

POLK-A-DOT Daycare

And Out of School Care

Registration Form



Daycare: OSC:
 Anticipated Start Date (DD/MM/YYYY): _____

Child Information:

Name of child: _____		
First	Middle	Last
Child's Address: _____		
House no. /Street	City	Postal code
Child's Birthdate (DD/MM/YYYY):	Male: _____ Female: _____	
Child's School (If Applicable):	Grade: _____	

Parents / Guardians Information:

Mother's Name:		Father's Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Email:		Email:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Place of Work:		Place of Work:	
Address:		Address:	
Work Phone:		Work Phone:	
Marital status:		Marital status:	
Parents with custody of the child, please any agreements/court Documents: Yes ____ / No ____			

Emergency Contact Information:

Emergency Contact Name:		Emergency Contact Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Relationship to Child:		Relationship to Child:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

Authorized Pick up Persons

My child may be released to parent(s)/ emergency contacts, or the following people **ONLY**. I will notify the center ahead of time if alternate arrangements have been made. **Any person unfamiliar to us will be required to show proof of identification**

Name:	Relationship to the child:
Name:	Relationship to the child:

Child's Medical Information

Alberta Health Card Number:	Is your child's immunization up to date? Yes ____ / No ____
Does your child have any Allergies / Medical Conditions / Special Needs / Head Start / Diagnosis/Food restrictions?	
Is your child receiving medication on an on – going basis?	
Family Physicians:	Family Physicians Phone No.:

Child Information

Any Particular fears:
Child's typical reaction to stress:
Child's typical reaction to illness:
Parent's usual method of child management:
Anything else we should know about your child:
Favourite activities:

Please find a health questionnaire, used by the local health folks to provide preventative early childhood care

1. Is your child developing as you think appropriate for his/her age? Yes ___ /No ___
If no, please explain: _____
2. In the last year, has your child had difficulty or Disease with the following? Please Check Mark and explain.

Difficulty	Yes	No	Explain	Disease	Yes	No	Date (DD/MM/YYYY)
Speech				Measles			
Hearing				Rubella			
Vision				Mumps			
Eating				Chicken pox			
Sleeping				Whooping cough			
Bowels				Diabetes			
Bed wetting				Jaundice			
Fever				Heart condition			
Making friends				Head injury			
				Convulsions			
				Poisoning			

Terms and Conditions: Please read through the following and initial beside if you agree to the terms and conditions:

_____, I hereby certify that I have read, fully understand and agree as stated in the Parent Handbook for Policies and Procedures of Polk-A-Dot Daycare and OSC.

_____, I hereby give my full permission for the first Aid Certification holding staff of Polk-A-Dot to administer basic First Aid to my child such as band aids, tensors, CPR etc. My child, _____, may be given emergency treatment by a staff member at Polk-A-Dot Daycare and OSC. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment and agree to pay any expenses incurred in this decision. I agree to hold Polk-A-Dot Daycare and OSC and its employees harmless.

_____, I hereby give my full permission for staff of this facility to take my child to Westview Health Centre: or any other medical facility deemed necessary, to seek treatment in the event of an illness or injury of any type suffered by my child. I assume the full cost of transportation or treatment in such a case. I also hereby authorize the staff of this facility to consent to treatment by medical personnel in my absence. I agree to hold Polk-A-Dot Daycare and OSC and its employees harmless.

_____, I hereby give my full permission to the staff of this facility to take my child, _____ on all(local), daily "walk" outings, participate in field trips, go to the library, go to the parks(Beech Mont, Greystone, Lakewood, McLeod, Duck Pond, Jubilee, Wood Haven, Brook wood, Spray Park, Broxton School Park, St. Marguerites

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Parent/Guardian Initial: _____

School Park, Lansdowne etc.), or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

_____, I am aware that Polk-A-Dot Daycare and OSC follow the food menu according to Canada Food Guide and promote healthy choices for children. I will try to ensure any snacks sent by me are healthy and nutritious. I agree that the center is NUT FREE facility and I will not send any food or product containing or made from nut ingredients to the center. I have informed the centre of all my child's allergies or medical conditions. If any new allergies or medical conditions change I will inform the centre immediately.

_____, I understand that I have to bring my child before 09:30 AM unless prior arrangements were made with the Director or Owner. I am aware that the Center may refuse my child after 09:30 AM if previous arrangements were not made. I understand that hours of operations are from 06:30 AM to 06:00 PM. The center asks that parents arrive by 05:45 PM which allows the staff time to setup for the next day and leave promptly at 06:00 PM. I understand that a late charge of \$1.00/child for every minutes or portion thereof will be applicable after 06:00 PM

_____, I understand that Polk-A-Dot Daycare and OSC may terminate my child from the facility immediately for the following: written, verbal or physical abuse against staff or children in the Center and/or non-payment of fees.

_____, I give my parental consent for Polk-A-Dot Daycare is to complete Developmental Checklists for my child and I am aware that these lists are confidential and will be filed in my child's personal file in the office. This Centre uses NIPPISING District Developmental Checklists (NDDS)(a developmental screening tool for infants and children up to 6 years of age) as one of their checklists, the outcome of this will be shared with the parent or Guardian for any necessary referrals.

_____, I hereby give my consent for Polk-A-Dot Daycare to collect any information concerning the developmental progress of my child in any form including audio, video, photographs, anecdotal or running records, etc. I am aware that these may be used for art, bulletin boards, and goodbye books for other children. I allow Polk-A-Dot Daycare and OSC to use photographs and videos of my child on the website, Face book page, newsletter or for any other promotional materials. I understand that all confidentiality will remain intact.

_____, I allow Polk-A-Dot Daycare and OSC to photograph and or videotape my child. I am aware that these may be used for art, bulletin boards, and goodbye books for other children. I allow Polk-A-Dot Daycare and OSC to use photographs and videos of my child on the website, Facebook page for the center and for promotional materials. I understand that all confidentiality will remain intact.

_____, I hereby give my consent for Polk-A-Dot Daycare and OSC to share confidential information to any one or more of the following, social workers, student finance department, Province of Alberta Child Care Subsidy Assessor, School child is attending, Government of Alberta Income Support.

_____, I allow staff at the center to apply Sunscreen and Bug repellent spray to my child.

_____, I will advise the center immediately if any changes happen with current address, telephone numbers, change of employer, emergency contacts, or immunizations.

_____, I have read and understand that I will be called in the event that my child is exhibiting symptoms of a communicable disease pertaining to the center's Policy and Procedure. In that situation it will be required of me to pick up my child immediately and find alternate child care during this time. I will provide a doctor's note identifying the disease and confirming that the child is no longer contagious

_____, I agree to notify the center of any medication my child _____ is bringing to the center. I will sign the medication form(s) for any medications that my child will require for that day. The medication will not be administered if the form has not been filled out completely with my child's name, exact dosage, time to be administered,

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date, name of medication and my signature. Medication form needs to be signed in daily. If the medication is ongoing, a different form will need to be filled out by me with all the same necessary information.

_____. I agree with the center's policy that if a child is too sick to go outside, participate in daily activities or go to school (if applicable) then they are too sick to be at the center.

_____, I will provide all the following required items to aid in my child's daily routines.

- ❖ Indoor and Outdoor Shoes (no flip flops)
- ❖ Two extra sets of clothing, socks, etc. in a zip lock bag. (If teachers send back home dirty/ soiled clothes, kindly replace with fresh set of clothing.)
- ❖ Weather appropriate clothing: Snow jacket, mitts, snow boots, scarf, hat, rain boots, raincoat, sun hat etc.
- ❖ Water Bottle (Please label)
- ❖ Diapers/ Pull Ups, wipes and Diaper cream (If applicable and ensure they are clearly labeled. Please!)
- ❖ Blanket
- ❖ Sunscreen and bug spray
- ❖ Family picture

Fees Agreement:

_____, I agree to pay the above fees / parent portion on the 1st of every month.

_____, I agree to have subsidy in place before my child's first day. I must keep my subsidy up to date. My child must attend daycare for 100 hours (Daycare) per month / 50 hours (OOSC) to receive full subsidy payments. Anything less than full subsidy is my responsibility to pay.

_____, I agree that non-payment of fees for time used at daycare will result in notification to a collections agency to obtain any outstanding fees.

_____, I agree to inform the Center in writing, thirty (30) days before terminating care for my child. I understand that failure to do so will result in paying one month's fee.

_____, I agree failure to give one month notice while being on subsidy will require me to pay full fees not just the parent portion.

_____, I agree to pay daily in advance for Drop-In.

_____, I understand this is a legally binding contract and I have read it and understand it.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date (DD/MM/YYYY): _____

Updated: Feb 2019

Date (DD/MM/YYYY): _____

Parent/Guardian Initial: _____