REGISTRATION FORM

Child's Full Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: (_____) _____

Parents or Legal Guardians:

Mother: _____ Cell Phone: (____) _____

Address: _____ Postal Code: _____

Work/School Phone: (____) _____ Occupation: _____

Name of Employer: _____ Email: _____

Father: _____ Cell Phone: (____) _____

Address: _____ Postal Code: _____

Work/School Phone: (____) _____ Occupation: _____

Name of Employer: _____ Email: _____

Emergency Contacts:

Primary Emergency Contact *(other than parents or guardian)* _____

Cell Phone: (____) _____ Work Phone: (____) _____

Relationship to Child: _____ Address: _____

Secondary Emergency Contact *(other than parents or guardian)* _____

Cell Phone: (____) _____ Work Phone: (____) _____

Relationship to Child: _____ Address: _____

Note: Please inform us each time if anyone besides the parent/ guardian is picking up your child.

Child Custody

Please provide information about child custody & access. A copy of court documents is required if parental access is restricted or if a parent does not have access to a child during daycare hours.

_____

Please provide any other information that you would like to share regarding the care of your child.

_____

Emergency Information:

Alberta Health Care # _____ Immunization Up to date: ☐ Yes ☐ No

Child's Physician: _____ Phone: (_____)_____

Any Ongoing Medication/Emergency medication: _____

Allergies: _____

If your child has an allergy, what are the symptoms of an allergic reaction? _____

_____

Dietary Restrictions (vegetarian, religious preferences, etc.):

_____

_____

Does your child require a special diet for medical reasons? ☐ Yes ☐ No

If yes, parent may be required to provide the child's food.

Does your child require any emergency medication? ☐ Yes ☐ No

Name and details of ongoing medication: _____

_____

Note: If your child needs any emergency medication (puffer for asthma, epi-pens, or Benadryl). Please let us know. Medication Form must be completed in their room and medication should be provided by the parent.

Administration of First Aid

If my child is injured or becomes ill while in the care of Morning Glory Daycare& OSC, I hereby give my consent to any staff member that hold a valid first aid certificate to administer first aid to my child.

Parents/Guardian Signature_____ Date_____

All About My Child:

I have _____ brothers and _____ sisters, their names and ages are: _____

_____

How would you describe your child's personality?

_____

_____

Favorite things_____

Favorite places_____

Favorite foods_____

Favorite activities_____

Favorite books_____

Favorite colors_____

Any particular fears? _____

What comforts your child? _____

_____

What goals would you like your child to accomplish while at the Center? _____

_____

What are some aspects of your culture you would like to share? _____

_____

What is your home language? _____

What are some words in your home language? _____

_____

Does your child have a regular bedtime schedule? *YES / NO* Wake-up time: _____ Bedtime: _____

Does your child have a regular nap time? *YES / NO* Naptime: _____ Wake up time: _____

How does your child sleep? *STOMACH / SIDE / BACK*

Is your Child potty trained? *YES / NO*

Are there any special dolls, blankets, etc. that your child needs to go to sleep?

_____

What is your child's disposition upon waking up?

*Happy/Clingy/Grouchy/Sad/Energetic/Hungry/Confused/Scared/Other:*_____

Previous Care:

Has your child been in childcare before? *YES / NO* May we contact them for a reference? YES / NO

Name: _____ Location: _____

Dates attended: from _____ to _____ Why was care terminated? _____

Special Considerations:

Does your child have any behavioural concerns?

_____

_____

Development:

YES / NO My child has a hearing or visual problem (other than glasses).

YES / NO My child has a developmental delay.

YES / NO My child has a behavioural disorder (ADD, Autism, PDD, etc.).

YES / NO My child has delays with gross and/or fine motor activities.

YES / NO My child has strong separation anxiety.

YES / NO My child has a speech delay.

If YES please explain:

_____

_____

_____.

Previous Experiences:

YES / NO My child has had a traumatic past experience (i.e. family divorce, abuse, violent experiences).

YES / NO My child has been terminated from a child care facility previously.

YES / NO My child requires one-on-one care in a child care facility.

YES / NO My child is sensitive to loud noise or quick movements.

If YES please explain:

_____

_____

_____

_____

_____

_____

How did you hear about Morning Glory Daycare & OSC? _____

Fees Agreement:

Total Fee $_____

Subsidy $_____

Parent Portion $_____

Non-refundable registration fee of $ 150.00: *PAID / UNPAID* $_____

I _____ agree to pay the above fees / parent portion on the 1st of month, with a grace period of 5 business day. Payments made after the 5th business day of the month will be subject to late of $50.00.

I _____ agree that non-payment of fees for time used at daycare will result in notification to a collections agency to obtain any outstanding fees.

I _____ agree that to pay late pick up fees of $1.00 per minute per child will be charged for pick-up after 6:00pm. Parent agree to notify the Centre if their child will be absent or will be picked by someone other than themselves.

I _____ agree to inform the Center thirty (30) days before terminating care for my child. I understand that failure to do so will result in additional charges. Charges will be determined by the current monthly fee.

Person/s signing contract are responsible for payment:

I understand this is a legally binding contract and I have read it and understand it.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____

Director's Signature _____

Registered by _____

Terms and Conditions:

Please read through the following and initial beside if you agree to the terms and conditions:

_____ I hereby give permission that my child may be given emergency treatment by a staff member at Morning Glory Daycare & OSC. I also give permission for my child to be transported by car, ambulance or Aid car to an emergency center for treatment and agree to hold Morning Glory Daycare & OSC and its employees harmless.

_____ In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Morning Glory Daycare & OSC and its employees harmless.

_____ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

_____ I hereby give my consent to Morning Glory daycare & OSC for staff to apply sunscreen and insect repellent (provided by parents) on my child in spring and summer as needed.

_____ I understand that I have to bring my child before 10:00 AM unless prior arrangements were made with the Director or Owner. I am aware that the Center may refuse my child after 10:00 AM if previous arrangements were not made.

_____ I am aware that Morning Glory Daycare & OSC follows the Canada Food Guide and promotes healthy choices for children. Morning Glory Daycare & OSC may choose not to serve an unhealthy item to my child. I will try to ensure lunches and snacks are healthy and nutritious.

_____ I understand that Morning Glory Daycare & OSC may terminate my child from the facility immediately for the following: constantly interrupting the program, written, verbal or physical abuse, against staff or children in the Centre and/or non-payment of fees.

_____ I hereby give my consent to Morning Glory Daycare & OSC to take photographs of my child. I also give consent to the daycare to display my child's work or projects, names, date of birth and photographs of my child in the daycare rooms. I understand that photographs will be used only in the daycare and may be displayed, kept in photo albums, or placed in my child's portfolio.

_____ I hereby allow the staff of Morning Glory Daycare to be able to inquire about the status and details of my subsidy application.

_____ I have read and understand the parent handbook. I agree to abide by the policies and procedures outlined in the parent handbook.

_____ _____ _____

Name: Signature: Date:

Morning Glory Daycare & OSC

General Field Trip Permission Form

Child's Name: _____

I give my child … permission to participate in walking activities in the neighborhood within a 1.5 km distance. They will be transported on these general field trips for fresh air and exercise so a general field trip. Could include ***a walk around the block, and going to one of the community parks (community playground where between Hermitage School to St. Maria Goretti School, Homesteader community garden).*** These walks will be under the direct supervision of the educators. Ratios will be 2:16 for preschoolers, and 2:12 for the toddler age group.

Major field trips will always be handled by a notice and another permission form indicating the

Date, times of departure and return, and the mode of transportation used.

Printed Parent Name: _____

Parent signature: _____

Date: _____

This form is required by Licensing and will be kept in your child's file.

MORNING GLORY DAYCARE & OSC

Please complete the following Payment Profile Policy

I authorize MORNING **GLORY DAYCARE & OSC** to withdraw funds from my bank account or credit card.

I understand that for Credit Card transactions there is a 2.9% fee per transaction. For ACH/EFT transactions there is a $0.60 fee per transaction.

I confirm that we will use the payment method provided below & will provide 2 weeks' notice should we wish to change the payment method.

I agree that if notice is not given 2 weeks prior to changing payment methods, a _____ fee will be applied.

DATE: _____

Name(s): _____

Payment Method:

Credit Card: ☐ Bank Transfer: ☐

Authorized Signature(s): _____

Orientation for New Parents

1. Welcome
2. Introduction
3. Room Tours, playground, child's bathroom, and about theirs belongs
4. Introduction with the staff and staff's qualifications
5. Explaining daily routine, child registration process, Parent's Handbook, and policies procedures
6. Information about subsidy & fee
7. Review child sign-in and out sheet
8. Review opening and closing time
9. Review statutory holidays and closing date
10. Discuss parent involvement
11. Introduce of Program Plan
12. Shows the menu
13. Parent information board
14. Child items (cubby, cot, etc.)
15. Answering parents' questions & concerns
16. Good bye

Parent Signature:

Date: