

**DAYCARE REGISTRATION FORM**

CHILD'S INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Start Date \_\_\_\_\_

PARENT'S INFORMATION

Mother's Full Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ cell: \_\_\_\_\_ Home phone \_\_\_\_\_ cell \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_ Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Hours \_\_\_\_\_

EMERGENCY INFORMATION

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

Preferred Hospital \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Alberta Personal Health Care Number \_\_\_\_\_

Is immunization up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Any Health Condition \_\_\_\_\_

Any Food Allergies? (Include symptoms that may occur)

\_\_\_\_\_

Any Medicine Allergies? (Include symptoms may occur)

\_\_\_\_\_

\_\_\_\_\_

Any Other Allergies: \_\_\_\_\_

Any food restrictions: \_\_\_\_\_

Ongoing Medication child may be taking \_\_\_\_\_

EMERGENCY CONTACT PERSON

Primary Emergency Contact (Other than parents or guardian) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Secondary Emergency Contact (other than parent or guardian) \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

AUTHORISED PERSONS TO PICK UP

Person (s) authorized to pick up my child (Beside parents, guardians or emergency pick up)

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

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

PERSONS **NOT**AUTHORISED TO PICK UP

Person(s) **NOT** authorized to pick up my child.

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

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

ANTICIPATED TIME OF DROP OFF & PICK UP OF CHILD

Children drop of time: \_\_\_\_\_

Children pickup time: \_\_\_\_\_ (maximum of 10 hour of service provided)

TELL US ABOUT YOUR CHILD

Please give your responses in detail. This will allow us to get to know your child and allow us to better accommodate his/her needs

Any Medical Problem \_\_\_\_\_

Any ongoing medication child may be taking \_\_\_\_\_

Any Allergies \_\_\_\_\_

Is immunization up to date? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

What are your child's regular care arrangements? \_\_\_\_\_

Has your child been enrolled in any other group setting? \_\_\_\_\_

What is your child's toilet schedule? \_\_\_\_\_

Is your child has tendency to run away? \_\_\_\_\_

What is your child's sleeping schedule? \_\_\_\_\_

What is your child's typical mood after waking up? \_\_\_\_\_

How would you describe your child's typical daily mood? (Please check appropriate)

Always happy \_\_\_\_\_ Difficult \_\_\_\_\_ Depressed \_\_\_\_\_

Easygoing \_\_\_\_\_ Moody \_\_\_\_\_ Sad \_\_\_\_\_

Sensitive \_\_\_\_\_ Slow to warm up \_\_\_\_\_ Social able \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Is your child enrolled in any other extra-curricular activities? When? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child have any fear? \_\_\_\_\_

Your child's favorite toys \_\_\_\_\_

What are the goals for your child? \_\_\_\_\_

Is there any pertinent information about your child's general health or personal history that we should know? If so, please explain

\_\_\_\_\_

HOUSEHOLD INFORMATION

Parent/guardian with legal custody \_\_\_\_\_

Parents are: Married \_\_\_ living together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ single\_

Other Household Members (Include siblings, grandparents, nanny or pets)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Other: \_\_\_\_\_

The Lynnwood daycare & Out of school care have permission to Transport/Walk the child to and from any activity OFF the centre's premises. School children will be walking or transported to the school in a day care van. Lynnwood daycare & Out of school care is not responsible for the child once he/she is on school premises.

In case of illness or accident, the parent or emergency contact person will be notified of the incident. Allow Lynnwood daycare & Out of school care staff to administer medical aid for the child and depending upon the severity of the situation and if staff deems it necessary, the child will be taken to the Doctor or to a Hospital (Misericordia Hospital) via staff's personal vehicle or daycare vehicle or ambulance or taxi and parents are responsible for the costs incurred. Parents provide alternate care for the child on the days he/she is sick or become sick while at school or at the centre.

Hours of operation are from 6:30am to 6:00pm Monday to Friday and children must be picked up on time. Should you be late in picking up your child due to unavoidable circumstances, please arrange for him/her to be picked up and cared for at a friend or neighbor and arrange with the centre for release of your child to them. Notify the centre when child will be absent or need to be picked up by someone other than parent.

**LATE PICKUP POLICY**

A fee of \$ 10.00 for first 15 minutes late pickup per child will be charged and additional \$15.00 for the 2<sup>nd</sup> 15 minutes late pickup per child will be charged past 6.00pm. If there is an emergency and you are late, please call the centre to make alternative arrangements. Three or more late pickups may result in the discontinuation of services for your child. For safety of your child, if you or emergency contact person cannot be reached by 7.00pm, we will contact the Child Welfare Crisis Unit. Late fees are due upon arrival at the centre.

A registration fee is \$50.00 and is Non-Refundable. Fees are due on the FIRST day of each month. There will be no fee reduction for holidays and absence.

Late fee payment charges will be \$10.00 per day and will be increased to \$20 per day after the 10<sup>th</sup> of month. If the fee is not paid in full by 10<sup>th</sup> of the month, centre has the right to terminate child care services.

The first two weeks of childcare are to be an adjustment period. It is the responsibility of the Lynnwood Daycare to let the parent know if a child appears unhappy or the arrangement is unsatisfactory for some other reason. The contract can be terminated, without notice by either party during the adjustment period subject to payment of fees for the actual days attended. Lynnwood Daycare reserves the right to terminate without notice a child or family that is disruptive to the smooth operation of the centre.

After the initial adjustment period, termination or changes to the childcare agreement require 30 days written notice from family that we are providing care for. Fees are for the 30 day period after notice of termination given.

Returned cheques are subject to a penalty of \$30. Certified cheques are required after one instance of returned cheques.

For children receiving government childcare subsidy payments, parents should ensure that the subsidy authorization renewal is in place one month before the expiration of the existing subsidy authorization. A valid subsidy authorization number is due on the first of each month. If a subsidy approval number is not available at the first of the month, then a cheque should be issued by the parent for that month and a refund cheque will be issued by Lynnwood Daycare when the subsidy payment is received.

Allow the child to be photographed or videotaped for the purpose of internal (centre only) interest.

I give permission for my child to participate in spontaneous walking trips to community parks and all field area in and around Empire Park plaza and around the Daycare centre.

Trips to library will be by walking/ETS bus or daycare van. I give permission for my child to use all the areas and facilities as outlined above without prior notification given.

I give permission to Lynnwood Daycare/Out of school care to share information from registration from to professional agencies associated with the program such as daycare licensing, daycare subsidy office, capital health etc.

Children combs, hair brushes and tooth brushes are NOT encouraged at the daycare

Parents can meet with childcare staff should they have any concern regarding the child's behavior or conduct.

Lynnwood Daycare centre can **not release** the child to a person if it appears that the person is intoxicated or not be able to provide safe care for the child. Lynnwood Daycare will **not permit** anyone on site that appears to under the influence of any substance. Please be advised that Local Authorities will be notified, the safety of the children and staff is our top priority.

I have **read, understood and accept** the centre's responsibilities and policies in regard to guidelines, illness, administration of medicine, emergency/fire drill procedure, child release, health/hygiene, arrival and dismissing procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Commencement \_\_\_\_\_ Date of Termination \_\_\_\_\_

**As parent of a child at Lynnwood Daycare and Out of School Care,**

I agree to pick up the child prior to 6.00pm closing time.

Notify the centre when child will be absent or need to be picked up by someone other than parents.

Provide alternate care for the child on the days of he/she is sick, or become sick while at school or the centre

Meet with child care staff should they have concern regarding the child's behavior or conduct.

Allow LYNNWOOD DAY CARE staff to administer medical aid for the child and in the event of an emergency the child will be taken to the Doctor or Hospital via a staff's personal vehicle or daycare vehicle or ambulance or taxi and parents are responsible for costs incurred

Allow the child to be photographed or videotaped for the purpose of internal (center only) interest

As a parent of a child at LYNNWOOD DAYCARE & OUT OF SCHOOL CARE, I understand

That the fees are due on the First of the month and there will be no fee reduction for holidays and absence.

That the centre uses the following areas and facilities: \_\_\_\_\_

I give permission for my child to use all the areas and facilities as outlined above without any prior notification being given.

I give permission to LYNNWOOD DAYCARE & OUT OF SCHOOL CARE to drop off and pick up my child to and from school. I understand that LYNNWOOD DAYCARE & OUT OF SCHOOL CARE is not responsible for the child once he/she is on school premises.

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I have read, understood and accept the centers responsibilities and policies in regard to discipline, illness, administration of medication, arrival and dismissing procedures and emergency evacuation.

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Health questionnaire for children

Dear parents,

In order to better understand your child's needs in day care; would you help us by completing these questions about his/her health?

Child's name \_\_\_\_\_

Child's Date of birth \_\_\_\_\_

Male  Female

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

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

Mother's Phone number: Home, \_\_\_\_\_, Work \_\_\_\_\_, cell \_\_\_\_\_

Father's Phone number: Home, \_\_\_\_\_, work \_\_\_\_\_, cell \_\_\_\_\_

Child's Doctor Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

1. In the last year has the child had any difficulty with the following?

	Yes	No	if yes, please explain?
Earaches	_____	_____	_____
Speech hearing	_____	_____	_____
Vision	_____	_____	_____
Feeding/eating	_____	_____	_____
Sleeping	_____	_____	_____
Bowels	_____	_____	_____
Wetting- day	_____	_____	_____
Night	_____	_____	_____
Fever	_____	_____	_____
Making friends	_____	_____	_____

2. Is your child is developing as you think she/he should for this age (e.g. talks? Sits up? Toilet trained?)

Yes \_\_\_\_\_ NO \_\_\_\_\_ If no, Please explain \_\_\_\_\_  
\_\_\_\_\_

3. Has this child had any medical or emotional condition requiring/receiving treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is child on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide name of medication \_\_\_\_\_

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Immunization status of your child

Please provide the date and dose of immunization for your child or provide a copy of immunization record card

Dose	Pertussis (whooping cough)	Tetanus	Polio	Measles	Mumps	Rubella	Hib	Hep.B
1.								
2.								
3.								
4.								
5.								
6.								

Any other immunization your child received? \_\_\_\_\_

Tuberculin Test: Date \_\_\_\_\_ Result: \_\_\_\_\_ BGG: Yes \_\_\_\_\_ No \_\_\_\_\_

Where (name of clinic) was immunization given? \_\_\_\_\_

Thank you for your cooperation.

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

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

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



# LYNNWOOD DAYCARE & OUT OF SCHOOL CARE

## ORIENTATION LIST

Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

\_\_\_\_\_ Tour of the daycare facility

\_\_\_\_\_ Hours of Operation – Opening and Closing time

\_\_\_\_\_ Parent's Handbook

\_\_\_\_\_ Registration Procedure

\_\_\_\_\_ Programming and planning

\_\_\_\_\_ Medication and Illness Policy

\_\_\_\_\_ Child to Staff Ratio's

\_\_\_\_\_ Fees and Late Fee Policy

\_\_\_\_\_ Late Pickup Fee

\_\_\_\_\_ Information daycare centre for late arrival and/or absence

\_\_\_\_\_ Any message, please write in communication book

### **CHILD'S PERSONAL ITEMS**

Please dress your child suitable for weather (Provide good safety walk able shoes)

Please label all personal items including food of your child and bottle, bed linens

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

**Lynnwood Daycare & Out of School Care**

**Fee Acknowledgement**

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

Date of Birth: \_\_\_\_\_

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

Age Group: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

I, \_\_\_\_\_ (parent's name) agree to pay \$ \_\_\_\_\_ to **Lynnwood daycare & out of school care** for providing child care services for my child named above.

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

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

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

Director/ Supervisor name: \_\_\_\_\_

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