

OUT OF SCHOOL CARE REGISTRATION



CRYSTALRIDGE LEARNING CENTRE
A Daycare with Distinction

Revised July 2018
Please Print

| | |
|----------------------------------|-----------------|
| Name of Child: | Date of Birth : |
| Address: | |
| Grade, Name of School & Teacher: | |

PARENT/GUARDIAN AND FAMILY INFORMATION

| | |
|---|--|
| Mother: | Father: |
| Address: | Address: |
| Home Ph: | Home Ph: |
| Cell Ph: | Cell Ph: |
| Email Address: | Email Address: |
| Employer/School: | Employer/School: |
| Work Address: | Work Address: |
| Work Ph: | Work Ph: |
| Hours of Work: | Hours of Work: |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Other _____ | |
| To whom may we release the child? (Picture Identification will be required on initial pick-up) | |
| Is anyone NOT allowed to access the child? (If this is a parent, documentation is required) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes please specify. | |
| Name of sibling 1: | Age: |
| Name of sibling 2: | Age: |

EMERGENCY CONTACT INFORMATION

| | |
|--|--------------------|
| Name of Contact 1: | Name of Contact 2: |
| Relation: | Relation: |
| Address: | Address: |
| Phone: | Phone: |
| Secret password to identify an alternate contact when emergency contact unavailable: | |

OUT OF SCHOOL PROGRAM

Has your child ever been enrolled in OUT OF SCHOOL PROGRAM before? Yes No

If YES please specify.

Name:

Length:

CHILD PROFILE

EATING HABITS

How would describe your child's eating habits? Good Fair Poor

Does your child have any diet restrictions? Yes No

If yes please specify

Is there anything else we should know about what/how your child eats? Yes No

If yes please specify

SELF HELP SKILLS

Does your child needs help wash him or herself? Yes No

Is your child able to dress him or herself? Yes No

Does your child need any help for toilet? Yes No

Does your child have toilet accidents? Yes No

Are there any special terms used to describe urination?

Are there any special terms used to describe bowel movements?

PLAY HABITS

What activities does your child most enjoy?

Does your child have a favorite toy? Yes No

If yes please specify

Does your child have any other interests? Yes No

If yes please specify

OTHER

How is your child disciplined at home?

Does your child have any fears? Yes No

If yes please specify

Are there any other concerns affecting the care of your child? Yes No

If yes please specify

HEALTH RECORD

INFORMATION

What surname is used by the child?

What is the last well baby clinic attended for the child?

Name of Child's doctor:

Address:

Phone :

Alberta Health Care Number:

A copy of the child's immunization record may be submitted in lieu of the following table:

| Whooping Cough | Diphtheria | Tetanus | Polio Salk | Polio Sabin | Measles | Mumps | Rubella | HIB |
|----------------|------------|---------|------------|-------------|---------|-------|---------|-----|
| | | | | | | | | |

Alternatively, please sign the following declaration:

_____ Immunizations are all up to date.
(Please write child's name in full)

CHILDHOOD ILLNESSES

Which of the following illnesses has your child experienced?

| | | | |
|--------------------------|--|--------------------------------------|--|
| Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Head Injuries | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rubella (German Measles) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Accidental Poisoning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fractures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whooping Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bronchitis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Convulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Others (If yes please specify below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ALLERGIES/MEDICATIONS/ETC

Does your child have allergies? Yes No

If yes, please specify

Is your child taking any medication on a regular basis? Yes No

If yes, please specify

Does your child have any medical or emotional conditions requiring treatment or supervision? Yes No

If yes, please specify

Has your child ever been hospitalized? Yes No

If yes, please specify (time and reason)

Please sign below as a confirmation of this Health Record.

Signature of Parent or Guardian

Name (Please print full name)

Date

PERMISSIONS AND ACKNOWLEDGEMENTS

I/We Agree:

1. That emergency care is given in case of an accident or illness.
2. That any expense incurred in giving emergency care will be borne by the child's family.
3. A pre-authorized debit registration form, along with a void cheque will be required upon registration. Your monthly childcare fee will be withdrawn on the first day of each month by pre-authorized payment. If the 1st falls on a weekend or banking holiday, the pre-authorized debit will be made on the next business day following the due date.
Dishonored pre-authorized debit withdrawals or cheques must be replaced with only certified cheque / money order or cash, in the original amount with **\$35.00** service charge within two business days following the original payment day. Late penalty charges of **\$50.00** will be placed on top of monthly fee on the day after payment day in case of failure to pay on time. If the overdue fees have not been settled by the payment day of the following month overdue accounts are subject to financing charges of 2% monthly (24% per annum). Fees not paid by the appointed time are subject to automatic termination and further collection efforts will commence.
Monthly childcare fee will be adjusted, according to the changes of your child's age. If the fee schedule increases by the business holder, families will be given 30-day notice.
4. To apply and extend subsidy on time. I understand that I have full responsibility for subsidy approval and without subsidy approval, the whole child care month fee will be charged.
5. To provide **one calendar month's (month to month)** written notice before withdrawing my child, otherwise to be responsible for one month's payment.
6. To have my child picked up from OUT OF SCHOOL CARE PROGRAM by 6:00 pm each day or to pay a late charge of \$1.00 for each minute after 6:00 pm that my child is in the OUT OF SCHOOL CARE PROGRAM.
7. That my child may use all of the play and learning equipment and participate in planned outings from the daycare.
8. That the OUT OF SCHOOL CARE PROGRAM has my permission to take my child on walks around the neighborhood and to Dr. Morris Gibson School playground and Wylie Athletic Park (when pre-arranged and notified).
9. On field trip days, kindergarten drop off and pick days, or days your child(ren) might go off premises by vehicle we ask that parents provide us with the necessary safety gear, such as car seats for children under 19kg.
10. That the OUT OF SCHOOL CARE PROGRAM has permission to photograph my child. Photographs will be taken only during typical OUT OF SCHOOL CARE PROGRAM activities such as play-times, birthday parties or funny moments. Photographs will be displayed within the OUT OF SCHOOL CARE PROGRAM.
11. That I have discussed food policies, child guidance and program and emergency evacuation procedures with the director and I have received a copy of the parents' handbook of daycare information.

12. To read parents' handbook and understand policies.
13. The daycare has my permission to take my child to and from school by yellow school bus.
14. That the daycare has my permission to share my child specific information with the school child attending that will benefit the child and maintain a record of what was shared.
15. That the daycare is permitted to release my child's confidential information to local Health Units in the case of emergency incident.
16. That the daycare is not responsible for lost or stolen articles. Every item that you will bring or use in the centre should be LABELLED.
17. That the centre is more focused on the children's need so structures/schedules and activity oriented were made and based upon the interest of the children, and to avoid these disruptions in their routines we cannot accept any children after 9:30 A.M. The staff in the centre will not accept any one after 9:30 a.m., full considerations will be given only to those who have doctor's appointment. Please inform the office/staff about your doctor's appointment and you will be allowed to drop off /pick up anytime of the day with a doctor's note in hand. Please bring your doctor's note.
18. In case of emergency such as flood, fire, epidemic and severe weather conditions, Crystalridge Learning Centre has the right to refuse any children drop off.
19. That Crystalridge Learning Centre will not act as a drop-in centre for children who
 - a.)Were given a disciplinary measures by the school they are attending
 - b.)Who are not accepted by the school because of tardiness
 - c.)Were sent home because of health issues
20. That the contract may be terminated by either the parent or the center provider by giving a calendar's month (month to month) written notice in advance of the ending date. Reasons for child's care termination may include: inability of provider to meet the child's need, inability of the child to adjust to childcare, lack of parent cooperation and inability of the parents to abide by contract and policies. In some cases, immediate termination maybe necessary. These may include failure of the parent to pay the required fees, health and safety reasons of the children in care (with the FINAL judgment/decision of the director/owner if the child's behavior threatens the physical and mental health of the other children in the centre and cannot be modified). Aggressiveness and inappropriate behavior of the parents towards the staff is not acceptable and may lead to termination of the child. Termination due to any of these reasons will be the last resort of parents and centre staff being unable to resolve the issue together.

By signing this agreement, parents /guardians agree to abide by the written policies of the centre.

Signature of Parent or Guardian

Date

Daycare Director

Date