

Regis	stration Form	
Date of Admission		
Child's name		
Address	Phone	
Birth date (YYY/MM//DD)		
Mother's Name	Phone	
Mother's Name Address (If different from child)	Business/Cell	
· · · · · · · · · · · · · · · · · · ·	Email :	
Employment	Hours	
Father's Name	Phone	
Address (If different from child)	Business/Cell	
	Email:	
Employment	Hours	
<b>Emergency Contact Persons</b>		
Name	Name	
Address	Address	······································
Address     Phone     Work.	Phone	Work
Child's Doctor		
	*200	
NameAdd	ress	
Phone Albert Child on any medication at home: Yes/ No	(if yes then please fill be)	ow)
What type v		
••••••••••••••••••••••••••••••••••••••	·iiut ioi	
Allergies		
Special Needs or medical concerns (operati	ons)	
Immunization Record		
Is your child's immunization up to date?		
Local Emergency (Strathcon community hospital) 780-449-5380		
Poison Control 1-800-332-1414		<u>ଆ</u> ମାମ୍ଚାରସ ।ଭାଜାଡ ଡାଆଆରା ଭ ଓଡରୁ
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Had the child had any of the following illnesses? Red measles YES/ NO convulsions (not epilepsy) YES/ NO German measles YES/ NO epilepsy YES/ NO Chicken pox YES/ NO head injury YES/ NO Mumps YES/ NO accidental poisoning YES/ NO Heart trouble YES/ NO accidental poisoning YES/ NO Heart trouble YES/ NO accidental poisoning YES/ NO Heart trouble YES/ NO eye surgery YES/ NO In the last year had the child had any of the following? Difficulties with speech YES/NO 3 or more car aches YES/ NO Difficulty with hearing YES/ NO feeding/sleep problems YES/ NO Difficulty with eyesight YES/ NO feeding/sleep problems YES/ NO Please list any other information considered relevant:  Culture/ Country/ language etc. (we believe in multiculturism & this information is re for multicultural celebrations at daycare) LanguageCultureCountry_ National festival of your country and when celebratedPrevious experience in day-care describe in words How you can involve yourself in our daycare		Backg	ground of Child	
Red measles       YES/NO       convulsions (not epilepsy)       YES/NO         German measles       YES/NO       epilepsy       YES/NO         Chicken pox       YES/NO       head injury       YES/NO         Whooping cough       YES/NO       accidental poisoning       YES/NO         Mumps       YES/NO       removal of tonsils       YES/NO         Heart trouble       YES/NO       eye surgery       YES/NO         In the last year had the child had any of the following?       Difficulties with speech       YES/NO       3 or more ear aches       YES/NO         Difficulty with hearing       YES/NO       daytime or bedwetting       YES/NO         Please list any other information considered relevant:	Had the child had any of the	following illn	esses?	
German measles       YES/ NO       epilepsy       YES/ NO         Chicken pox       YES/ NO       head injury       YES/NO         Whooping cough       YES/ NO       accidental poisoning       YES/NO         Whoping cough       YES/ NO       accidental poisoning       YES/NO         Heart trouble       YES/ NO       removal of tonsils       YES/ NO         Heart trouble       YES/NO       removal of tonsils       YES/NO         In the last year had the child had any of the following?       Difficulties with speech       YES/NO       3 or more ear aches       YES/NO         Difficulty with hearing       YES/NO       feeding/sleep problems       YES/NO         Difficulty with eyesight       YES/NO       daytime or bedwetting       YES/NO         Please list any other information considered relevant:	-	-		YES/ NO
Whooping cough       YES/ NO       accidental poisoning       YES/NO         Mumps       YES/ NO       removal of tonsils       YES/ NO         Heart trouble       YES/ NO       eye surgery       YES/NO         In the last year had the child had any of the following?       Difficulties with speech       YES/NO       3 or more ear aches       YES/NO         Difficulty with hearing       YES/NO       feeding/sleep problems       YES/NO         Difficulty with eyeight       YES/NO       daytime or bedwetting       YES/NO         Please list any other information considered relevant:	German measles	YES/ NO		YES/ NO
Mumps       YES/ NO       removal of tonsils       YES/ NO         Heart trouble       YES/ NO       eye surgery       YES/NO         In the last year had the child had any of the following?       Difficulties with speech       YES/NO       3 or more ear aches       YES/NO         Difficulty with hearing       YES/NO       3 or more ear aches       YES/NO         Difficulty with eyesight       YES/NO       feeding/sleep problems       YES/NO         Please list any other information considered relevant:	Chicken pox	YES/ NO	head injury	YES/NO
Mumps       YES/ NO       removal of tonsils       YES/ NO         Heart trouble       YES/ NO       eye surgery       YES/NO         In the last year had the child had any of the following?       Difficulties with speech       YES/NO       3 or more ear aches       YES/NO         Difficulty with hearing       YES/NO       3 or more ear aches       YES/NO         Difficulty with eyesight       YES/NO       feeding/sleep problems       YES/NO         Please list any other information considered relevant:	Whooping cough	YES/ NO	accidental poisoning	YES/NO
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Difficulties with speech       YES/NO       3 or more ear aches       YES/NO         Difficulty with hearing       YES/NO       feeding/sleep problems       YES/NO         Difficulty with eyesight       YES/NO       daytime or bedwetting       YES/NO         Please list any other information considered relevant:	Heart trouble	YES/ NO	eye surgery	YES/NO
Difficulty with hearing       YES/NO       feeding/sleep problems       YES/NO         Difficulty with eyesight       YES/NO       daytime or bedwetting       YES/NO         Please list any other information considered relevant:	In the last year had the child	had any of the	following?	
Difficulty with eyesight       YES/NO       daytime or bedwetting       YES/NO         Please list any other information considered relevant:	Difficulties with speech	YES/NO	3 or more ear aches	YES/NO
Difficulty with eyesight       YES/NO       daytime or bedwetting       YES/NO         Please list any other information considered relevant:	Difficulty with hearing	YES/NO	feeding/sleep problems	YES/NO
Culture/ Country/ language etc. (we believe in multiculturism & this information is reformulticultural celebrations at daycare)         LanguageCultureCountryNational festival of your country and when celebratedPrevious experience in day-care describe in words         Previous experience in day-care describe in words         How you can involve yourself in our daycare	Difficulty with eyesight	YES/NO	daytime or bedwetting	YES/NO
for multicultural celebrations at daycare) LanguageCultureCountry National festival of your country and when celebrated Previous experience in day-care describe in words How you can involve yourself in our daycare Social and Emotional BrothersAgeSistersAge Characteristics of child's personality Signs of child's tirednessChild reaction to illness: Will child tell staff? Child's reaction to stressIs the child toilet trained Please fill the time the child will be dropped off, and picked up from day care. The properties at the context of the context	Please list any other informa	ation considered	d relevant:	
Previous experience in day-care describe in words         How you can involve yourself in our         daycare         Social and Emotional         Brothers       Age         Signs of child's personality         Signs of child's tiredness       Child's fears         Discipline at home       Child reaction to illness:         Will child tell staff?       Child's reaction to stress         Is the child toilet trained         Please fill the time the child will be dropped off, and picked up from day care.         Drop off time:       Pick up time:	• •		eve in multiculturism & this in	formation is re
Previous experience in day-care describe in words         How you can involve yourself in our         daycare         Social and Emotional         Brothers       Age         Signs of child's personality         Signs of child's tiredness       Child's fears         Discipline at home       Child reaction to illness:         Will child tell staff?       Child's reaction to stress         Is the child toilet trained         Please fill the time the child will be dropped off, and picked up from day care.         Drop off time:       Pick up time:	Language	Culture_	Country	
Previous experience in day-care describe in words         How you can involve yourself in our         daycare         Social and Emotional         Brothers       Age         Signs of child's personality         Signs of child's tiredness       Child's fears         Discipline at home       Child reaction to illness:         Will child tell staff?       Child's reaction to stress         Is the child toilet trained         Please fill the time the child will be dropped off, and picked up from day care.         Drop off time:       Pick up time:	National festival of your con	untry and when	celebrated	
daycare	Previous experience in day-	care describe ir	n words	
Social and Emotional         Brothers       Age       Sisters       Age         Characteristics of child's personality	darraana			
Signs of child's tiredness       Child's fears         Discipline at home       Child reaction to illness: Will child tell staff?         Child's reaction to stress       Is the child toilet trained         Please fill the time the child will be dropped off, and picked up from day care.         Please fill the time the child will be dropped off, and picked up from day care.         Drop off time:       Pick up time:				
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Signs of child's tiredness       Child's fears         Discipline at home       Child reaction to illness: Will child tell staff?         Child's reaction to stress       Is the child toilet trained         Please fill the time the child will be dropped off, and picked up from day care.         help the center for staff planning.         Drop off time:       Pick up time:	Characteristics of child's pe	rsonality		
Child's reaction to stress       Is the child toilet trained         Please fill the time the child will be dropped off, and picked up from day care.         help the center for staff planning.         Drop off time:       Pick up time:	Signs of child's tiredness		Child's fears	
Child's reaction to stress       Is the child toilet trained         Please fill the time the child will be dropped off, and picked up from day care.         help the center for staff planning.         Drop off time:       Pick up time:	Discipline at home	Child react	ion to illness: Will child tell st	taff?
help the center for staff planning.         Drop off time:       Pick up time:	Child's reaction to stress		Is the child toi	let trained
			pped off, and picked up from	m day care. T
	Drop off time: Pick up time:			

Authorized persons to whom the		a authomization form if you want to name anythody places fill
		e authorization form, if you want to name anybody please fill ditional pickup authorized personal;
		3
Parent's Signature	Date	
Policy on child development		
When children are lacking on som resources that can be helpful to the	em or ask to see their do lease provide any child d	l areas, the teacher talk to the parent and provide them with octor for help. The Daycare center uses nipsing as one of the levelopment assessment or interest if you have in particular in
Parent's Signature:	Date	
<b>Field Trip</b> I hereby grant permission for my neighborhood walks, which staff j verbally, by letter, or by poster on t * Note- This includes transportation	he parent's board, of any	
Parent's signature	Date	
the event of any emergency whe necessary by my doctor or by an	n I cannot be reached, other physician selected	ents or illnesses occurring while my child is in the centre. In I give my permission for any medical procedure deemed by the centre. I understand that I remain responsible for permission to transport my child to emergency if required in
Parent's Signature	Date	
or minus five minutes of the time agr done flawlessly. I understand that da indication he/ she will leave, which understand that it's my responsibility The pickup service can be disrupted if as possible, and this is not a mandat stops at different stops to pick up an daycare of any liability in case of ar will not fight against daycare/ their in without any undue pressure.	b and drop off schedule, I eed and maintain the time aycare staff driving van v means I have to make n to make my child sit in va f the weather conditions a cory service by the centre. and drop off children to ar ny eventuality/ accident w nsurance company or driv	agree and understand that the transportation will be on site at plus mutually agreed, I will make my child ready so that the pickup is vaiting time will be five minutes, and if he/ she do not see any ny own arrangements for the child to get to the daycare, I also
• •		ase contact Opinder Kaur Gill phone #: (780) 267-0720.
Parent's Signature:	Date	

WHERE KIDS SIMPLY GROW

# Information release agreement

I \_\_\_\_\_, give permission to display my child's name, pictures on the following:

- My child's cubby, coat hooks & centre's TV etc.
- My child's pictures on posters showing various activities
- Any art work
- Any birthday related activities
- Allergies list
- Field Trip Permission form and List
- School List i.e. Listing name, phone # parent name, teacher name, school name etc
- Materials brought from home
- Medication Information
- Or any other place as may be suited by the room staff 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:

-Policies and parent hand book are read and understood by us.

Child's Name: \_\_\_\_\_ Parent's signatures: \_\_\_\_\_ Date: \_\_\_\_\_

### All Parents Please Note the Following:

- 1. All fees must be paid by the  $10^{th}$  day of the month.
- 2. One month's notice must be given for children leaving day-care.
- 3. Hours of daycare are from Monday to Friday from 7:00a.m. To 6:00p.m. Only. Please phone the daycare if you know you will be delayed in picking up your child. Also there will be an extra charge of five dollars for every 5 minutes late after 6:00p.m.
- 4. A charge of \$25.00 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.
- 6. On holiday parents are allowed to get twenty dollars off per week from their regular fee for maximum three weeks.
- 7. We close for Alberta Statutory holidays and two weeks for Christmas break.

I hereby agree to abide with all the daycare rules and to inform staff of any of my child's problems that may arise in future.

Note: That center has open door policy for any suggestions and inputs.

Parent's Signature\_\_\_\_\_ Date\_\_\_\_\_

WHERE KIDS SIMPLY GROW

# Sun Screen and Insect Repellent (Bug Spray) Permission Form

Name of child

As part of the child care's daily routine, children spend a great deal of time outside. Our belief is that exposure to the outdoors is essential in all areas of a child's development.

During the seasons when UV becomes evident, the staff will apply sun screen before going outside to protect their skin from the damaging rays of the sun.

Depending on the year, mosquitoes can also hinder the enjoyment factor of outdoor play and have the potential to carry disease. In order for children to achieve the fullest potential of outdoor play, the staff can apply mosquito spray to your child, with your consent.

Kidz Club Daycareprovides an SPF of 30 - 60, but if you wish to have your child use his/her own, please indicates below.

Kidz Club Daycareprovides insect repellent (bug spray) that is sensitive to children, with low deet content, but if you would rather not have insect repellent applied to your child, please indicates below.

#### Please check off which applies to you:

I authorize Kidz Club Daycare to use the sunscreen provided by the center to my son/daughter.

Name of sunscreen : Coppertone

SPF : 30-60%

I would like my son/daughter to use the sun screen I provide.

Name of sunscreen :

SPF :\_\_\_\_\_

Parent's signature

Date

#### Please check off which applies to you:

I authorize Kidz Club Daycareto apply insect repellent with low deet content provided by the center to my son/daughter.

I do not want my child to have insect repellent with low deet content applied to my child. I authorize **Kidz Club Daycare**to apply insect repellent provided by me.

Parent's signature

Date

# **Parent Orientation Checklist**

## WHERE KIDS STMPLY GROW

Welcome to Kidz Club Daycare Centre. We understand that the enrolment process can be a confusing time for new parents and children, so we have compiled a checklist to assist in the orientation process. This, we hope, will help you all to settle in and enjoy the Day Care and Out of School Care experience.

## Do you know?

- $\Box$  How to sign in & out of the "sign in sheets" in the reception area/ their respective rooms?
- $\Box$  The opening & closing times of the centers?
- $\Box$  The procedure when you arrange for someone else to pick up your child?
- $\Box$  What to do if your child is absent or running late?
- $\Box$  The canter's phone, fax or email address?
- $\Box\,$  Where the Centre policies are kept?
- $\Box$  Who to approach to find out details of your child's progress?
- $\Box$  How to pay your monthly fees in advance to avoid a late fee?
- $\Box$  Where to find & how to fill out medication forms? Where to put medication?
- $\Box$  Where the menus are displayed?
- $\Box$  Where to park & where parking is not permitted?
- $\Box$  Where to find program information?
- $\Box$  Where to find any messages or notices?
- $\Box$  Who to see if the office is unattended?
- $\Box$  When rest / sleep times are & what the policy is?
- $\Box$  Where to find out about your child's day?
- $\Box$  What is an accident / incident form?
- $\hfill\square$  -Where all information relating to daycare are posted like reports from health and licensing etc?
- $\Box$  Where all the policies and parents handbook is kept?
- $\hfill\square$  We close for two weeks during Christmas break

## **Centre specific information**

Email of the centre	:	kidzclubdaycare2021@gmail.com
Phone number of centre	:	780-467-7000
Your centre's director's	:	
Your child's teacher	:	
Your child's room	:	
Age group within this room	:	
Parent's signatures	:	
Date	:	
Director's signatures	:	
Date	:	

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