

REGISTRATION FORM



Registration Date: _____

Starting Date: _____

Part Time Full Time

GENERAL INFORMATION

Child's name: _____ Date of Birth: _____

Mother's name: _____ Marital status: _____

Address: _____

Home Phone No.: _____ Work: _____

Mobile: _____ Place of Work: _____

Occupation: _____ Hours of Work: _____

Father's Name: _____ Marital status: _____

Address: _____

Home phone No.: _____ Work: _____

Mobile: _____ Place of Work: _____

Occupation: _____ Hours of Work: _____

Emergency Contact: _____ Ph. No. : _____

Relation to child: _____ Address: _____

Immunization up to date YES / NO **Child staying with** MOM / DAD / BOTH / _____

Allergies YES / NO if any _____

Family Doctor: _____ Address: _____

Ph. No: _____ Alberta Health Care No: _____

Parent/Guardian's Email ID for communications _____

Parent's Signature: _____ Date: _____

CHILD'S INFORMATION

1. Child will arrive at center @ _____ Child will be picked up @ _____
2. Previous Experience in daycare centers : Yes ____ No ____ If yes, please describe

3. Child's personality & Characteristics (shy, outgoing, fears)

4. Favorite activities : _____
5. Child's typical reaction to illness, will he/she tell us?

6. Child's typical reaction to Stress:

7. Favorite food: _____
8. Does the child require a special diet for medical reasons? Yes ____ No ____
Vegetarian / Lacto, Vegetarian, Vegans. Please describe: _____
(IF YES Please provide your own food.)
9. Any allergies or recurring medical problems:

10. Child is toilet trained : Yes ____ No ____
11. Names & ages of brothers and sisters:

12. Parents method of discipline :

13. Alternate person to escort from daycare: Name: _____ Ph.: _____
14. Names of persons whom are excluded from access to your child :

15. Additional Info. Daycare staff should be aware of : interests, any special needs & goals for your children

Parent's Signature: _____ Date: _____

Child's Medical History

Note: Put inside the means YES, & state the date on the line, please.

Immunization:

| | Diphtheria Pertussis(whooping cough) Tetanus | Polio | Measles rubella Mumps | HIB shot |
|------------------|----------------------------------------------------|--------------------------|-----------------------------|--------------------------|
| AGE | | | | |
| Primary: | | | | |
| 2months | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4months | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6months | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12months | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18months | | | | |
| Booster : | | | | |
| 4 – 6 Years | <input type="checkbox"/> | <input type="checkbox"/> | | |

Put inside if your child had any of the following conditions or diseases?

- | | | |
|-----------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Measles | <input type="checkbox"/> jaundice | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Allergies | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> poisoning |
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Surgery |

List surgeries, accidents traumatic experiences, congenital defects and special problems ear ache, speech, vision, hearing, feeding/eating, sleeping, bowels, wetting, etc

Has this child had any medical or emotional conditions requiring/receiving treatment?

Yes _____ NO _____.

If Yes please explain _____

Is the child on daily medication? Yes _____ No _____ if yes please give name of the medication _____

List any other information that will aid us in working more effectively with your child

Parent's Signature _____

Date: _____

Terms & Agreements

1. The Daycare is open from 7.00 am and Closes at 6.00 pm. It is unfair to both your child & daycare staff to be detained after that time. Parents arriving **after 6.00 pm will be charged \$20.00 for the First 5 minutes and \$1.00 per minute there after.**
2. **Monthly fees are DUE on 1st of EVERY MONTH [if 1st happen to be holiday then it is due on the first next working day]& also payable visa/MasterCard; or DEBIT** We now have a **DEBIT/Credit machine on premises.**
3. **A \$ 50.00 NON REFUNDABLE one time registration fee** is required upon the time of registration.
4. A **\$35.00** charge will be levied on all NSF Cheques.
5. Overdue accounts will occur an interest charge of **10 % per month.**
6. **NO REFUND will be made for statutory holidays, sick days, or days absent. However, the center will allow\$ 20.00 per week deduction for annual vacation (max-3-weeks).**
7. Parents may withdraw their child from the center at anytime provided **one month notice** is served in advance to the center.
8. Medication cannot be administered to any child without a Valid Doctor's prescription for the particular child for whom it is intended and without signatures on the posted medication chart.
9. To avoid cycles of illness at the center, parents are required to keep children away from the center if they have communicable illness or disease.
- 10 Should any child sustain an injury or illness while at the center we will
 - A) Attempt to contact the parent immediately
 - B) Take the child to a Dr. or Hospital for treatment. **It is the responsibility of the parent to pay for the costs of the ambulance as well treatments if any.**
11. If your child will be absent from the center, pl. phone and inform the center in advance.
12. The center reserves the right to remove from its enrollment any child who is persistent in distracting the progress of the group.
13. **WE** will use all care in caring for your children and their possessions. However, the center will not be responsible for any loss of possession, any injury, accident, sickness, or illness or disease that may occur to any child while in the center.

I fully read and agree to abide by the above regulations of the center.

Parent signature: _____ Date: _____

A \$25.00 PER CHILD- CAUTION DEPOSIT [FULLY REFUNDABLE WHEN CHILD IS TAKEN OFF THE CARE] IS NEEDED FOR THE SAFETY OF THE STAFF AND CHILDREN.ONCE THE CHILD IS REGISTERED-THE REGISTRATION FEE AND THE DEPOSIT WILL NOT BE REFUNDED .THE \$ CAN BE USED FOR THE FOR THE COMING MONTH(S)
** PROVIDED THE SWIPE CARD BE IN GOOD SHAPE& REUSABLE.**



Summerside

Child Care Center

Ph. (780) 490 4558. Fax:(780) 463 6975



Authorization for walks

I _____ hereby authorize the staff of Summerside child care center, to take my child _____ on spontaneous walks and to near by parks of the licensed premises.

Signature of the parent/Guardian _____ Date _____

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SUNSCREEN & BUG SPRAY POLICY

I (parent) _____ give Summerside child care center, permission to apply sunscreen, bug spray on my child _____ whenever necessary. (sunscreen& bug spray's are provided by parents)

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Parent Acknowledgement of Policies

I, _____ (parent name) have read, understand and agree to comply with all of the policies contained in the Parent Handbook. I understand that at any time I can have access to detailed procedures for policies and additional policies contained in the Policy and Procedures Handbook and that feedback from families on the centre's polices is encouraged and will be taken into consideration for updating policies.

Parent signature _____ Date: _____

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PHOTO GRAPH - CONSCENT FORM POLICY

We _____ here by authorize the Summerside Child Care center and its staff to take pictures of our child/ children and used only in the child care center, and NOT out side or for any commercial purposes.

Parent signature: _____ Date: _____

Dear Parents,

Nipissing dist developmental screen has developed a skill concept checklist to monitor your child's development for the toddler's ages 12 months ,15 months ,18 months ,2 years and 30 months,3 years,4 years,5 7 6 years.

The check list includes cognitive, language, social, math and science, gross and fine motor skills. These are done ONCE a year.

You are welcome to inquire about this checklist. These checklists are developed to help us better support the children in our care.

Please fill in the form below,

I _____ give Summerside Child Care Center permission to observe my child _____ age _____ for the self concept checklist.

Parent / Guardian signature: _____

Thank You.