

REGISTRATION FORM

Date of Admission:			
Child's name:			
Address:			
Birth date (YYY/MM//DD):			
Mother's Name:		Phone (cell):	
Address (if different):		Phone (Home):	
Employment:		Business/Cell:	
		Working Hours:	
Father's Name:		Phone (cell):	
Address (if different) :		Phone (Home):	
Employment:		Business/Cell:	
		Working Hours:	

Emergency Contact Persons			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Work:		Work:	

Child's Doctor			
Name:		Address:	
Phone:		Alberta Health Care #	
Child on any medication at home: Yes/ No (if yes then please fill below)			
What type:		What for:	
Allergies:			
Special Needs or medical concerns (operations)			

Immunization Record			
Is your child's immunization up to date?			
Local Emergency (Royal Alexandra Hospital) 780-735-4111			
Poison Control 1-800-332-1414			

Background of Child			
Had the child had any of the following illnesses?			
Red measles	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Convulsions (not epilepsy)	<input type="checkbox"/> YES / <input type="checkbox"/> NO
German measles	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Epilepsy	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Chicken pox	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Head injury	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Whooping cough	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Accidental poisoning	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Mumps	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Removal of tonsils	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Heart trouble	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Eye surgery	<input type="checkbox"/> YES / <input type="checkbox"/> NO
In the last year had the child had any of the following?			
Difficulties with speech	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Earaches	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Difficulty with hearing	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Feeding/sleep problems	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Difficulty with eyesight	<input type="checkbox"/> YES / <input type="checkbox"/> NO	Daytime or bedwetting	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Please list any other information considered relevant:			
Culture/ Country/ language etc. (we believe in multiculturalism & this information is required for multicultural celebrations at our centre)			
Language:		Culture:	
Country:			
National festival of your country and when celebrated			
Previous experience in day-care			
How you can involve yourself in our daycare			
Social and Emotional			
Brothers:		Age:	
Sisters:		Age:	
Characteristics of child's personality:			
Signs of child's tiredness or stress:			
Child's fears:		Discipline at home:	
Child reaction to illness: Will child tell staff?			
Is the child toilet trained?			
Please fill the time the child will be dropped off, and picked up from day care.			
This will help the center for staff planning.			
Drop off time:		Pick up time:	

Authorized persons to whom the child may be released.

Child will not be released to anyone that is not listed on the authorization form, if you want to name anybody please fill the name, address, telephone number & relation of those additional pickup authorized personal;

1. _____ 2. _____ 3. _____

Policy on child development

When children are lacking in some developmental areas, the teacher will talk to the parent and provide them with resources that can be helpful to them or ask to see their doctor for help. The Daycare center uses nipping as one of the tool to assess child development. Please provide any child development assessment or interest fi you have in particular in your mind to the director or to the staff concerned.

Field Trip

I hereby grant permission for my child _____ to accompany his/her group on field trips and neighborhood walks, which staff plans as part of the program. I also understand that I will be informed in advance, verbally, by letter, or by poster on the parent's board, of any field trip.

* Note- This includes transportation to and from school, walking, and vehicle transportation.

Medical Attention

I release Mother's Pride Daycare and Out of School Care, for liability for accidents or illnesses occurring while my child is in the centre. In the event of any emergency when I cannot be reached, I give my permission for any medical procedure deemed necessary by my doctor or by another physician selected by the centre. I understand that I remain responsible for expenses incurred by this attention.

Transportation agreement (for picking kids to and from home, if required)

I release my child for morning pickup and drop of schedule, I agree and understand that the transportation will be on site at plus or minus five minutes of the time agreed and maintain the time mutually agreed, I will make my child ready so that the pickup is done flawlessly. I understand that daycare staff driving van waiting time will be five minutes, and fi he/ she do not see any indication he/ she will leave, which means I have to make my own arrangements for the child to get to the daycare, I also understand that it's my responsibility to make my child sit in van tie seat/ car seat belt as required.

The pickup service can be disrupted fi the weather conditions are extreme, should this ever happen you will be informed as soon as possible, and this is not a mandatory service by the centre. By signing this you agree and understand that the daycare van stops at different stops to pick up and drop of children to and from home before it reaches home/ daycare, also you relieve daycare of any liability in case of any eventuality/ accident which may occur while transporting children, and assure that you will not fight against daycare/ their insurance company or driver of the van in any court of law in Canada.. I agree and understand that the facility of transporting children given to us by the provider of picking and dropping of child to and from from daycare to home and vice versa is exempt from the preview of "Child Care Licensing Act" You are signing this without any undue pressure.

And you know that daycare vans are insured for child transportation. Should you require further information please contact Lena Varma @780-318-1632, Harsh Wardhan Varma phone @780-200-9242.

Parent's Signature: _____ Date: _____

INFORMATION RELEASE AGREEMENT

I, _____ give permission to display my child's name, pictures on the following:

- My child's cubby, coat hooks & centre's TV etc.
- My child's pictures on posters showing various activities.
- Any artwork
- Any birthday related activities
- Allergies list
- Field Trip Permission form and List
- School List i.e., Listing name, phone # parent name, teacher name, school name etc.
- Materials brought from home.
- Medication Information
- Or any other place as may be suited by the room staff/director of the centre for which I have no objection at all.
- Comments if any you would like to give or share with us: _____
- Policies and parent handbook are read and understood by us.

Child's Name: _____ Parent's signatures: _____ Date: _____

All Parents please note the following:

1. All fees must be paid by the 10th day of the month.
2. One month's notice must be given for children leaving day-care.
3. Hours of daycare are from Monday to Friday from 7:00a.m. To 6:00p.m. Only. Please phone the daycare if you know you will be delayed in picking up your child. Also, there will be an extra charge of five dollars for every 5 minutes late after 6:00p.m.
4. A charge of \$25.00 will be made for N.S.F. cheques.
5. A sick child must not be brought to daycare. It is unfair to your child and the other children. If your child shows symptoms of an illness that we are uncertain of, we will request that you bring a doctor's note stating that your child is able to attend daycare.
6. On holiday parents are allowed to get twenty dollars per week from their regular fee for a maximum of three weeks.
7. We close for Alberta Statutory holidays and two weeks for Christmas break.

I hereby agree to abide by all the daycare rules and to inform staff of any of my child's problems that may arise in future.

Note: That center has open door policy for any suggestions and input.

Parent's Signature: _____ Date: _____

SUNSCREEN AND INSECT REPELLENT (BUG SPRAY) PERMISSION FORM

Name of child: _____

As part of the childcare's daily routine, children spend a great deal of time outside. Our belief is that exposure to the outdoors is essential in all areas of a child's development.

During the seasons when UV becomes evident, the staff will apply sunscreen before going outside to protect their skin from the damaging rays of the sun.

Depending on the year, mosquitoes can also hinder the enjoyment factor of outdoor play and have the potential to carry disease. In order for children to achieve the fullest potential of outdoor play, the staff can apply mosquito spray to your child, with your consent.

Mothers Pride Daycare and Out of School Care provide an SPF of 30 - 60, but if you wish to have your child use his/her own, please indicate below.

Mothers Pride Daycare and Out of School Care provide insect repellent (bug spray) that is sensitive to children, with low deet content, but if you would rather not have insect repellent applied to your child, please indicate below.

Please check off which applies to you:

I, _____ authorize Mothers Pride Daycare and Out of School Care to use the sunscreen provided by the center to my son/daughter.

Name of sunscreen: Coppertone

SPF : 30-60%

I would like my son/daughter to use the sunscreen I provide.

Name of sunscreen: _____

SPF: _____

Please check off which applies to you:

I, _____ authorize Mothers Pride Daycare and Out of School Care to apply insect repellent with low deet content provided by the center to my son/daughter.

I, _____ do not want my child to have insect repellent with low deet content applied to my child. I authorize Mothers Pride Daycare and Out of School Care to apply insect repellent provided by me.

Parent's signature: _____ Date: _____

Parent Orientation Checklist

Welcome to Mothers Pride Daycare and Out of School Care. We understand that the enrolment process can be a confusing time for new parents and children, so we have compiled a checklist to assist in the orientation process. This, we hope, will help you all to settle in and enjoy the Day Care and Out of School Care experience.

Do you know?

- How to sign in & out of the "sign in sheets" in the reception area/ their respective rooms?
- The opening & closing times of the centers?
- The procedure when you arrange for someone else to pick up your child?
- What to do if your child is absent or running late?
- The center's phone, fax or email address?
- Where the Centre policies are kept?
- Who to approach to find out details of your child's progress?
- How to pay your monthly fees in advance to avoid a late fee?
- Where to find & how to fill out medication forms? Where to put medication?
- Where the menus are displayed?
- Where to park & where parking is not permitted?
- Where to find program information?
- Where to find any messages or notices?
- Who to see if the office is unattended?
- When rest / sleep times are & what the policy is? - Where to find out about your child's day?
- What is an accident / incident form?
- Where all information relating to daycare are posted like reports from health and licensing etc?
- Where the entire policies and parents handbook is kept?
- We close for two weeks during Christmas break.
- If the child's behavior is not up to the standards of the day care, daycare services will be suspended after 3 written warnings.

Centre specific information:

Email of the centre : motherspridedaycare66@gmail.com

Phone number of centre: 780-318-1632

Your centre's director's: _____

Your child's teacher: _____

Your child's room: _____

Age group within this room: _____

Parent's signatures: _____ Date: _____

Director's signatures: _____ Date: _____