

Emelia's Child Development Centre Daycare/OSC

#202 100 Centre Street St. Albert T8N3W2 Phone: 780-458-5355

Fax: 780-458-9209 Email: emelia.daycare@gmail.com



REGISTRATION FORM FOR DAYCARE

Starting Date : _____ Alberta Health Care Number : _____

Name of Child : (Last/ First/ Middle)

Birth Date: _____ Age: _____ Gender: _____

Child's Address:

Subsidy: Yes _____ No _____

Child's Physician: _____ Phone Number : _____

Does your child have any allergies? _____

If so, which systems normally occur? Asthma: _____ Hay fever: _____ Hives: _____

Other _____

If your child is ill during the day, who should staff call?

Mother's name: _____ Father's name: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Hours of work / week: _____ Hours of work / week: _____

Emergency contact person if mother and father are not available:

Name: _____ Relationship to child: _____

Phone number: _____ Address: _____

Name: _____ Relationship to child: _____

Phone number: _____ Address: _____

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Home Language Spoken: _____

How do you say hello in your home language : _____

How do you say goodbye in your home language: _____

1. List any specific fears of your child?

2. List favourite activities of your child?

3. Describe the stage of toilet training?

4. What is your child's typical reaction to illness?

5. Is the immunization up to date?

6. Does your child have any medical, health problems?

7. Please list any daily medications given to your child:

Each child is enrolled on a month to month basis. One month's prior notice is payable upon the child's withdrawal from the daycare.

I have hereby read and understood the above mentioned statement.

Initials: _____

A registration fee is payable upon acceptance of this form.

Information contained in the registration form is extremely important for the proper care of your child, especially in the event of an emergency situation.

Please make sure that the information is correct and up to date.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

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EMERGENCY GUIDELINES AUTHORIZATION

In the Event of Medical Emergency, Parent/Guardian(s) agrees to authorize EMELIA'S CHILD DEVELOPMENT CENTRE to act in the best interest of his/her children in the following manner:

1. Call 911 to immediately execute life saving measures.
2. It is the Parent/Guardian(s) responsibility to update all contact numbers given to EMELIA'S CHILD DEVELOPMENT CENTRE.
3. Parent/Guardian(s) agrees to inform all the emergency contact person(s) that in the event that the centre is unable to reach a parent/guardian within 30 minutes of Critical Incident, EMELIA'S CHILD DEVELOPMENT CENTRE at its discretion, will try its best to reach the emergency contact person(s) who will thereafter be responsible to act as the Child's Parent/Guardian until the emergency contact person is able to reach the Parent/Guardian.
4. The Centre is not responsible for further efforts to reach Parent/Guardian once an emergency contact person(s) has been advised of a critical incident.

Contact information
(P.T.O)

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PARENT/GUARDIAN INFORMATION #1	PARENT/GUARDIAN INFORMATION #2
Relationship to child:	Relationship to child:
First and Last Name:	First and Last Name:
Address:	Address:
City/PC	City/PC:
Email:	Email:
Phone (Home)	Phone (Home)
Phone (Cell)	Phone (cell)
EMPLOYER INFORMATION	EMPLOYER INFORMATION
Company Name:	Company Name:
Address	Address
Phone (work)	Phone (work)
EMERGENCY CONTACT PERSON	EMERGENCY CONTACT PERSON
Name:	Name:
Address	Address:
Relationship to child:	Relationship to child
Phone: Home:	Phone: Home:
Cell:	Cell:
Work:	Work:

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ENROLLMENT AGREEMENT FOR CHILDREN

Name: _____

Date of Birth: _____

Drop Off Time; _____

Pick Up Time: _____

- ❖ To implement Excellent Programming for our Daycare, may we request that you please provide us an estimated time of drop off and pick up time for your children. This is an important factor in determining “Children to Staff Ratios”.
- ❖ For Safety and Security all the doors will be locked at exactly 9.30 am and will re-open at 3.00 pm. After 9 am, please ring the bell at the front door. Daycare will close at 6pm.
- ❖ All children must be picked up by 5.45pm.
- ❖ We have a \$200/child non-refundable registration fee that goes towards your children’s first month fees. This fee holds your child’s spot until enrolment and shows commitment on the parent’s part. Should you change your mind about childcare, this fee will not be refunded.
- ❖ Upon Enrolment it is further agreed that I will pay the full amount of **fees** if I don’t have a subsidy. If I have a subsidy I will just pay the Parent Portion.
- ❖ I agree that subsidy is my responsibility. I shall provide advance written evidence of having received prior approval from the subsidy office.
- ❖ Failure to pay the monthly Daycare Fees will be considered as termination of my enrollment at this Daycare.
- ❖ The Subsidy Office requires at least 100 hours of attendance to qualify for maximum subsidy. Failure to do so will merit a higher Parent Portion.
- ❖ A fee of **\$50.00** will apply for late payment of Daycare Fees and renewal of Subsidy Application. A flat fee of \$25.00 for the first 30 minutes for late pick up after 6.00 pm. In excess of 30 minutes to an hour is \$50.00 and we are required to call the Child Services if the Parents cannot be reached.
- ❖ Centre reserves the right to charge additional fees for children requiring more than 9 hours per day.
- ❖ Fees are subject to change without notice, at the sole discretion of the director.

IN CASE THAT YOUR CHILD/REN CANNOT COME OR WILL BE LATE IN COMING TO THE DAYCARE OR YOU WILL BE LATE IN PICKING UP YOUR CHILD/REN, IT IS VERY IMPORTANT THAT YOU PLEASE INFORM US AHEAD OF TIME BY CALLING 780-458-5355

Signature _____

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CONTRACTUAL AGREEMENT

The legal guardian hereby accepts the following policies and conditions by completing this form and returning it to the daycare. _____ (check mark)

I hereby grant permission for my child to leave the daycare centre premises under the supervision of a staff member for neighbourhood walks, to play in the community playgrounds, and/or for field trips in an authorized vehicle. _____ (check mark)

I hereby give my permission to Emelia's Development Centre apply sunscreen/sun block and insect repellent, which I have supplied, onto the skin of my child before participating in any outdoor activities. _____ (check mark)

I hereby grant permission for my child to be included in evaluations and pictures connected with the daycare program. _____ (check mark)

I hereby acknowledge receipt of the "Parent Handbook" and agree to the conditions and policies outlined in that handbook and I agree to pay all fees for the daycare and out of school care services _____ (check mark)

I hereby grant permission for the staff members on duty to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent / guardian; _____
2. Attempt to contact the child's physician; _____
3. Attempt to contact emergency contact persons; _____
4. If necessary we will also do any of the following:
 - a) Call another physician or the paramedics _____
 - b) Call a ambulance _____
 - c) Have the child taken to a hospital in the company of a staff member
 - d) Authorize any emergency medical treatment required _____

I hereby acknowledge that as legal guardian, I assume all responsibility for any medical expenses incurred in my child receiving emergency medical care. _____ (check mark)

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I hereby understand that the daycare will not be responsible for anything that may happen as a result of false information given or pertinent information withheld at the time of enrolment _____. (Check mark)

I hereby acknowledge that the daycare will not assume responsibility for a child who has not been signed in upon arrival for the day _____. (check mark)

I hereby understand that the daycare assumes no liability concerning lost or damaged items such as articles for clothing and toys brought to the daycare by the child or legal guardian. _____ (check mark)

I, _____ have read, and I understand all policies and procedures set forth by the Centre and I can find them in the "Parent's Handbook".

SIGNATURE: _____

DATE: _____

NAME: _____

DATE: _____

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ACKNOWLEDGEMENT & CONSENT

- POLICIES & PROCEDURES

I, the undersigned, have read and I understand the Parent Handbook and the Policies and Procedures Manual at the time of enrolment at this Daycare. A copy of Parents Handbook and Policies can be requested by email at www.emelia-daycare.com

Signature _____

- TERMINATION OF SERVICES

I, the undersigned, further agreed that CHILDCARE SERVICES at EMELIA'S CHILD DEVELOPMENT CENTRE may be terminated at any time if Centre's Policy and Procedures are violated gravely and endangered the safety, security, health and wellness of the whole Daycare.

Signature _____

- FIRST AID PERMISSION

I, give permission to EMELIA'S CHILD DEVELOPMENT CENTRE to administer first aid they deemed necessary and I also allow the Daycare to phone for 911 Emergency/Ambulance if the situation demands and I will be responsible for any cost incurred.

Signature _____

- TRANSPORTATION AND OFFSITE PERMISSION

I, give permission for EMELIA'S CHILD DEVELOPMENT CENTRE to take my child off the premises for daily health and wellness activities such as nature walks to the parks, playgrounds and library. I also allow EMELIA'S CHILD DEVELOPMENT CENTRE to transport my child to school, library and field trips.

Signature _____

- PHOTOGRAPH PERMISSION

I authorise EMELIA'S CHILD DEVELOPMENT CENTRE to take pictures of my child and post it at or website, bulletin boards and newsletter.

Signature _____

- SOCIAL MEDIA

I, agree that I will not take pictures of any children other than my own when; dropping off, picking up, field trips or during special events and post them on any form of social media.

Signature _____

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CHILD DROP OFF / PICK UP AUTHORIZATION

CHILD'S NAME (Please print)

Today's Date

Parent's Signature

Please print

1. Name _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship: Grandparent / Relative / Family Friend / Daycare Provider

2. Name: _____ Home Tel. _____

Address: _____ City _____ Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship: Grandparent / Relative / Family Friend / Daycare Provider

3. Name: _____ Home Tel. _____

Address: _____ City _____

Zip _____

Telephone (Daytime): _____ Cell #: _____

Relationship: Grandparent / Relative / Family Friend / Daycare Provider

NOTE:

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW. ALL PERSONS MUST HAVE AND SHOW THEIR PICTURE ID. MAKE SURE YOU LIST

ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD. PARENTS, GRANDPARENTS, AUNT, UNCLE, ETC.)