



Registration Form

Date of Admission _____

Child's name _____

Address _____

Birth date (DD/MM/YYYY) _____

Mother's Name _____

Address _____

Employment _____

Father's Name _____

Address _____

Employment _____

Phone _____

Phone _____

Business/Cell _____

Hours _____

Phone _____

Business/Cell _____

Hours _____

Emergency Contact Persons

Name _____

Address _____

Phone _____ Work. _____

Name: _____

Address: _____

Phone _____ 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? _____



Background of Child

Had the child had any of the following illnesses?

Table with 4 columns: Illness, YES/NO, Illness, YES/NO. Rows include Red measles, German measles, Chicken pox, Whooping cough, Mumps, Heart trouble, convulsions (not epilepsy), epilepsy, head injury, accidental poisoning, removal of tonsils, eye surgery.

In the last year had the child had any of the following.

Table with 4 columns: Difficulty, YES/NO, Difficulty, YES/NO. Rows include Difficulties with speech, Difficulty with hearing, Difficulty with eyesight, 3 or more earaches, feeding/sleep problems, daytime or bedwetting.

Please list any other information considered relevant:

Culture/ Country/ language etc. (we believe in multiculturalism & this information is required for multicultural celebrations at daycare)

Language Culture Country
National festival of your country and when celebrated
Previous experience in day-care describe in words
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 Child's fears
Discipline at home
Child reaction to illness: Will child tell staff?
Child's reaction to stress Is the child toilet trained



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 and telephone number of those additional pickup authorized personal.

1. _____ 2. _____ 3. _____

Parent's Signature _____ Staff Signature _____ Date _____

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.

Parent's signature _____ Date _____

Medical Attention

I release First Choice Daycare., for liability for accidents or illnesses occurring while my child is in the center. In the event of an 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 center. I understand that I remain responsible for expenses incurred by this attention, and I also give them permission to transport my child to emergency if required in their daycare van.

Parent's Signature _____ Date _____

Transportation agreement (for picking kids to and from home)

I release my child for morning pickup and drop off 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 if he/ she do not see any indication he/ she will leave, which means I must 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 if 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 center. By signing this you agree and understand that the daycare van stops at different stops to pick up and drop off 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. You are signing this without any undue pressure.

And you know that daycare van has INTRA-PROVIINCIAL OPERATING AUTHORITY CERTIFICATE and is insured for child transportation. Should you require further information please contact Sanal Bangr at 587-982-4266

Parent's Signature: _____ Date _____



Transportation Agreement

Name of Child: _____ Grade: _____

School Child Attends: _____ Phone Number: _____

Address of School: _____

School Hours: _____ Early Dismissal Day and Time: _____

Mode of Transportation: _____

Drop of point _____ Pick up point _____

Additional information: _____

Does your child require transportation from First Choice Daycare to school?

Does your child require transportation from school to First Choice Daycare after school?

Please read each statement and acknowledge.

1. I agree to inform my child's school of transportation arrangements with First Choice Daycare
2. I have informed First Choice Daycare of my child's scheduled days of attendance & arrival and departure times.
3. I agree to notify First Choice Daycare of any changes to the transportation plan prior to a scheduled arrival or pick-up time.
4. Before school, I understand that First Choice Daycare is responsible for my child from the time he/she is signed into the center until he/she is dropped off at the school.
5. After school, I understand that First Choice Daycare is responsible for my child only from the time he/she arrives at the designated meeting spot at the school to the time he/she is picked from the center by a person authorized to do so.
6. I agree to notify First Choice Daycare well in advance when my child will be absent from the center for any reason, or if anybody else is going to pick him/ her from school.
7. First Choice Daycare agrees to notify me if my child does not arrive after school when expected.
8. I understand that First Choice Daycare will attempt to locate my child if he/she does not arrive as expected after school and I understand that if there is no explanation for my child's absence, First Choice Daycare will follow the missing child procedure if child does not arrive within five minutes frame time and the procedure will be calling School, Parents, Emergency Contact person, Calling Police and Licensing will be informed accordingly.
9. I understand that if my child's behavior while transporting to and from the school is consistently problematic and unsafe, I will be responsible for transporting their child to and from school.
10. I agree to provide my child with the appropriate clothing for prevailing weather conditions as this is my duty.
11. First Choice Daycare agrees to keep the van in safe operating condition and only staff with good driving skills will be used for driving the van having first aid, police clearance etc.
12. I understand that if the First Choice Daycare van is inoperable due to any reason whatsoever, Taxi cabs or a Taxi Van will be used to transport the children to and/or from the school and I approve of this arrangement.
13. I have read, understand, and agree to comply with the Transportation of Children to and From Schools Policy and Procedures.
14. 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 daycare to home and vice versa is exempt from the preview of "Child Care Licensing Act."
15. The center reserves the right to refuse transportation of any child in the event of ongoing behavior problem of a child (which includes running away from staff, refusing to accompany staff, endangering staff/ driver or other children, not buckling seat belt in van, eating in van etc.) procedure for this will be as follow: 1st Incident- Verbal warning to child and informing parent, 2nd Incident- written warning to child and informing parent, 3rd incident- immediate termination of transportation services.
16. I acknowledge that I have received a copy of this agreement along with Transportation Policy and understand that I will be abiding by the points mentioned herein above.

Parent/Guardian Signature: _____ Date: _____

Thank you for providing the information we need to provide safe transportation for your child!



Policy on child development

When children are lacking on some area in developmental areas, the teacher 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 nippising as one of the tools to assess child development. Please provide any child development assessment or interest if you have in your mind to the director or to the staff concerned.

Parent's Signature: _____ Date _____

All Parents Please Note the Following:

1. All fees must be paid one month in advance by the 5th day of the month.
2. There is a registration fee of \$50 while enrolling your child to the center.
3. One month notice must be given for children leaving day-care.
4. Hours of daycare are from 6:45 a.m. To 5:45p.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 5:45 p.m. which should be paid to the staff that stays late.
5. A charge of \$25.00 will be made for N.S.F. cheques.
6. 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.
7. Children who are on subsidy and miss a day due to an illness, must have doctors' note. This is for your subsidy officer.

I hereby agree to abide with 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 inputs.

Parent's Signature _____ Staff Signature _____

Date _____



Information release agreement

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

- My child's cubby and coat hook
- 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 or director of the daycare 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, and we know where they are kept.

Child's Name: _____

Parent's signatures: _____

Date: _____



FOIP Consent to post or publish information.

First Choice Daycare requests your permission to use your child's information (name, image, etc.) for crafts, licensing evidence, field trips, portfolios, and our website on the internet where the public may have access to the information.

Examples of how the daycare may use your child's personal information include, but are not limited to:

- Posting pictures, videos in the daycare as well as online
- Posting information on social media or daycare website such as Facebook and First Choice Daycare's website.
- Sharing information with outside agency or among professionals involved in a child's day to promote positive and supportive educational, childcare and family support experiences.

The daycare will tell you how your child's personal information will be used.

_____ **Yes**, I consent to my child's information being used for the above stated purposes.

_____ **No**, I do not consent to my child's information being used for the above stated purposes.

Child's name _____

Print Parent's Name _____

Parent's Signature _____

Date _____

Please Note: Consent is voluntary, and you may withdraw your consent at any time by updating your preference with the daycare. The daycare cannot control or prevent the further distribution of photos, videos or personal information that are publicly released.



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. For children to achieve the fullest potential of outdoor play, the staff can apply mosquito spray to your child, with your consent.

First Choice Daycare provides an SPF of 30 - 60, but if you wish to have your child use his/her own, please indicates below.

First Choice Daycare provides 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 indicates below.

Please check off which applies to you:

_____ I authorize First Choice Daycare to use the sunscreen provided by the center to my son/daughter.

Name of sunscreen : _____

SPF : _____

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

Name of sunscreen : _____

SPF : _____

Parent's signature **Date**

Please check off which applies to you:

_____ I authorize Shining Stars Daycare & Out of School Care Centre 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 Shining Stars Daycare & Out of School Care Centre to apply insect repellent provided by me.

Parent's signature **Date**



Parent Orientation Checklist

Welcome to First Choice Daycare! 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 center?
- 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 are the Centre policies 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 are the menus 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 is all the policies and parents’ handbook kept?
- We close for two weeks during Christmas break

Center specific information

Email of the center : firstchoice12506@gmail.com
Phone number of the center: 780-452-0587
Your Centre’s director : _____
Your child’s teacher : _____
Your child’s room : _____
Age group within this room : _____

Parent’s signatures : _____
Date : _____
Director’s signatures : _____
Date : _____