OSC REGISTRATION FORM

| Registration Date | Start Date | End Date |
|-----------------------------|---|------------------------------------|
| | | Ella Dale |
| Program: 6 to 12 | | |
| (| Child Personal and Contact In | formation |
| _ | | |
| Child's Name | Date of Birth (M/D | /Y) Gender M□ F□ |
| Home Address | Home Phone | |
| Child's School | Grade | |
| School Address | School Phone | |
| Start Time | End Time | |
| Bus # | Bus Stop Location | n |
| Pick up Time | Drop off Time | |
| lf vour child/ren r | require(s) transportation to and/or from their scho | ol. please advise a Director upon |
| • | de service to your child's school, you will be prov | |
| | eed to complete and sign PRIOR to any transporta | • • |
| | by the centre. | and song capping for your onnarion |
| п | | |
| <u>P</u> | arent Personal and Contact Ir | itormation |
| Mother | Father | |
| Name | Name | |
| Address | Address | |
| E-Mail Address | E-Mail Addre | SS |
| Place of Work | Place of Wor | |
| Work Address | Work Addres | S |
| Phones: Home | Phones: Hon | ne |
| Cell | Cell | |
| Work | Wor | |
| Allowed Access? Yes | No Allowed Acce | ess? Yes□ No□ |
| Parents Relationship Status | a Married⊡ Common-Law⊡ Divorc | ed⊡ Separated⊡ Other⊡ |

If other please explain

Emergency Contact Information

<u>*An Emergency Contact person is someone OTHER than a parent*</u>

| Emergenc | y Contact #1 | Emergency | / Contact #2 |
|------------|--------------|------------|--------------|
| Name | | Name | |
| Relationsh | nip to child | Relationsh | ip to child |
| Address | | Address | |
| Place of W | /ork | Place of W | ork |
| Work Add | ress | Work Addr | ess |
| Phones: | Home | Phones: | Home |
| | Cell | | Cell |

Work

Work

Child Medical Information

| Alberta Health Card Number Are Immunizations up-to-date Yes I No I Physician Name Physician Phone Physician Phone Physician Address List Any Allergies Describe Reaction(s) I I I if exposed to allergy Explain Required Care if I I I I Explain Required Care if exposed to Allergy I <th></th> <th></th> <th></th> <th></th> | | | | |
|--|----------------------------|------------------------------|------|-----|
| Physician Address List Any Allergies Describe Reaction(s) if exposed to allergy Explain Required Care if exposed to Allergy List Any Other (non-allergy) Medical Conditions Special Care What we need to know On-Going / Emergency Medications For What Condition(s)? (including allergies) Instructions & Dosage *a medication form must be filled out prior to centre administering any | Alberta Health Card Number | Are Immunizations up-to-date | Yes□ | No□ |
| List Any Allergies Describe Reaction(s) if exposed to allergy Explain Required Care if exposed to Allergy List Any Other (non-allergy) Medical Conditions Special Care What we need to know On-Going / Emergency Medications For What Condition(s)? (including allergies) Instructions & Dosage *a medication form must be filled out prior to centre administering any | Physician Name | Physician Phone | | |
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| exposed to Allergy List Any Other (non-allergy) Medical Conditions Special Care What we need to know On-Going / Emergency Medications For What Condition(s)? (including allergies) Instructions & Dosage *a medication form must be filled out prior to centre administering any | if exposed to allergy | | | |
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| On-Going / Emergency Medications For What Condition(s)? (including allergies) Instructions & Dosage *a medication form must be filled out prior to centre administering any | Special Care | | | |
| Medications For What Condition(s)? (including allergies) Instructions & Dosage *a medication form must be filled out prior to centre administering any | What we need to know | | | |
| For What Condition(s)? (including allergies) Instructions & Dosage *a medication form must be filled out prior to centre administering any | On-Going / Emergency | | | |
| (including allergies) Instructions & Dosage *a medication form must be filled out prior to centre administering any | Medications | | | |
| Instructions & Dosage *a medication form must be filled out prior to centre administering any | For What Condition(s)? | | | |
| *a medication form must be filled out prior to centre administering any | (including allergies) | | | |
| filled out prior to centre administering any | Instructions & Dosage | | | |
| to centre administering any | *a medication form must be | | | |
| to centre administering any | filled out prior | | | |
| | • | | | |
| | •••• | | | |

The Following Named ARE Allowed Access To My Child

| Name | Relationship To Child |
|------|-----------------------|
| Name | Relationship To Child |
| Name | Relationship To Child |
| Name | Relationship To Child |

· Children will NOT be released to anyone who has not been authorized by the parent

· A phone call from a parent to change/add an authorized person will be allowed <u>only</u> if the parent can answer security (personal and/or centre related) questions to confirm their identity

· Anyone picking up a child must have authorization and government issued picture identification

 \cdot Rise 'N Shine Early Learning Centre reserves the right to refuse access to <u>ANYONE</u> who does not appear to be in a responsible condition

The Following Named Are NOT Allowed Access To My Child

Relationship To Child

Name

Relationship To Child

Child Care Information

| Has your child been in childcare before? | Yes□ No□ | | | | |
|---|---------------------|-----------------|---------------------|--|--|
| Day Home, Daycare or in the care of Family? | Day Home□ | Daycare | Family Care \Box | | |
| If previous Daycare, name of centre | | | | | |
| Estimated Arrival Time at our centre | Estimated Depar | ture Time fron | n our centre | | |
| Tell us about your child | | | | | |
| The reason we collect Family information is | to help us get to k | now your child | d and their family. | | |
| The more acquainted we are the better care w | ve can provide. Ac | dditionally, we | strive to provide a | | |
| multicultural program and we believe this info | ormation may help | us to enrich t | hat programming. | | |
| Family | Heritage | | | | |
| Where was the child born? | | | | | |
| Where was the child's mother born? | | | | | |
| Where was the child's father born? | | | | | |
| Child's First Language: | Other Language | es: | | | |
| What is the family's cultural heritage? | | | | | |
| Are there any faith based food or activity | | | | | |
| restrictions? If so please explain | | | | | |
| Are there any faith based holidays/celebrations that | : | | | | |
| you would like to see represented in our | | | | | |
| programming? | | | | | |
| Is there anything you feel we should know regarding | | | | | |
| your family situation or personal beliefs? If so please | | | | | |
| explain | | | | | |
| | | | | | |
| How would you describe your child's | | | | | |
| personality? | | | | | |
| Is there any special thing that your child | | | | | |
| needs to go to sleep? (e.g. doll, Stuffy | | | | | |
| toy, blanket, etc.,) | | | | | |
| Child's reaction when he/she is in stress | | | | | |
| What are your child's favourite foods? | | | | | |
| What foods are refused? | | | | | |
| Please list again foods not permitted | | | | | |
| due to allergies/personal reasons | | | | | |
| Describe your child's personality, | | | | | |
| disposition, likes and dislikes | | | | | |
| Please describe any relevant events | | | | | |
| pertaining to your child's development | | | | | |
| that the centre needs to know about | | | | | |
| | | | | | |

What can we do to help support your child's development? What can we do to help support your child's family?

> The following sections require parent signatures to make the registration valid. Reading the Parent Handbook and our Policies & Procedures Manual is also required. If filling out the application on-line, your typed name will be accepted as your signature. Your signature is confirmation of your understanding and agreement of the information on the Registration Form, in the Parent Handbook and the Policies & Procedures Manual.

Parental Consent and Confirmation

Emergency Agreement

I/we give Rise 'N Shine Early Learning Centre permission to take whatever steps are necessary to provide emergency medical treatment for my/our child as warranted.

If an ambulance is required I/we understand that it will be at my/our expense.

Parent(s) Initials

Documentation Agreement

I/we give Rise 'N Shine Early Learning Centre permission to take photographs of my/our child in their daily activities and post them on display in the centre. Photos will not be used for advertising, publication or telecast without explicit permission for that specific event. Date

Parent(s) Initials

Outdoor Policy

I/we give Rise 'N Shine Early Learning Centre permission to take my/our child off the centre premises for neighbourhood walks, park outings and other such related activities while in the care of staff. For all other field trip outings, a permission form will be distributed and parent's signatures will be required for child participation. Parent(s) Initials Date

Behaviour Policy

I/we understand Rise 'N Shine Early Learning Centre aims to provide quality care for all children and families in a safe and comfortable environment. I/we understand that Rise 'N Shine Early Learning Centre reserves the right to refuse or discontinue enrolment at their discretion should they feel my/our child poses a health or safety concern, displays unmanageable behaviour issues or is not suited for the program. Date

Parent(s) Initials

Parent Handbook & Policies and Procedure Manual Policy

I/we confirm that I/we have read and agree to the terms as laid out in the Parent Handbook and Policies & Procedures Manual. Further I/we understand that these rules and regulations are subject to change and I/we will be notified of any changes within a reasonable time. I/we will confirm in writing to adhere to the changes in order for my/our child/ren to continue to participate in the program.

Parent(s) Initials

Date

Date

I/ we confirm that child must be dropped-off no later than 10:00 AM and will be picked-up before 6:00 PM. A fee of \$

Date

Date

Date

Registration Fees, Deposit and Monthly Fee Agreement

10 for first fifteen (15) minutes & then \$ 5 per minute will be charged.

Drop-Off and Late Pick Up Policy

I/we confirm to pay the Registration Fee (\$100) to secure the spot for my child. Such fee is NON- REFUNDABLE I/we confirm to pay <u>full month's fee</u> regardless of sickness or holidays

I/we understand that fees are due on or before first of every month. Failure to pay by first week of the month will result in \$ 30 late pay and the child will not be accepted till all the fees have been fully paid.

I/we confirm that in the event of Subsidy Application Refusal, the parents/guardians are obliged to pay the full amount of child care fees and services.

I/we confirm that I/we understand that a minimum of <u>30 days WRITTEN</u> notice of withdrawal provided DIRECTLY to the owners/directors is required or I/we are required to pay the next months fees in full.

I/we understand that is my/our responsibility to keep my/our subsidy up-to-date. I/we further understand that if coverage is cancelled or suspended for any reason I/we are responsible for fees due in full.

I/we confirm that if we have opted for part time daycare services, I/we need to pay the days opted regardless of holidays or sickness.

Parent(s) Initials

Parent(s) Initials

Sunscreen and Insect Repellent Application Agreement

I/we give permission to Rise 'N Shine Staff to apply Sunscreen and Insect Repellant spray that I/we provided. These skin Protection agents are labelled with my child's name and expiry date; and are in their original packaging. In the occurrence of any allergic reaction, I will be notified immediately, and the staff will discontinue using these products.

Parent(s) Initials

Print Parent Name(s)

Parent Signature(s)

Date

Health Care and Essential Items

The Parents are expected to provide the following essential items:

- o One extra clothing for emergency use (labelled with child's name)
- o One inside and outside shoes- weather appropriate (labelled with child's name)
- **o** Water bottle (labelled with child's name)
- o In Summers: Hat, Glasses, Sunscreen & Bug Spray
- o In Winters: Snow Pants, Snow Jackets, Mittens & Winter Cap

For Office use only: Paid Registration Fee:

Date:

Signature:



Rise 'N Shine Early Learning Centre 2362 23 Avenue, NW Edmonton, AB T6T 0R1 info@risenshinedaycare.ca