**REGISTRATION FORM**

**CHILD INFORMATION:**

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| --- | --- | --- |
| CHILD NAME: | | CHILD DATE OF BIRTH: |
| ADDRESS: | | |
| CITY/TOWN: | POSTAL CODE: | |

**PARENT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| PARENT 1 NAME: | | RELATION TO CHILD: |
| EMAIL ADDRESS: | | |
| PHONE: | WORK PHONE: | |

|  |  |  |
| --- | --- | --- |
| PARENT 2 NAME: | | RELATION TO CHILD: |
| EMAIL ADDRESS: | | |
| PHONE: | WORK PHONE: | |

**EMERGENCY CONTACT INFORMATION:**

|  |  |
| --- | --- |
| NAME OF CONTACT 1: | |
| PHONE: | RELATION TO CHILD: |

|  |  |
| --- | --- |
| NAME OF CONTACT 2: | |
| PHONE: | RELATION TO CHILD: |

**RELEASING CHILD:**

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| To whom may we release the child to? (PICTURE IDENTIFICATION WILL BE REQUIRED ON INITIAL PICK-UP) |
| Is anyone **NOT** allowed to access the child? (If this a parent, documentation is required) |

**DAYCARE:**

|  |  |
| --- | --- |
| Has the child ever been enrolled in a child care facility before? | **YES** **NO** |
| If YES please specify the last enrolled child care facility | |
| NAME: | LENGTH: |

**SCHOOL:**

|  |  |
| --- | --- |
| Does the child attend school? | **YES NO** |
| If YES please provide the name of school and grade the child: | |
| SCHOL NAME: | GRADE: |

**HEALTH INFORMATION:**

|  |  |
| --- | --- |
| ALBERTA HEALTH CARE NUMBER: | |
| Is the child’s immunization’s up to date? | YES  NO |
| Does the child have any allergies? | YES  NO |
| If YES, please specify the allergy, symptoms, and medications the daycare should be aware of: | |
| Does the child have any medical conditions the daycare should be aware of? | YES  NO |
| If YES, please specify the condition and any medication or supervision required: | |

**PERMISSIONS AND ACKNOWLEDGEMENTS:**

**I/We Agree:**

**EMERENGENCY:**

|  |  |
| --- | --- |
|  | 1. That emergency care is given in case of an accident or illness |
| Initial | 1. That Lynnwood Learning Centre staff has permission to administer First aid |
| initial | (Valid First Aid holder), prescript medication on my child.   1. That any expense incurred in giving emergency care will be borne by the child’s |
| initial | family.   1. That the daycare is permitted to release my child’s confidential information to local |
| initial | Health Units in the case of emergency incident   1. In case of emergency such as flood, fire, epidemic and severe weather conditions, |
| initial | Lynnwood Learning Centre has the right to refuse any children drop off.   1. In case of accident of my child, I hereby covenant and agree that no action of |
| initial | recovery of loss, damage, expense or injury resulting therefrom will be taken against Lynnwood Learning Centre owners, its corporation or any of its employees. |

**ADMINISTRATION:**

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| --- | --- |
|  | 1. A pre-authorized debit registration form, along with a void cheque will be required |
| initial | 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.   1. Dishonored pre-authorized debit withdrawals or cheques must be replaced with only |
| initial | 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. |
|  | 1. Monthly childcare fee will be adjusted, according to the changes of your child's age. If |
| initial | the fee schedule increases by the business holder, families will be given 30-day notice.   1. To apply and extend subsidy on time. I understand that I have full responsibility for |
| initial | subsidy approval and without subsidy approval, the whole child care month fee will be charged.   1. To provide **one calendar month (month to month)** written notice before withdrawing |
| initial | my child, otherwise to be responsible for one month’s payment.   1. That the contract may be terminated by either the parent or the center provider by |
| initial | 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.   1. That I have discussed food policies, child guidance and program and emergency |
| initial | evacuation procedures with the director and I have received a copy of the parents’ handbook of daycare information by email or website.   1. To read parents’ handbook and understand policies. |
| initial |  |

**PRIVACY:**

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| --- | --- |
|  | 1. That the daycare has permission to photograph my child. Photographs will be taken |
| initial | only during typical daycare activities such as play-times, birthday parties or funny moments. Photographs will be displayed within the daycare and the Centre Newsletter.   1. NOT to use daycare pictures on personal purpose such as twitter, facebook and any |
| initial | social media.   1. That the daycare has my permission to share my child specific information with the |
| initial | school child attending that will benefit the child and maintain a record of what was shared. |

**DROP-OFF/PICK-UP:**

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|  | 1. That the centre is more focused on the children's need so structures/schedules and |
| initial | 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.   1. To have my child picked up from daycare by 6:00 pm each day or to pay a late charge |
| initial | of $1.00 for each minute after 6:00 pm that my child is in the daycare.   1. That Lynnwood Learning Centre will not act as a drop-in centre for children who |
| initial | 1. Were given a disciplinary measure by the school they are attending 2. Who are not accepted by the school because of tardiness 3. Were sent home because of health issues |

**DAYCARE EQUIPMENT AND ITEMS FROM HOME:**

|  |  |
| --- | --- |
|  | 1. That my child may use all of the play equipment and participate in planned outings from |
| initial | the daycare.   1. That the daycare is not responsible for lost or stolen articles. Every item that you will |
| initial | bring or use in the centre should be LABELLED.   1. I agree that Lynnwood Learning Centre staff has permission to apply sunscreen, |
| initial | bug spray, diaper rash cream, moisturizers, and creams (Parent provided) on my child.   1. I agree that my child may eat breakfast, lunch & afternoon snack in Lynnwood |
| initial | Learning Centre, in case of special diet, I will inform the staff and provide alternative food. |

**TRANSPORTATION:**

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| --- | --- |
|  | 1. That the daycare has my permission to take my child on walks around the neighborhood |
| initial | and to Lynnwood Park, Banting and Best Elementary School Playground, Sherwood School Playground, Bow River Pathway.   1. I give permission for my child to leave Lynnwood Learning Centre premises, under the |
| initial | supervision of Lynnwood Learning Centre staff, for authorized field trips and neighborhood walks   1. On field trip days, kindergarten drop off and pick days, or days your child(ren) might go |
| initial | off premises by vehicle we ask that parents provide us with the necessary safety gear, such as car seats for children under 19 kg.   1. I agree to accept full responsibility when allowing employees of Lynnwood |
| initial | 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) |

**SCHOOL TRANSPORTATION:**

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|  | 1. The daycare has permission to take my child to and from school by walking. |
| initial |  |

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

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Signature of Parent or Guardian Date

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Program Supervisor Date