

REGISTRATION FORM

Revised July 2018



CRYSTALRIDGE LEARNING CENTRE
A Daycare with Distinction

PLEASE PRINT

Name of Child:	Date of Birth:
Address:	

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:	

DAYCARE

Has your child ever been enrolled in a childcare facility before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES please specify.	Name:	Length:
What are the intended times for daycare attendance? <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Other _____		

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

SLEEPING HABITS

What is the usual time and duration of your child's nap?

What time does your child normally awaken in the morning?

SELF HELP SKILLS

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

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

Is your child toilet trained? 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 by 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.
4. 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.
5. 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.
6. To provide **one calendar month (month to month)** written notice before withdrawing my child, otherwise to be responsible for one month's payment.
7. To have my child picked up from daycare 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 daycare.
8. That my child may use all of the play equipment and participate in planned outings from the daycare.
9. That the daycare 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).
10. 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 19 kg.
11. That the daycare has permission to photograph my child. Photographs will be taken only during typical daycare activities such as play-times, birthday parties or funny moments. Photographs will be displayed within the daycare.
12. NOT to use daycare pictures on personal purpose such as twitter, facebook and other media.
13. 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.
14. To read parents' handbook and understand policies.
15. The daycare has my permission to take my child to and from school by yellow school bus.
16. 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.
17. That the daycare is permitted to release my child's confidential information to local Health Units in the case of emergency incident.

18. 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.
19. 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.
20. 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.
21. That Crystalridge Learning Centre will not act as a drop-in centre for children who
 - a.) Were given a disciplinary measure 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
22. That the contract may be terminated by either the parent or the center provider by giving a 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

PARENT CONSENT



CRYSTALRIDGE LEARNING CENTRE
A Daycare with Distinction

#100, 26 Crystalridge Dr, Okotoks, AB

Please read each statement thoroughly and initial

OFF SITE EXCURSION

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 19 kg. _____
initial

I give permission for my child to leave Crystalridge Learning Centre premises, under the supervision of Crystalridge Learning Centre staff, for authorized field trips, neighborhood walks, picking up from and drop to school. _____
initial

I agree to accept full responsibility when allowing employees of Crystalridge Learning Centre to take my child on a field trip. This includes Transportation. (Notification of field trips will be provided to the parent or guardian prior to the actual field trip). _____
initial

In case of accident of my child, I hereby covenant and agree that no action of recovery of loss, damage, expense or injury resulting therefrom will be taken against Crystalridge Learning Centre owners, its corporation or any of its employees. _____
Initial

HEALTH

I agree that my child may use all of the play and learning equipment in Crystalridge Learning Centre. _____
initial

I agree that Crystalridge Learning Centre staff has permission to apply sunscreen, bug spray, diaper rash cream (Parent provided) on my child. _____
initial

I agree that Crystalridge Learning Centre staff has permission to administer First aid (Valid First Aid holder), prescript medication on my child. _____
initial

I agree that my child may eat breakfast, lunch & afternoon snack in Crystalridge Learning Centre, in case of special diet, I will inform the staff and provide alternative food. _____
initial

CONFIDENTIAL

I give permission to Crystalridge Learning Centre to release my child's confidential information to local Health Units in the case of emergency incident. _____
initial

I agree that Crystalridge Learning Centre has permission to photograph my child. Photographs will be taken only during typical daycare activities. Photographs will be displayed within the daycare and the Centre Newsletter. _____
initial

I agree NOT to use daycare pictures on personal purpose such as twitter, facebook and other media. _____
initial

I, _____, do hereby give permission for my child,
(please print Parent's or Guardian's name)

_____ to be implemented above consent details by Crystalridge Learning Centre Staff.
(Child's name)

(Parent's signature)

(Date)

Pre-Authorized Debit (PAD) Agreement



CRYSTALRIDGE LEARNING
CENTRE
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NEW UPDATE

I/We authorize Crystalridge Learning Centre and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Crystalridge Learning Centre account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the first day of each month. **Any Fee differences by unexpected subsidy changes or late payment fee will be withdrawn automatically by any time without notice.** Crystalridge Learning Centre will provide thirty (30) days written notice of Daycare fee increases and/or changes. Crystalridge Learning Centre will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Crystalridge Learning Centre has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Crystalridge Learning Centre may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

BANK ACCOUNT INFORMATION		PLEASE PRINT
These services are for (check one) <input type="checkbox"/> personal <input type="checkbox"/> business use		
Name :	Child(ren) Name :	
Address :		
City/Town :	Province :	Postal Code :
Phone Number:(Bus.)	(Res.)	
Financial Institution Name :		
Deposit Account Number :		
Financial Institution Number: (3digits)	Branch Transit Number : (5digits)	
Branch Address :		
City/Town :	Province :	Postal Code :
Authorized Signature(s):	Date :	

PLEASE ATTACH A VOID PERSONALIZED CHEQUE OR ATTACH A BANK VERIFICATION FORM STAMPED BY YOUR FINANCIAL INSTITUTION