

Registration Form

Perfect Daycare Ltd.

5302 50th Street, Beaumont, Alberta
T - 780 737 1191

Web address: www.perfectdaycareltd.com

email: perfectdaycare007@gmail.com

Please fill out the form as completely as possible, sign or initial where necessary.

Bring your completed form to the Centre or email us. If you have any questions, please feel free to ask.

Child's General Information		Birth Date:
Last Name:		
First Name:	Middle Name:	
Nickname:	Male or Female (circle)	
Date Applied:	Start Date:	
Drop-Off Time:	Pick-Up Time	
Number of Siblings:	Legal Guardian:	
Child's Home Phone:	Child's Home Address:	
Been in child-care before?	Name of Centre:	
Health Care Number:	Immunizations Up-to-Date: Yes or No Please submit a copy of the immunization card	

Late Pick-Up Policy

Children **MUST** be picked up at **5:45 p.m.** to give the child and parent to get ready before the Centre close at **6 pm**. Our late fee is \$1 each minute you are late, minimum 15-minute charge.

Please initial _____

Registration Fee

I understand that there is a **non-refundable** registration fee of \$100.00.

Please initial _____

PARENTS OR GUARDIANS		Applying for Subsidy:	
		Yes	No (Circle)
Mother/Guardian Last Name:	Mother/Guardian First Name:		
Relationship to Child:	Marital Status:		
Home Address:			
City:	Postal Code:		
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Employer:			
Is mother/guardian allowed to pick up child?			
Father/Guardian Last Name:	Father/Guardian First Name:		
Relationship to Child:	Marital Status:		
Home Address:			
City:	Postal Code:		
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Employer:			
Is father/guardian allowed to pick up child?			
Parent to be contacted in emergency:		Parent/Guardian with legal custody:	

Other Emergency Contact

Alternate Contact #1:

Relationship to Child:

Home Address:

City:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Authorized to Pick Up: Yes or No

Alternate Contact #2:

Relationship to Child:

Home Address:

City:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Authorized Pick Up: Yes or No

Please list the full name, relationship, and phone number of any additional people you wish to authorize for pick-up:

Please list the full names and relationships of other persons who are **NOT** allowed pick up. Include copies of any legal documents if necessary.

Child's Medical Information

Family Doctor:	Office Phone:
Address:	
City:	Postal Code:
Medical Ins. #	Alberta Health #:
Allergies:	
Medical Problems, past surgeries, or serious illness:	
Medication: (Please include name of drug and dosage)	
Allergies Diagnosed:	
Medication Required: (will need to fill out a medication form for any emergency medications)	
Is child toilet trained?	
Child's typical reaction to stress:	
Child's typical reaction to illness:	
Parent's method of discipline:	
Are there health, behavioral, developmental or other concerns that we should know about your child:	

EMERGENCY CONSENT

It is our policy of notifying a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF
MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN
AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE
TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature	Parent/Guardian Signature
Date	Date

Off-Site Activity Permission

I understand that field trips and walks to neighbourhood areas and parks are part of the programming at Perfect daycare ltd., and I hereby give consent for my child to participate in these activities.

Parent Signature _____

Parent Handbook Agreement

I have carefully read the Perfect daycare ltd., Parent Handbook and understand that it is my responsibility to be aware of all the procedures and expectations set forth by the Centre in this document.

Parent Signature _____

Subsidy Privacy Allowance

I hereby allow the staff of Perfect daycare ltd., to be able to inquire about the status and details of my subsidy application.

Parent Signature _____

Biting Policy

I have read the Biting Policy as outlined in the Parent Handbook, and understand that if my child is sent home for severe biting incidents three times a week for two consecutive weeks, it may become necessary for the daycare to terminate our childcare agreement. If the biting appears to target another child specifically, or causes serious damage to the other child's body (possible scarring, loss of skin or tissue), it will be grounds for immediate termination of care.

Parent Signature_____

Developmental Screening Permission

I give permission to the staff at Perfect daycare ltd., to monitor my child's development via the Nipissing Developmental Screening Tool and include it in my child's portfolio and administrative records.

Parent Signature_____

Technology, Visual, and Video Permission Form

At our Centre, we try to give a variety of learning experiences. This may include the use of a computer, a video, the television, or taped recordings of their own voices, etc. as a means of an activity. All activities, including the use of the computer, will be of appropriate age and content. We require your written consent on the form below to signify your permission for these types of activities. Regarding the use of computers, television, video, and taped recording, I give the staff at Perfect daycare ltd., the permission to include my child in such related activities.

Parent Signature_____

Telephone Release Permission

Other parents sometimes request a family's phone number so they can phone to invite your child to a birthday party or some other social event. Please sign below if you have no objections to the release of your phone number for this purpose.

Parent Signature_____

Permission to Photograph

I give permission for Perfect daycare Ltd., to photograph my child, _____, for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in Centre scrapbook		
Give photographs possibly containing your child to current clients, classroom, group pictures		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on my daycare website *		
To use in a power point or slide show As a keepsake for the child and family		
To use in my child's portfolio to document my child's development		
Videos:		
For children watching themselves		
making movies, pretending to be a weather person, news reporter, etc.... dramatic play purposes.		

* No names at any time will be posted without consent of the parent.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____ Date: _____

Perfect Daycare Ltd. Sunscreen & Insect Repellent Permission Form

During outdoor play on sunny days, especially those during the months of April through September, it is necessary that children wear sunscreen to protect their skin from the sun's damaging rays. Therefore, we require that you provide your children with a sunscreen of SPF 30 or higher. All sunscreen will be applied to the child's face (not near eyes), ears, nose, arms, legs, or any other exposed skin before going outside and reapplied when necessary. In the event that you do not provide your child with sunscreen, after three days you will be charged \$20 for a new bottle.

Because there are periods during the year where mosquitoes and other biting insects are present, you may also want to send your child with a bottle of insect repellent. Repellent will be applied at the same time as sunscreen, but it is not a requirement of the Centre. We use a bug spray with low DEET content that is sensitive to a child's skin. In the absence of repellent, the Centre will not provide any.

All sunscreen and insect repellents must be marked with the child's name and be in the original packaging with an appropriate expiration date. Anything that is past the expiration date will not be used. Parents will be notified when these products expire or are running low.

Please fill out the following information and place a checkmark next to the appropriate statements.

I, _____, understand the above and give Perfect daycare ltd., staff permission to apply sunscreen that I have provided and labelled to my child/ren, _____.

My Child is not allergic to any known sunscreen.

I do not want my child to have sunscreen applied to him/her because of an allergy or other medical condition. Please specify: _____

I, _____, give permission for the centre staff to apply insect repellent that I have provided and labeled to my child/ren, _____.

My Child is not allergic to any known insect repellent.

Signature of parent: _____

Date: _____

Perfect Daycare Ltd. Portable Emergency Contact

Name of Child:	Street	Alberta Health Care Number:
Birth Date:	City	
	Postal Code:	

Person to be contacted first:

Mother's (Guardian's) Name:	Street	Home Phone:
	City	Cell Phone:
	Postal Code:	Work Phone:
Father's (Guardian's) Name:	Street	Home Phone:
	City	Cell Phone:
	Postal Code:	Work Phone:

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

Alternate Contact #1:	Street	Home Phone:
	City	Cell Phone:
Relationship to Child:	Postal Code:	Work Phone:
Alternate Contact #2:	Street	Home Phone:
	City	Cell Phone:
Relationship to Child:	Postal Code	Work Phone:

Medical Information:

Child's Doctor:	Doctor Phone Number:	Immunization Up-to-Date Yes No
Medical Conditions:	Allergies:	Current Medication(s):

Date Updated:

Verified By: