



Registration Form

Date of Admission _____

Child's name _____

Address _____

Date of Birth _____

Primary caregiver's name _____ Phone _____

Employment _____ Email _____

Secondary caregiver's name _____ Phone _____

Employment _____ Email _____

Emergency Contacts

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Relationship with the child: _____ Relationship with the child: _____

Child's Doctor

Name _____ Phone _____

Address _____

Allergies _____ AHC# _____

Special Needs or Medical concerns _____

Immunization Record (please circle) Yes No

Background

Culture/Country/Language etc. (This information is for different restrictions and multicultural celebrations) _____

Language(s) spoken at home _____

Culture & Country _____

Previous experience in daycare _____

Social and Emotional

Siblings & their age _____

Child's personality traits _____

Signs of child's tiredness/discomfort _____

Child's fears _____

Child's reaction to illness or stress _____

Will your child tell the educator? _____

Is your child toilet trained? _____

Drop off and Pick up time

Please fill the time the child will be dropped off and picked up from the daycare. This will help the centre for staff planning.

Drop off time _____ Pick up time _____

Authorized persons to whom the child may be released

Child will not be released to anyone that is not listed on the authorization form. If you want to name anybody please fill the name, address, phone number and relation of those additional pick up authorized personal. Educators may request photo ID if necessary.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Relationship with the child: _____ Relationship with the child: _____

Parent's Signature _____ Date _____

Policy on child development

When children are lacking on some area in developmental areas, the educator will talk to the parent/guardian and provide them with resources that can be helpful to them or ask to see their doctor for help. Please provide any child development assessment or interest if you have any in particular to the director or to the staff concerned.

Parent's Signature _____ Date _____

Field Trip

I hereby grant permission for my child _____ to accompany his/her group on field trips and neighbourhood walks, which staff plans as part of the program. I also understand that I will be informed in advance.

Parent's Signature _____ Date _____

Medical Attention

I release WSCC Centre for liability for accidents or illness occurring while my child is in the centre. In an event of any emergency when I cannot be reached, I give my permission for any medical procedure deemed necessary by my doctor or by another physician selected by centre. I understand that I remain responsible for expenses incurred by this attention and I also give them permission to transport my child to emergency if required.

Parent's Signature _____ Date _____

Information Release Agreement

I give permission to display my child's name, pictures, and videos on the following ;

- My child's cubby, coat hook and centre's TV etc.
- My child's pictures on posters showing various activities
- Any artwork
- Any birthday related activities
- Allergy lists
- Field trip permission form and list
- Material brought from home
- Medication Information
- Or any other place as may be suited by the room educator or director of the centre for which I have no objection at all.

Comments if any you would like to give or share with us; _____

Parent handbook are read and understood by us.

Parent's Signature _____ **Date** _____

All Parents Please Note the Following:

1. All fees must be paid by the 1st day of the each month.
2. One month written notice must be given for children leaving WSCC.
3. Hours of our centre are from Monday to Friday From 7:00 am To 6:00 pm. Please phone the centre if you know you will be delayed in picking up your child. Also there will be an extra charge of Two dollars for every One minute late after 6:00 pm.
4. A charge of \$25 will be made for N.S.F cheques.
5. A sick child must not be brought to daycare. It is unfair to your child and the other children. If your child shows symptoms of an illness that we are uncertain of, we will request that you bring a doctor's note stating that your child is able to attend daycare (include outdoor activity).
6. We close for Alberta Statuary holidays and one week for Christmas break.

7. Termination Policy

The childcare arrangements will be terminated immediately for any following reasons:

- Parents won't comply with daycare policies
- Destructive or hurtful behaviour by the child
- Late pick-ups
- Non payment or paying late
- Disrespect towards the educators
- Bringing in sick child
- The child makes the atmosphere negative for everyone else

Note: WSCC centre has open door policy for any suggestions and inputs

I hereby agree to abide with all the WSCC policies and inform staff of any my child's concern that may arise in future.

Parent's Signature _____ **Date** _____