

Child's Name:					Age:
(First) Home Address:	(Last)	1	Month Day	y Year	
Alberta Health Care#:					
Family Doctor's Name:		Family Doctor	r's Phone #:		
Primary Language Spoken a	t Home:	Secondary L	anguage:		
Parent/Guardian Informat	ion				
Parent/Guardian 1:		Parent/Guardian	2:		
Relationship:	First) (Last)	Relationship:	(First)		(Last)
Pronouns (optional):		Pronouns (optional	l):		
Home Address:		Home Address:			
City:Pos	tal Code:	City:	Postal (	Code:	
Phone (C):		Phone (C):			
Phone (H):		Phone (H):			
Email:		Email:			
Place of Work:		Place of Work:_			
Work Address:		Work Address: _			
City:Pos	stal Code:	City:	Postal	Code:	
Work Phone:		Work Phone:			
Child Tax Receipts should	be made out/ mailed	to:			
Office use only					
Registration Fee Date Collectedmonth/day/yea	PAD Agreemer Date Collected	nt	Enrollment Sta Date Confirm	art Date	
month/day/yea Directors Initials	Directors Initial	month/day/year	Directors Init	month/day/	year



**Emergency Contacts:** (Please be sure that these people know their name are being used by you for an emergency contact. People listed above as parent/guardian cannot be emergency contacts).

Emergenc	cy Contact 1:		Emergenc	y Contact 2:			
Relationsl	ey Contact 1:(F	First) (Last	Relationsl	y Contact 2:( nip:	(First)	(Last)	
Home Ad	dress:		Home Add	dress:			
City:	Posta	al Code:	City:	Pos	tal Code:		
Phone (C)	):		Phone (C)	):			
Phone (H)	):		Phone (H)	):			
Individuals om ust bring g	ed Persons to Pick on this list will be able to government photo identify  (First)	o pick up your child fro ication).	om Earlybird Childo	care Centre without	us being informe	d. Individuals	
3	(First)	(Last)		(First)	(Last)		
J	(First)	(Last)	··	(First)	(Last)		
Restricte	changing pick up arrange  d Access: (Your child rrent court order for par	will not be released to	people on this list, ons).	please provide Earl	lybird Childcare (		
1	(First)	(Lost)	2	(First)	(Last)		
	(Lust)	(Last)		(1.1121)	(Last)		
Office	Use Only						
Court	order on file:		Court orde	er on file:			
(month/day/year)				(month/day/year)			



### **Child's Medical Information**

Does your child have any medical conditions? [YES/NO] (ex; heart disease, diabetes, etc.) If yes, please state any signs to be aware of and appropriate measures to be taken.				
Does your child have allergies or dietary restrictions? [YES/NO] If yes, please state allergies as well as any signs to be aware of and appropriate measures to be taken.				
Are there any physical or emotional conditions we should be aware of? [YES/NO] If yes, please state below.				
Does your child take any prescribed medication? [YES/NO] If yes, please state below.				
Additional information or comments:				



#### Policy & Registration Agreement

- 1. Hours of operation are from 7:00 a.m. to 6:00 p.m., Monday to Friday. Earlybird Childcare Centre is closed for Winter Break (1 week in December) and 3 Professional Development days throughout each calendar year, Statutory Holidays, Saturdays and Sundays. *These dates are subject to change*.
- 2. A registration fee of \$50.00 per child will be charged at the time of registration to ensure a spot is held. Should the child not take the available space the parent/guardian will forfeit the fee. Monthly payments will be withdrawn through a pre authorized debit or credit payment agreement, which is due on the 1<sup>st</sup> or 15<sup>th</sup> of every month, the choice is yours. Non-sufficient fund (NSF) payments will be subjected to a \$45.00 fee and will be paid at Earlybird Childcare Centre along with the total monthly payment within 10 business days. After 10 business days of nonpayment, care will be suspended until payment is received. Care will be terminated after 30 days of nonpayment. Parents/Guardians can make a personal inquiry to the Director for extensions.
- 3. It is the parent's/guardian's responsibility to apply for subsidy and have approval, hopefully before the child enters the program. It is the parent's/guardian's responsibility to keep subsidy current and up to date. Should there be a lapse in subsidy approval, the parent/guardian is responsible for the full amount until subsidy is approved.
- 4. Your child must remain home when ill or unable to participate in activities normally held during the Centre's hours of operation. Any child who contracts a communicable disease such as mumps or measles must remain at home as specified by Alberta Health Services. If a child becomes ill or seriously injured, the parent/guardian will be notified immediately. If parents have not picked up their child within one hour, emergency contacts will be called to pick up the child.
- 5. Only medication prescribed by a doctor will be administered to a child. Medication must be given by the parent/guardian or staff member and must be labeled to include: the child's name, medication name, dosage required, time of dosage, and the route required.
- 6. Any change of name, address, phone number or employer to anyone on your child's file must be reported to Earlybird Childcare Centre's Director as soon as possible.
- 7. Caregivers are expected to notify staff when they know in advance that their child will be absent.
- 8. *Please label all belongings*. Earlybird Childcare Centre uses due efforts in caring for children's personal belonging, however, we cannot be liable for any loss or damage to children's clothing or other effects.

I have read and understand all the policies in this agreement as well as those in the "Parent/ Guardian Information Handbook".

Parent/Guardian Signature:	Date S	igned:
Parent/Guardian Signature:	Date S	igned:



#### **Emergency Permission**

I hereby give my permission for the educators of Earlybird Childcare Centre to give my child emergency treatment as they deem to be necessary. Child's Name: \_\_\_\_\_ (First) (Last) I will be responsible for all costs incurred due to the emergency (ex; ambulance costs). Additional Comments: Parent/Guardian Signature: \_\_\_\_\_\_ Date Signed: \_\_\_\_\_ **Picture Release** ☐ I hereby release for public, social media, or in any news media, photographs of my child participating in Earlybird Childcare Centre activities. ☐ I do not consent to my child's photos being shared in public, on social media, or in any news ☐ I consent to my child's photos being displayed within Earlybird Childcare Centre. Child's Name: (Last) (First) Parent/Guardian Signature: Date Signed: Withdrawal Policy Parents agree that a minimum notice of one full month (notice to be given on the first of any given month) will be given for permanent withdrawal of any child from Earlybird Childcare Centre or agree to pay a month's fee in lieu of. Child's Name: (Last) (First) Parent/Guardian Signature: \_\_\_\_\_\_ Date Signed: \_\_\_\_\_