

Registration Package (Daycare): Radisson Heights/Albert Park

Emergency Form (Please complete all sections of this form!)

Child's Name: _____ Date of Birth: _____ Start Date: _____
Address: _____ City: _____
Province: _____ Postal Code: _____

Mother:
Name: _____
Address: _____

Father:
Name: _____
Address: _____

Postal Code: _____
Home #: _____
Cell #: _____
Work#: _____
School#: _____
e-mail address _____
Name of work/school _____
Address: _____

Postal Code: _____
Home #: _____
Cell #: _____
Work #: _____
School #: _____
e-mail address _____
Name of work/school _____
Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Home#: _____ Cell#: _____ Work#: _____

Child's Doctor's Information:

Doctor's Name: _____ Number: _____
Address: _____ City: _____
Province: _____ Postal Code: _____

Health Card #: _____ Allergy: _____
Food Restrictions: _____ Vaccination up to date: YES NO

I _____ give consent to center staff members to administer prescribed medication to my child.

I _____ give consent to center staff members to administer first aid & CPR in case of an emergency.

Parent Name: _____ Signature: _____
Date: _____

Radisson Heights/Albert Park

Please complete all sections of this form!

Emergency Contact Person:
(This person must be someone other than the child's mother or father)

Contact #1:

Name: _____
Relationship: _____
Home Address: _____

Postal Code: _____
Home #: _____
Cell #: _____
Work #: _____

Contact #2:

Name: _____
Relationship: _____
Home Address: _____

Postal Code: _____
Home #: _____
Cell #: _____
Work #: _____

Authorized person to whom child may be released: (List 4 names)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Specific person not allowed access to child: (Need court order)

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Medical Information

Please complete all sections of this form!

Does your child have any medical conditions, emotional conditions, or developmental delays for which you are currently receiving treatment or supervision? If YES, please explain: _____

Is your child's immunizations currently up to date? YES NO
(Provide the daycare with a copy of your child's immunization record)

History of Illnesses:

Mumps:	YES	NO	Tonsillitis:	YES	NO
Measles:	YES	NO	Eyesight:	YES	NO
Chicken Pox:	YES	NO	Chronic diarrhea:	YES	NO
Scarlet fever:	YES	NO	Rheumatic fever:	YES	NO
Convulsions/W/fever:	YES	NO	Earaches:	YES	NO
Convulsions/N/fever:	YES	NO	Frequent colds:	YES	NO
Croup:	YES	NO	Fractures:	YES	NO
Pneumonia:	YES	NO	Bronchitis:	YES	NO
Congenital Deformities:	YES	NO	Eczema:	YES	NO
Asthma:	YES	NO	Accidental Poisoning:	YES	NO
Ear infection:	YES	NO	Rubella:	YES	NO
Whooping cough:	YES	NO	Head injury:	YES	NO

Has your child ever been hospitalized? If yes, give dates and diagnosis. YES NO

Please list any ongoing medication that your child is currently taking:

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Please complete all sections of this form!

Tell us about your child:

Has your child been to daycare before? YES NO

What time will your child arrive? _____ leave? _____

Does your child have any siblings? YES NO

(If yes please state name and ages) _____

Is your child a good, average or picky eater? _____

What foods does your child like or dislike? _____

If your child sleeps, what time? _____

What activities, sports, or hobbies does child like? _____

Cultural Information

What country was your child born in? _____

What country was child's mother born in? _____

What country was child's father born in? _____

What language does your child speak at home? _____

Infant/Toddler Information:

What milk/ formula is your child on? _____

What type of foods have you introduced?

Fruits: YES NO Veg: YES NO Meats: YES NO

Does your child drink from bottle or sippy cup? _____

Are you serving blended foods? YES NO

Are you serving jar food? YES NO

Are you serving baby cereal? YES NO

Are you serving regular foods? YES NO

Is your child potty-trained? YES NO

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Please complete all sections of this form!

Medical Emergency Form

I, _____ give our centers staff permission to call the AMBULANCE or to TRANSPORT my child in the STAFF personal vehicle to and from the clinic/hospital in case of a medical emergency.

Parents will be notified immediately when emergency occurs.

Medication/First Aid Form

I _____ give consent to center staff members to administer prescribed medication to my child.

I _____ give consent to center staff members to administer first aid & CPR in case of an emergency.

Off-Site Activities Permission Form

I, _____ give Centers permission for my child to participate in the off-site activities, neighborhood walks, park & play, 7-eleven walks, library excursions, and all small activities related to the daycare and community center.

Permission Form

I, _____ give the staff permission to apply sunscreen/bug spray on my child: YES NO

I, _____ give the staff permission to take pictures and movie video of my child for use inside the daycare: YES NO

I, _____ give the staff permission to take pictures and movie video of my child for Facebook page or website: YES NO

Parent Signature

Director Signature

Date

Date

Termination/Tax Receipt

If your child is leaving the center for any reason, the parent is required to give the center (1) one month's written notice. This is mandatory to receive your \$200.00 deposit refunded back to you. Please make sure that your written notice is signed and dated.

Please remember that if you do not provide the daycare with a (1) one month written notice your deposit will NOT be refunded back to you. Subsidized parents are required to wait 1 month until final subsidy portion is cleared.

Parents please be aware that the receipt every month when you pay your daycare fees is an official receipt and can be used for your year-end income tax. Please make sure that these receipts are kept in a safe place.

At the end of the year if parents request an additional full daycare receipt, there will be a charge of \$25.00.

If you have any questions please see the office.

Parent Signature

Director Signature

Date

Date

Late Fee Policy

I will arrive or make arrangements to pick up my child from daycare before 6:00 pm. Closing time.

I will pay the late fee upon pick up or before dropping off my child the next day. The late charge is \$ 1.00 per minute per child.

Parent Signature

Director Signature

Date

Date

Radisson Heights/Albert Park

Please complete all sections of this form!

Daycare Fee Agreement

Between

Radisson Heights/Albert Park Daycare Center

&

Parents Name

The parent agrees to pay \$ _____ Daycare fees in accordance with daycare financial policy. Parents have also paid a \$50.00 registration fee which is non-refundable and a \$200.00 deposit which will be refunded with 1 month written notice. Subsidized parents are required to wait 1 month until final subsidy portion is cleared.

Fees are due on the 1st day of the month and before the 3rd day of the month, there will be a \$25.00 late fee applicable for fees that are not paid on time.

Parent Confirmation

I, _____ have read/signed and understood the registration package given to me by the Directors. I fully understand the content of the package and I will abide by all the policies and procedures of the daycare.

Parent Signature

Date

Director Signature

Date