# Rise `N Shine Early Learning Centre

# **REGISTRATION FORM**

Registration Date	Start Date		End Date		
Program:	Child Care 3 months - 5years □				
	Child Personal and	Contact Informati	l <u>on</u>		
Child's Name	Date of Birth (M/D/Y) Gender M□			F□	
Address	Phone Number				
	Parent Personal and	Contact Informat	<u>ion</u>		
Mother		Father			
Name		Name			
Address		Address			
E-Mail Address		E-Mail Address			
Place of Work		Place of Work			
Work Address		Work Address			
Phones: Home		Phones: Home			
Cell		Cell			

No□

Work

If other please explain

**Parents Relationship Status** 

Yes□

Allowed Access?

# \*An Emergency Contact person is someone OTHER than a parent\*

**Emergency Contact Information** 

Work

Yes□

No□

Allowed Access?

Married ☐ Common-Law ☐ Divorced ☐ Separated ☐ Other ☐

Emergency Contact #1	Emergency Contact #2		
Name	Name		
Relationship to child	Relationship to child		
Address Address			
Place of Work	Place of Work		
Work Address	Work Address		
Phones: Home	Phones: Home		
Cell	Cell		
Work	Work		

# Rise 'N Shine Early Learning Centre

# **Child Medical Information**

Alberta Health Card Number	Are Immunizations up-to-date	Yes□	No□
Physician Name	Physician Phone		
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			
medication(s)*			

## 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 authorised 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
- · Stepping Stones Montessori Child Development Centre reserves the right to refuse access to <u>ANYONE</u> who does not appear to be in a responsible condition

# Rise `N Shine Early Learning Centre The Following Named Are NOT Allowed Access To My Child

Name	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 Hom	e□	Daycare□	Family Care □
If previous Daycare, name of centre				
Estimated Arrival Time at our centre	Estimate	d Depart	ure Time from	our centre
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# Tell us about your child

The reason we collect Family information is to help us get to know your child and their family. The more acquainted we are the better care we can provide. Additionally, we strive to provide a multicultural program and we believe this information may help us to enrich that programming.

# Where was the child born? Where was the child's mother born? Where was the child's father born? 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

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?

# Rise 'N Shine Early Learning Centre

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.

I/we give Rise 'N Shine Early Learning Center 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

I/we give Rise 'N Shine Early Learning Center 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.

Parent(s) Initials

I/we give permission to Rise 'N Shine Early Learning Center to take my/our child off the centres 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

I/we understand that Rise 'N Shine Early Learning Center aims to provide quality care for all children and families in a safe and comfortable environment. I/we understand that Maria Montessori *Stepping Stones* Child Development 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.

Parent(s) Initials

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

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

Parent(s) Initials

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.

Parent(s) Initials

**Print Parent Name(s)** 

# Rise `N Shine Early Learning Centre

Parent Signature(s)
Date