



REGISTRATION FORM

Revised: September 2017
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)
- Westmount Educational Daycare & OSC

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? _____

What are some aspects of your culture you would like to share? _____

What is your home language? _____

What are some words in your home language? _____

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: _____

Special Considerations:

Does your child have any medical conditions or special needs:

Does your child have any behavioural concerns:

Development:

YES / NO My child has a hearing or visual problem (other than glasses).

YES / NO My child has a developmental delay.

YES / NO My child has a behavioural disorder (ADD, Autism, PDD, etc.).

YES / NO My child has delays with gross and/or fine motor activities.

YES / NO My child has strong separation anxiety.

YES / NO My child has a speech delay.

If YES please explain:

Previous Experiences:

YES / NO My child has had a traumatic past experience (i.e. family divorce, abuse, violent experiences).

YES / NO My child has been terminated from a child care facility previously.

YES / NO My child requires one-on-one care in a child care facility.

YES / NO My child is sensitive to loud noise or quick movements.

If YES please explain:

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 1st 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.

_____ I understand that once I leave the program I will be provided with a tax receipt. If I require any further tax receipts in the future I will be charged a \$25.00 fee.

_____ I have read and understand the parent handbook. I agree to abide by the policies and procedures outlined in the parent handbook.

Name:

Signature:

Date: