

REGISTRATION FORM

REGISTRATION DATE		START DATE	
CHILD'S NAME		CHILD'S LAST NAME	
DATE OF BIRTH		CHILD'S ADDRESS	
SCHOOL IF APPLICABLE		DROP OFF TIME	PICK UP TIME

PARENT/GUARDIAN INFORMATION

PARENT 1		PARENT 2	
ADDRESS		ADDRESS	
CELL PHONE NO.		CELL PHONE NO.	
EMAIL		EMAIL	
PLACE OF WORK/SCHOOL		PLACE OF WORK/SCHOOL	
WORK PHONE		WORK PHONE	

SINGLE

MARRIED

SEPERATED

COMMON LAW

OTHER

EMERGENCY CONTACT INFORMATION (OTHER THAN THE PARENT)

NAME		ADDRESS	
PHONE NO.		RELATION TO CHILD	

IS THIS PERSON ALLOWED TO PICK UP THE CHILD AT ANY TIME?

YES

NO

MEDICAL INFORMATION

ALBERTA HEALTH CARD NO:

PHYSICIAN NAME

PHYSICIAN PHONE NO

INDICATE IF YOUR CHILD IS ON ANY MEDICATION: YES

NO

IF YES, EXPLAIN:

IS YOUR CHILD IMMUNIZATION UP TO DATE:

YES

NO

ANY HEALTH CONDITION OF THE CHILD WHICH YOU MAY NEED US TO KNOW:

ALLERGY/FOOD RESTRICTION

FOOD

MEDICINE

DIETRY RESTRICTIION

AUTHORIZED PICK-UP PERSON

(ABLE TO PICK UP THE CHILD ANYTIME BESIDES PARENTS AND EMEGENCY CONTATCT)

NAME:

PH NO:

NAME:

PH NO:

NAME:

PH NO:

PERSON NOT AUTHORIZED TO PICK UP THE CHILD

NAME:

NOTE:

HOUSEHOLD INFORMATION

DO YOU HAVE A LEGAL CUSTODY ORDER: YES NO (IF YES PLEASE PROVIDE A COPY OF THE ORDER)

NAME OF PARENT/ GUARDIAN WITH LEGAL CUSTODY OF THE CHILD:

IF YOU HAVE SHARED CUSTODY FOR SPECIFIC DAYS OR TIME, PLEASE EXPLAIN AND PROVIDE DETAILS:

FAMILY INFORMATION

DOES YOUR CHILD UNDERSTAND/SPEAK ENGLISH

WHAT LANGUAGE DO YOU SPEAK AT HOME

DO YOU WANT TO SHARE YOUR CULTURE AND TRADITION WITH THE PROGRAM

TELL US ABOUT YOUR CHILD

YOUR SHORT-TERM GOALS FOR YOUR CHILD?

YOUR LONG-TERM GOALS FOR YOUR CHILD?

DOES YOUR CHILD HAVE ANY SPECIFIC BEHAVIOUR OR NEEDS WHICH YOU MAY WANT US TO KNOW AND PLEASE TELL US HOW TO ASSIST HIM/HERON THIS?

DOES YOUR CHILD HAVE ANY FEARS (IF YES PLEASE EXPLAIN)?

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT?

FOR TODDLERS, WHAT IS YOUR TOILETING SCHEDULE?

WHAT IS YOUR CHILD'S SLEEPING SCHEDULE?

HOW DOES YOUR CHILD FALL ASLEEP?

WHAT IS YOUR CHILD'S TYPICAL MOOD AFTER NAP/SLEEP?

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES?

PERMISSION TO PARTICIPATE IN DIFFERENT ACTIVITIES

At the daycare we have different activities for our kids which we need a parents/guardian to give us permission to do that. Please initial below to indicate that you allow your child to participate in those activities:

I give permission for my child _____ to participate in spontaneous walking trips around the neighbourhood to explore the natural elements and outdoor physical exercise. _____ (Parent initial)

I give permission to staff to take mini videos or still photos of my child _____ when at play and that photos/videos will strictly be used or displayed inside the center only. _____ (Parent Initial)

I give permission for my child _____ developmental screening at the daycare by the staff. _____ (Parent Initial)

I give permission to the daycare staff to provide first aid to my child _____ during the times emergency medical attention is required and parents will be responsible for ambulance charges. _____ (Parent initial)

PLEASE READ AND CONFIRM THAT YOU WILL FOLLOW THESE POLICIES:

Holiday policy: *The center will remain closed for all statutory holidays, Easter Monday and Truth and Reconciliation Day. The center will also remain closed for 2 weeks for winter break. There will be no change in the monthly fee due to these closures. _____ (Parent Initial)*

Registration Fee Policy: *Parents must pay a registration fee of \$100 per child. This fee is non-refundable and won't apply to the month's fee. _____ (Parent Initial)*

Monthly Fee Policy: *all payments are due on the first business day of the month. If the fee is not paid on time, parents will get a formal reminder for the payment. If still not paid after 5 working days, late fee charges will apply. (\$5 per Day). Ignorance may cause termination of service. _____ (Parent Initial)*

Deposit: *A \$300 deposit is required along with the registration fee to secure a spot. The deposit will be returned to the family once a 30-day written notice is provided for termination of care. All dues also need to be cleared prior to end of care for refund of deposit.*

Payment Method: *Payments can be made via e transfer, cheques, or cash. _____ (parent Initial)*

NSF Fee Policy: *if your payment does not go through due to insufficient funds in your account, NSF fee will be charged to you. _____ (Parent Initial)*

Vacation Policy: *we do not hold a child's spot for vacation (away)time. Parents will be required to pay the full fees to hold the spot for the child. If you do not pay the fees, we do not guarantee the spot and the child's name will be put on the waiting list until the spot is available. _____ (Parent Initial)*

Medication Policy: *Parents must complete a medication consent form if the child needs medication during the day. The medication must be in the original container and must be prescribed to the child's name. We will not administer any over the counter medication (Advil, Tylenol) to the child. _____ (Parent Initial)*

Illness Policy: If your child has been or is vomiting, has a fever, diarrhea or extreme cough, he/she should stay home until recovered. In case it happens if the child is at the center, the staff will call the parent to pick the child immediately. Child can return to the center when he/she is symptom free for 24 hours. _____ **(Parent Initial)**

Field trip Policy: Every summer during the months of July and August, the center will plan fieldtrips for children preschool and older. There will be extra charge during the summer months to cover these costs. Parents will be informed about these charges and the schedule in June. Infants and toddlers will have walking trips to neighborhood parks and inhouse guests. _____ **(Parent Initial)**

Parent handbook Policy: I confirm that I have received and agree to the terms as laid in the parent handbook. Further I understand that these rules and regulations are subject to change, and I will be notified of any changes within reasonable time. I confirm in writing to adhere to the changes for my children to continue in the program. _____ **(Parent Initial)**

Late Pick up Policy: The center closed at 6 pm. Late fees will be charged. A late fee of \$5 for every 5 minutes. The fee is payable in cash immediately to the staff member waiting with your child. _____ **(Parent Initial)**

Notice period: Center requires 30-day notice starting on the first of month and ending at the end of the month. Notices will not be accepted in the middle of the month. Parents will be required to pay full fees if you are unable to provide the notice. _____ **(Parent Initial)**

Subsidy Approval: Parents for children attending grades 1-6 are responsible for the subsidy approval and renewal prior to the start at the center. If approval is not provided the parents are responsible to pay the full fees unless approval is received.
Our program ID for subsidy approval is:

Consent for collection and use of information: Personal information collected will be shared with the Government of Alberta as required under and Early Learning and Child Care Act and related to the Grant Agreement. I _____ give consent to the collection, use and disclosure of my and my child's information for the purpose of the Grant. _____ **(Parent initial)**

LEARNING LAGOON DAYCARE AND OSC

FOR OFFICE USE ONLY

START DATE:	MONTHLY FEE:	
SCHOOL:	GRADE:	TRANSPORTATION:
OTHER NOTES:		

PARENT ORIENTATION CHECKLIST

When a child is enrolled at the Learning Lagoon Daycare and OSC, we give the parents an orientation, before the child starts attending.

	Registration form, make sure all information is complete
	Special instruction regarding *medical History or * pick up
	Portable emergency record handed in the room
	Information of payment provided to the parent
	POLICIES:
	Child guidance policy reviewed
	Monthly fee payment procedure reviewed
	Notice of absence: call the center if the child is not coming or will be late.
	Hours of operation (7.00 am to 6:00 pm). Late pick up fees informed.
	PHILOSOPHY:
	Importance of parental involvement and Diversity
	The quality of staff (staff biographies are posted at the entrance)
	Importance of communication: Parent and staff communication book available at the entrance.
	Child attendance record
	Tour of the facility
Parent Signature	Date:

If you have any suggestions regarding the policies and procedures outlined in the handbook, please don't hesitate to share with us: