

- Regular communication with parents
- Parent access to children while in the center
- Parent-teacher conferences
- Parent Involvement
- Information about resources/services for children with different abilities and needs
- Confidentiality
- Daily attendance
- Drop-off and parking
- Transportation (how supervision and safety are handled)
- Release of children to authorized person
- Withdrawal procedures
- Items to be provided by parents and provider
- Procedures to contact parent when child is sick
- Emergency medical care
- Illness and injury
- Allergies
- Communicable diseases
- Medication
- Meals and nutrition
- Daily activities
- Field trips
- Discipline policies and techniques
- Ratios, group size and supervision
- Payments for child care services
- Late pick-up fees
- Fees for late payment
- Additional fees (field trips, transportation, etc.)
- Inclusion/Diversity policy
- Emergency Evacuation Procedures
- Grievance Policy
- Social media Policy
- Technology Usage
- Open Door Policy

My signature below indicates that I have received a copy of the center's policies and procedures and an orientation was conducted with me which covered all areas outlined in this orientation plan.

Parent Signature: _____ **Date:** _____