



Prince Rupert Daycare & OSC

11380 111 Ave NW, princerupertchildcare@gmail.com, 587-635-6333

Registration Form

Registration Fee: Yes _____ No _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ (YYYY/MM/DD)

(For Office Use Only) START DATE: _____

(For Office Use Only): Room _____

Full Fees: _____ Subsidy: _____ Parent: _____

Any Custody arrangements: _____

MOTHER'S NAME: _____

Address: _____

Cell #: _____

Res. Phone #: _____

EMAIL Address: _____

Place of Work: _____

Work Phone #: _____

Work Timings: _____

FATHER'S NAME: _____

Address: _____

Cell #: _____

Res. Phone #: _____

EMAIL Address: _____

Place of Work: _____

Work Phone #: _____

Work Timings: _____

Emergency Contact who lives in EDM (Excluding Parents)

Name: _____

Address: _____

Main Phone Contact #: _____

Relationship: _____

Medical Information:

Allergies: _____

Dietary Restrictions: _____

Ongoing medication: _____

Immunizations Up to Date? YES, _____ NO _____

Alberta Health Care #: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Common law _____

Authorized Person(s) To Whom Child May Be Released:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PLEASE NOTE: It is your responsibility to inform the Centre whenever there is a change in any information provided above

CHILD HISTORY AND RELEVANT INFORMATION

1) Does your child have any special circumstances that we should be aware of?

2) Is there any professional information concerning your child's development that you can provide the centre that will be helpful to the staff caring for your child? (Please provide us with a copy, if possible)

3) Any diseases or operations? Please list dates, if applicable.

4) Any fears? _____

5) Child's reaction to stress? _____

6) Child's reaction to illness? (i.e.: will they tell staff?)

7) Parent's method of guidance at home?

8) Siblings? _____ Ages: _____

9) Child's favorite activities:

10) Prior daycare or out of school care experience?

11) Appetite, strong likes and dislikes? _____

Anything else that you want us to know about your child?

BEHAVIOUR AND TERMINATION POLICY

Our goal is to work with parents and children who may have behaviour issues and concerns. We work with parents and children to resolve issues and concerns. Immediate termination will occur when discussions do not result in a resolution. The centre will try to resolve most difficulties through discussions with the child and/or parent.

The following will result in termination:

- When the developmental and socialization needs of the child cannot be met at the centre.
- When the child's behaviour puts his/her safety and/or the safety of the other children and staff at risk.
- When we are unable to work with the parents/guardians to resolve the conflict.
- When fees are not paid and/or subsidy is not renewed.
- When parents/guardians are consistently late in picking up their children.

Date: _____

Parent Signature: _____

PERMISSION FORM (PLEASE SIGN WHERE APPLICABLE)

CENTRE OUTINGS

I give _____ (child's name) permission to accompany the staff of Prince Rupert Daycare & OSC on area excursions (walks, parks, school.), and that they may be transported in the following manner(s):

a) Walking

**Please note that in the case of a field trip, a separate field trip permission form will need to be signed specific to the event.

Parent/Guardian Signature _____ Date _____

RELEASE OF CONFIDENTIAL INFORMATION

I, _____, do hereby grant to Prince Rupert Daycare & OSC to release confidential information to any one or more following:

- a) Social Worker
- b) Student Finance Department
- c) Province of AB Child Care Subsidy Assessor
- d) School Child is Attending
- e) Government of AB Income Support

(collectively the "Agencies") in connection with subsidies or loans to pay (in whole or in part) the cost of my child(ren) _____ attending Prince Rupert Daycare & OSC now, or in the past.

I hereby grant consent to each and everyone of the Agencies to release confidential information to Prince Rupert Daycare & OSC in connection with my child, subsidies or loans to pay the cost of my said child attending Prince Rupert Daycare & OSC now, or in the past.

In these regards, "I hereby consent and waive my rights to confidentiality specifically so as to allow Prince Rupert Daycare & OSC to process and collect fees owing to Prince Rupert Daycare & OSC for childcare services for my said child being rendered at this time or which have previously been rendered."

The waiver of confidentiality and consent to such waiver is hereby granted pursuant to S.16(2)(a) of the Freedom of Information and Protection of Privacy Act.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____

AUTHORIZATION WAIVER – PRINCE RUPERT DAYCARE & OSC

Having entrusted the care of my child(ren) to Prince Rupert Daycare & OSC, I hereby authorize them to utilize any emergency care required.

I give permission for Prince Rupert Daycare & OSC to post my child's name (on cubbies, artwork, birthday board, etc.), photos (on boards, albums, etc.), and medical information (for staff reference only).

Parent/Guardian Signature _____ Parent/Guardian Name _____

SOCIAL MEDIA AGREEMENT

Social media has become such a major component of our daily lives. Our program will ensure that the safety and privacy of our families and staff are respected and protected. Our policy states that “we do not post any information on social media. This includes Facebook, Instagram, Twitter and all other social media outlets.”

Upon signing this agreement, you also agree that you will not post any pictures, names or anything else to do with the daycare families, children or staff on any social media platforms.

I, _____, agree that I will not post or talk about anything related to the child/children’s daycare on any type of social media.

Child/Children’s Names: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Emergency Medical Treatment:

• I understand that Prince Rupert Daycare’s policy is to notify parents if a child is involved in any kind of serious illness or injuries while getting care at the center. The program will follow the instructions provided by parents.

• I hereby provide consent to Prince Rupert Daycare & OSC to contact emergency medical service (911) for my child if ever requires emergency medical attention.

• I hereby provide consent to release my child’s health record to emergency medical personnel while my child is getting medical attention.

Parent’s Name: _____ Signature: _____

Parent’s Name: _____ Signature: _____

Enrollment and Policy Agreement

- I hereby grant permission for my child to use all the play equipment and participate in all the activities of the childcare center.
- I understand that children must be dropped off no later than 10:00 AM. This is for staffing and programming purposes. In the event of special circumstances, I will notify in advance.
- I will inform center staff when my child will be absent from the program, or an alternate adult will be picking up my child(ren).
- I will notify the daycare staff immediately when there are any changes with current address, telephone numbers, change of employer, emergency contacts or custody.
- I understand that refunds or discounts are not provided if my child is away from the center for vacation, illness, or for any other reason etc.
- I understand that my child will not be released to anyone who is not authorized in writing by me. Any changes to authorized pick up person will be in writing. Photo ID will be required before a child is released.
- I understand that Prince Rupert Daycare & OSC staff reserves the right to refuse anyone picking up my child who does not appear to be in a responsible condition.
- I understand that children must be picked up by 6:00 PM. A late pick up fee of \$15.00 will be charged for each 15 minutes late.
- I agree to give one month's (30 days) written notice for termination of care.
- I understand that Prince Rupert Daycare & OSC may terminate services immediately should any members of my family harass, bully or otherwise abuse another child, adult or staff.
- I agree to always inform the staff or management when a concern about another child arises and never to directly speak to any child aside from my own in such situations.
- I understand that monthly fees are payable on the first day of each month in full using the methods approved by program.
- I hereby grant permission for my child to leave the center premises under the supervision of their staff for outdoor walks/playground, neighborhood parks, and other such related regular occurring activities.
- I hereby grant permission to the center to apply sunscreen, Insect repellent on my child, whenever necessary.
- I allow center to use the Nipping District Developmental Screen (a developmental screening checklist for infants and children up to 6 years of age) on my child while s/he is attending the program.
- I hereby grant permission for staff with their first aid certification to administer first aid treatment to my child.

Parent's Name: _____ Signature: _____