

LYNNWOOD OUT OF SCHOOL CARE
8708-150st. N.W T5R-1E4
780-758-8581, Lynnwooddaycare@yahoo.com
OUT OF SCHOOL CARE 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 _____

email address: _____ email address: _____

Home Phone _____ cell: _____ Home phone _____ cell: _____

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 () _____

Physician address: _____

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) _____

Home Phone _____ Work Phone _____ Cell _____

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 pick up 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 important 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 _____

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 daycare 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. Provide alternate care for the child on the days he/she is sick or become sick while at school or 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 2nd 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 \$30.00 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 10th of month. If the fee is not paid in full by 5TH 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 checks are subject to a penalty of \$50.00. Certified checks are required after one instance of returned check.

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 check should be issued by the parent for that month and a refund check will be issued by Lynnwood Daycare when the subsidy payment is received.

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 be 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 procedure

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.

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

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

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.

Date: _____

Parent's signature: _____

TRANSPORTATION FORM

LYNNWOOD day care & out of school care

8708-150ST.N.W

Child's Name: _____

School's Name: _____ Meeting Place: _____

School Address: _____

Who will be responsible for transporting the child?

_____ Program _____ Parent _____ Child _____ The Bus

What time the child will be picked up by the bus: _____: dropped off by the bus: _____.

The staff will walk children to their designated school and drop off and pick up at meeting place. The kindergarten children will be handed to their room teacher in the morning and the children will be picked up from the room teacher. After school care children will only be dropped off when the school patrollers are outside and staff will verbally acknowledge with school patroller that Lynnwood OSC children have arrived.

It is the parent's responsibility to notify the daycare if they will be picking the child up from school or if child is absent from the school due to illness or other circumstances.

Staff will wait for 10 minutes, if the child does not show up at the meeting place; staff will go to the office and inquire about the child. If staff does not find the child:

*The director at the center will be notified by phone call.

*The director will make a phone call to parents right away.

*If parents cannot be located emergency contact will be called.

*After all the attempts are made and the director could not locate the parents or child police will be called. (It is very important for you to notify the center if your child is not attending the center for any reason.)

*In case of inclement weather (snow storm or cold temperature) it will be the parent's responsibility to transport the children to and from school.

*If the child is partaking in any after school activities, it is the responsibility of the parent to pick up the child.

*If your child is too sick to attend school he/she will Not be permitted to attend Lynnwood kindergarten and out of school care.

I, (parent) _____, give Lynnwood out of school care permission to drop off my child _____ (child name)

Drop of at (school) _____ (time) _____

And to pick from (school) _____ (time) _____

Date signed: _____ Parent Signature: _____

Director will assess time to time staff's supervision practices to ensure that staff is continuing to promote safety and meeting children's needs.

Parents will be given a handbook to inform them about the policy. They will also be notified by the director if any changes are made in handbook.

New staff will be given a staff handbook when hired. Director will also review the handbook with new staff member. Director will notify staff of any changes to staff handbook in the staff meeting.

TRANSPORTATION AGREEMENT: (created-June-2017)

I understand and agree that my child, _____ (name of the school) will be transported to and/ or from the _____ (school name) by. I give permission to Lynnwood Daycare and O.S.C to drop off and pick up my child to and from school. I understand that Lynnwood Daycare and Out of school care is not responsible for the child once he/she is not on school premises.

_____ walking escorted by the Lynnwood Daycare/O.S.C staff

_____ Daycare van

(Please check one or both as applicable)

I authorize Lynnwood Daycare/ O.S.C to transport my child as indicated in this transportation agreement and the terms and conditions in the attached Transportations Policy.

Parent's signature: _____ Date: _____

Director or Supervisor signature: _____ Date: _____

Permission for Walking Alone (fill only if your child will be walking alone)

Child name's: _____

School name: _____

Date(s) required leaving: _____

Time arriving at the center: _____

Time leaving the center: _____

Destination: _____

Address: _____

I _____ hereby release Lynnwood out of School Care from any legal responsibility or liability while my child is walking from the center by him/herself.

Parent's signature: _____

Emergency permission:

I hereby give permission for the staff of Lynnwood Daycare and O.S.C program to administer medical aid for the child and in the event of an emergency t as they think necessary. In the event of an emergency the child will be taken to the hospital via daycare van, ambulance or taxi. _____ (child's name) I will be responsible for all costs incurred due to the emergency.

Additional comments: _____

Parent's signature: _____ Date: _____

Picture releases: Photograph during activities:

I hereby release for publication or telecast in any news media, the photographs taken of:

Child's name: _____ Participating in centre activities. To protect the privacy of parents and children, no photograph will be released unless this consent form is signed.

Parent's signature: _____ Date: _____

CONSENT FORM FOR FIELD TRIPS:

The Lynnwood Daycare and O.S.C program has full permission to allow my child/children to go on various field trips outside the center, as well as including activities in the daycare playground, outside play or play in the Community Park, community playground, neighborhood walk, Lynnwood plaza, Trip to the public library will be by walking or using daycare van. The children will be accompanied by staff members. I understand that I will be notified in advance of the destination, date and time of return of each field trip. If some reason my child/children cannot participate in a particular field trip, I will notify the staff immediately.

Child's name: _____

Parent's signature: _____ Date: _____

Lynnwood Daycare and O.S.C Program is proud of its children and their parents. Staff and volunteers take every opportunity to show it off.

ART WORK/WRITTEN WORK FOR DISPLAY:

Your child/ children are very creative and we like to show off their (crafts, stories, etc.)In displays throughout the center or may be even publication.

PARENTS / CHILDREN NAMES /PHOTOGRAPHS:

Parents and children's names and pictures may be released by the center in relation to the daily operation i.e. cubbies, mailboxes, charts etc.

In order for you and your child to have the full benefit of the centers program, we need parent's permission for the above areas. Please check off the following items to indicate your willingness for you and your child to participate.

_____ Art work display/publication

_____ written work for display

_____ Photographs during activities (for center use only)

_____ Some photos will be online of the centers website and face book.

_____ Children and parents names to be displayed for daily running of center i.e. charts, cubbies, mailbox, and etc.

Children's name(S): _____ Date: _____

Parent/guardian(s) Printed name: _____ Parent/ guardian(s) signature: _____

Director signature: _____ Date: _____

LYNNWOOD 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.

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: _____ Date: _____