SOUTHGATE DAYCARE & OUT OF SCHOOL CARE

10633-51 Avenue NW, Edmonton, AB T6H 0K8 | (780) 752-2525 | southgatedaycare@yahoo.com

DAYCARE REGISTRATION PACKET

HOW TO SAVE YOUR COMPLETED FORM

Fill in the fields below directly in your PDF app, then use File → Save or Save As before attaching it to an email. If this opened in your web browser, use the browser's "Download" or "Save as PDF" option rather than typing into it there — some browser PDF viewers don't reliably save typed answers.

CHILD'S INFORMATION

Child's Full Name

Date of Birth

Address

City

Postal Code

Home Phone

Start Date

Driver's License or SIN Number

PARENT'S INFORMATION

Mother

Name

Address

Home Phone

Cell

Email

Occupation

Name of Employer

Work Address

City

Work Phone

Work Hours

Father

Name

Address

Home Phone

Cell

Email

Occupation

Name of Employer

Work Address

City

Work Phone

Work Hours

EMERGENCY & MEDICAL INFORMATION

Child's Physician

Phone

Preferred Hospital

Phone

Alberta Personal Health Care Number

Is immunization up to date? ☐ Yes ☐ No

Any Health Condition

Any Food Allergies? (Include symptoms that may occur)

Any Medicine Allergies? (Include symptoms that may occur)

Any Other Allergies?

Any Food Restrictions?

Ongoing Medication Child May Be Taking

EMERGENCY CONTACT PERSON

Primary Emergency Contact (other than parent or guardian)

Name

Home Phone

Work Phone

Cell

Relationship to Child

Address

Secondary Emergency Contact (other than parent or guardian)

Name

Home Phone | Work Phone | Cell

Relationship to Child

Address

AUTHORIZED PERSONS TO PICK UP

Person(s) authorized to pick up my child (besides parents, guardians, or emergency contacts).

Name | Comment

Name | Comment

PERSONS NOT AUTHORIZED TO PICK UP

Name | Comment

Name | Comment

ANTICIPATED TIME OF DROP OFF & PICK UP

Drop-off Time | Pickup Time (max 10 hrs of service)

TELL US ABOUT YOUR CHILD

Please give your responses in detail — this helps us get to know your child and better accommodate his/her needs.

Any Medical Problem

Any Ongoing Medication Child May Be Taking

Any Allergies

Is immunization up to date? ☐ Yes ☐ No

Does Your Child Have Any Special Needs?

What Are Your Child's Regular Care Arrangements?

Has Your Child Been Enrolled in Any Other Group Setting?

What is Your Child's Toilet Schedule?

Does Your Child Have a Tendency to Run Away?

What is Your Child's Sleeping Schedule?

What is Your Child's Typical Mood After Waking Up?

How would you describe your child's typical daily mood? (Check all that apply)

- ☐ Always happy
- ☐ Difficult
- ☐ Depressed
- ☐ Easygoing
- ☐ Moody
- ☐ Sad
- ☐ Sensitive
- ☐ Slow to warm up
- ☐ Sociable

Primary Language Spoken at Home

Is Your Child Enrolled in Any Extra-Curricular Activities? When?

What Are Your Child's Favorite Activities?

Does Your Child Have Any Fears?

Your Child's Favorite Toys

What Are the Goals for Your Child?

Is There Any Pertinent Information About Your Child's General Health or Personal History We Should Know?

HOUSEHOLD INFORMATION

Parent/Guardian with Legal Custody

Parents are:

☐ Married ☐ Living together ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

Other Household Members (include siblings, grandparents, nanny, or pets):

Name	Age	Relationship

Other

POLICIES & AUTHORIZATIONS

The Southgate Daycare & Out of School Care have permission to transport/walk the child to and from any activity off the centre's premises. School children will be walking or transported to the school in a daycare van. Southgate Daycare & Out of School Care is not responsible for the child once he/she is on school premises.

In case of illness or accident, the parent or emergency contact person will be notified of the incident. Southgate Daycare & Out of School Care staff are permitted to administer medical aid for the child, and depending on severity, the child may be taken to a doctor or hospital (University Hospital) via daycare vehicle, ambulance, or taxi — parents are responsible for costs incurred. Parents must provide alternate care for the child on days he/she is sick.

Hours of operation are 6:30am to 6:00pm, Monday to Friday, and children must be picked up on time. If you are late due to unavoidable circumstances, please arrange for pickup by a friend or neighbor and notify the centre. Notify the centre when your child will be absent or picked up by someone other than a parent.

Late Pickup Policy

A fee of $10.00 for the first 15 minutes of late pickup per child will be charged, and an additional $15.00 for the second 15 minutes past 6:00pm. If there is an emergency and you are late, please call the centre. Three or more late pickups may result in discontinuation of services. If you or your emergency contact cannot be reached by 7:00pm, we will contact the Child Welfare Crisis Unit. Late fees are due upon arrival at the centre.

A registration fee of $50.00 is non-refundable. Fees are due on the first day of each month, with no reduction for holidays or absence. Late fee payment charges are $10.00/day, increasing to $20.00/day after the 10th of the month. If fees are not paid in full by the 10th, the centre reserves the right to terminate childcare services.

Termination Notice

The first two weeks of childcare are an adjustment period. Either party may terminate the contract without notice during this period, subject to payment of fees for actual days attended. Southgate Daycare reserves the right to terminate without notice a child or family that is disruptive to the smooth operation of the centre.

After the initial adjustment period, termination or changes to the childcare agreement require 30 days written notice. Fees apply for the 30-day period following notice of termination.

Returned Cheques

Returned cheques are subject to a $30 penalty. Certified cheques are required after one instance of a returned cheque. For children receiving government childcare subsidy payments, parents must ensure subsidy authorization renewal is in place one month before expiration. If a subsidy approval number is not available by the first of the month, a cheque should be issued for that month, and a refund will be issued once the subsidy payment is received.

Trips to the library will be by walking, ETS bus, or daycare van. I give permission for my child to use all areas and facilities outlined above without prior notification. I give permission to Southgate Daycare/Out of School Care to share registration information with professional agencies associated with the program, such as daycare licensing, the daycare subsidy office, and Capital Health.

Parent's Initials

Combs, hair brushes, and tooth brushes are NOT encouraged at the daycare. Parents can meet with childcare staff regarding any concern about their child's behavior or conduct.

Southgate Daycare centre cannot release a child to a person who appears intoxicated or unable to provide safe care. Southgate Daycare will not permit anyone on-site who appears to be under the influence of any substance — Local Authorities will be notified, as the safety of children and staff is our top priority.

I have read, understood, and accept the centre's responsibilities and policies regarding guidelines, illness, administration of medicine, emergency/fire drill procedure, child release, health/hygiene, and arrival/dismissal procedures.

Signature

Date

Date of Commencement

Date of Termination

As Parent of a Child at Southgate Daycare and Out of School Care, I Agree To:

- Pick up the child prior to 6:00pm closing time.
- Notify the centre when the child will be absent or picked up by someone other than a parent.
- Provide alternate care for the child on days he/she is sick.
- Meet with childcare staff regarding any concern about the child's behavior or conduct.

I understand that fees are due on the first of the month with no reduction for holidays and absence. I give permission to Southgate Daycare & Out of School Care to drop off and pick up my child to and from school, and understand the centre is not responsible for the child once on school premises. I have read, understood, and accept the centre's responsibilities and policies regarding discipline, illness, administration of medication, arrival/dismissal procedures, and emergency evacuation.

Date

Parent's Signature

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HEALTH QUESTIONNAIRE & CONSENT FORMS

HEALTH QUESTIONNAIRE FOR CHILDREN

Dear parents, in order to better understand your child's needs in daycare, please help us by completing these questions about his/her health.

Child's Name _____ Date of Birth _____

Gender

☐ Male ☐ Female

Mother's Name _____ Father's Name _____

Address _____

Mother's Home Phone _____ Work _____ Cell _____

Father's Home Phone _____ Work _____ Cell _____

Child's Doctor Name _____ Phone Number _____

In the last year, has the child had any difficulty with the following?

Earaches ☐ Yes ☐ No

Speech ☐ Yes ☐ No

Hearing ☐ Yes ☐ No

Vision ☐ Yes ☐ No

Feeding/Eating ☐ Yes ☐ No

Sleeping ☐ Yes ☐ No

Bowels ☐ Yes ☐ No

Wetting (day) ☐ Yes ☐ No

Wetting (night) ☐ Yes ☐ No

Fever ☐ Yes ☐ No

Making Friends ☐ Yes ☐ No

Is your child developing as you think he/she should for this age (e.g. talks, sits up, toilet trained)? ☐ Yes ☐ No

Has this child had any medical or emotional condition requiring/receiving treatment? ☐ Yes ☐ No

Is child on medication?

Is child on medication? ☐ Yes ☐ No

If yes, name of medication

Immunization Status of Your Child

Please provide the date and dose of immunization for your child.

Is your child's immunization up to date?

Any other immunization your child received

Tuberculin Test — Date

Result

BCG

☐ Yes ☐ No

Where (name of clinic) was immunization given?

Thank you for your cooperation.

Parent Name

Date

Signature

ORIENTATION LIST

Date

Parent's Name

Check off each item as it is covered during orientation:

Tour of the daycare facility

☐ Covered

Hours of operation — opening and closing time

☐ Covered

Parent's handbook

☐ Covered

Registration procedure

☐ Covered

Programming and planning

☐ Covered

Medication and illness policy

☐ Covered

Child-to-staff ratios

☐ Covered

Fees and late fee policy

☐ Covered

Late pickup fee

☐ Covered

Information for late arrival and/or absence

☐ Covered

Any message — please write in communication book

☐ Covered

Child's Personal Items

Please dress your child suitably for the weather (provide good, safety-appropriate walking shoes).

Please label all personal items, including food, bottles, and bed linens.

Parent Initials _____

FEE ACKNOWLEDGEMENT

Child Name _____ Date of Birth _____

Date Enrolled _____ Age Group _____ Fee ($) _____

I (parent's name) _____

Agree to pay ($) to Southgate Daycare & Out of School Care _____

Parent Name _____ Signature _____ Date _____

Director/Supervisor Name _____ Signature _____

PARENTS' ACKNOWLEDGEMENT OF POLICIES

I (parent's name) have read, understand, and agree to comply with all policies contained in the Parents Handbook. I understand that at any time I can have access to detailed procedures for policies, and that feedback from families on the centre's policies is encouraged and will be taken into consideration for updating policies.

Parent's Name _____

Comments

Parent Initials

EMERGENCY PERMISSION

I hereby give my permission for the staff of Southgate Daycare and O.S.C. to give my child emergency treatment as they deem necessary. I will be responsible for all costs incurred due to the emergency (e.g., ambulance costs, taxi, etc.).

Child Name

Additional Comments

Parent's Initials

PICTURE RELEASE

I hereby release for publication or telecast in any news media the photography taken of my child, participating in centre activities. To protect the privacy of parents and children, no photograph will be released unless this consent form is signed.

Child's Name

Parent's Initials

CONSENT FOR FIELD TRIPS

The Southgate Daycare and O.S.C. has full permission to allow my child/children to go on various field trips outside the centre — outdoor play, daycare playground, McKee school playground, community playground, neighborhood walks, and Empire Park — accompanied by staff members. I understand I will be notified in advance of the destination, date, and return time of each field trip. If my child cannot participate in a particular field trip, I will notify staff immediately.

Child's Name

Parent's Signature

ART WORK, WRITTEN WORK & NAME/PHOTO DISPLAY CONSENT

Your child/children are very creative, and we like to show off their crafts and stories in displays throughout the centre or in publication. Parents' and children's names and pictures may be posted by the centre in relation to daily operations (e.g., cubbies, mailboxes, charts). Please check off the items below to indicate your willingness for you and your child to participate.

Artwork for display/publication

☐ I consent

Written work for display/publication

☐ I consent

Photographs for centre use/display

☐ I consent

Photos may be posted online (website and Facebook)

☐ I consent

Children's and parents' names displayed for daily centre operation

☐ I consent

Children's Name(s)

Parent/Guardian Printed Name

Parent/Guardian Signature

Director Signature