



# REGISTRATION FORM

Revised: September 2012  
Please print clearly in blue or black ink.



Please check which location:

- Tipaskan Educational Day Care & OSC  
 Central Millwood's Day Care  
 Little Scholars Child Care (EPCOR Tower)

## General Information:

Start Date: \_\_\_\_\_ Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_

Parents are: Married  Common Law  Living Together  Divorced  Separated  Widowed  Single

**Previous Care:**

Has your child been in childcare before? *YES / NO*      May we contact them for a reference? *YES / NO*

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_ Why was care terminated? \_\_\_\_\_

**Emergency Contacts:**

Primary Emergency Contact (*other than parents or guardian*) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Secondary Emergency Contact (*other than parents or guardian*) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Person (s) authorized to pick up my child: (*Besides parents, guardians, or emergency pick-ups*)

Name: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

Person (s) NOT authorized to pick up my child: (*Besides parents, guardians, or emergency pick-ups*)

Name: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

**Emergency Information:**

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ Regular Medications: \_\_\_\_\_

Medicine allergic to: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Any other Allergies: \_\_\_\_\_ Special instructions in case of an allergic

reaction \_\_\_\_\_ Any special health conditions: \_\_\_\_\_

\_\_\_\_\_

Immunizations complete? *YES/NO*

**All About My Child:**

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters, their names and ages are: \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Favorite things \_\_\_\_\_

Favorite places... \_\_\_\_\_

Favorite foods... \_\_\_\_\_

Favorite activities... \_\_\_\_\_

Favorite books... \_\_\_\_\_

Favorite colors... \_\_\_\_\_

Any particular fears? ... \_\_\_\_\_

What comforts your child?... \_\_\_\_\_

What goals would you like your child to accomplish while at the Center? \_\_\_\_\_

Does your child have a regular bedtime schedule? YES / NO AM Wake up time: \_\_\_\_\_ PM Bedtime: \_\_\_\_\_

Does your child have a regular nap time? YES / NO Naptime: \_\_\_\_\_ Wake up time: \_\_\_\_\_

How does your child sleep? STOMACH / SIDE / BACK

Are there any special dolls, blankets, etc. that your child needs to go to sleep? \_\_\_\_\_

What is your child's disposition upon waking up? Happy/Clingy/Grouchy/Sad/Energetic/Hungry/Confused/Scared/Other: \_\_\_\_\_

Does your child have any behavioural issues? \_\_\_\_\_

Does your child have any health concerns? \_\_\_\_\_

How did you hear about Educational Daycare Group? \_\_\_\_\_

How long are you planning on attending our facility? \_\_\_\_\_

**Security Password Information:**

Educational Daycare Group requires that all families provide us with a private security password. This password will be used over the phone and through emails to verify that the parents or the legal guardian is providing the Center with accurate information on releasing their child.

\_\_\_\_\_ Password

\_\_\_\_\_ Parent Signature

**Fees Agreement:**

Total Fee \$ \_\_\_\_\_

Subsidy \$ \_\_\_\_\_

Parent Portion \$ \_\_\_\_\_

Non-refundable registration fee of \$150.00: PAID / UNPAID \$ \_\_\_\_\_

I \_\_\_\_\_ agree to pay the above fees / parent portion on the 1<sup>st</sup> of every month.

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 thirty (30) days before terminating care for my child. I understand that failure to do so will result in additional charges. Charges will be determined by the current monthly fee.

*Person/s signing contract are responsible for payment:*

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

Parent/Guardian (Mother) signature \_\_\_\_\_ Parent/Guardian (Father) signature \_\_\_\_\_

Director's Signature : \_\_\_\_\_

Registered by : \_\_\_\_\_

**Terms and Conditions:**

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

\_\_\_\_\_ I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Edmonton Educational Daycare Group. I also give permission for my child to be transported by car, ambulance or Aid car to an emergency center for treatment and agree to hold Edmonton Educational Daycare Group and its employees harmless.

\_\_\_\_\_ In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Edmonton Educational Daycare Group and its employees harmless.

\_\_\_\_\_ I hereby request that my child, \_\_\_\_\_ be permitted to participate in field trips, to the park or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

\_\_\_\_\_ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

\_\_\_\_\_ I understand that I have to bring my child before 10:00 AM unless prior arrangements were made with the Director or Owner. I am aware that the Center may refuse my child after 10:00 AM if previous arrangements were not made.

\_\_\_\_\_ I am aware that Educational Daycare Group follows the Canada Food Guide and promotes healthy choices for children. Educational Daycare Group may choose not to serve an unhealthy item to my child. I will try to ensure lunches and snacks are healthy and nutritious.

\_\_\_\_\_ I allow Educational Daycare Group to use the Nipissing District Developmental Screen (NDDS)(a developmental screening tool for infants and children up to 6 years of age)on my child while s/he is attending the program.

\_\_\_\_\_ I understand that Educational Daycare Group 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 allow Educational Daycare Group to photograph my child. I am aware that these photographs may be used for art, bulletin boards and goodbye books for other children.

\_\_\_\_\_ I allow Educational Daycare Group to videotape my child. I am aware that these videos may be used around the Center.

\_\_\_\_\_ I allow Educational Daycare Group to use photographs and videos of my child on the website and for promotional materials. I understand that only my child's first name will be used and all confidentiality will remain intact.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: