



REGISTRATION FORM

CHILD INFORMATION:

CHILD NAME:	CHILD DATE OF BIRTH:
ADDRESS:	
CITY/TOWN:	POSTAL CODE:

PARENT INFORMATION:

PARENT 1 NAME:	RELATION TO CHILD:
EMAIL ADDRESS:	
PHONE:	WORK PHONE:

PARENT 2 NAME:	RELATION TO CHILD:
EMAIL ADDRESS:	
PHONE:	WORK PHONE:

EMERGENCY CONTACT INFORMATION:

NAME OF CONTACT 1:	
PHONE:	RELATION TO CHILD:

NAME OF CONTACT 2:	
PHONE:	RELATION TO CHILD:

RELEASING CHILD:

To whom may we release the child to? (PICTURE IDENTIFICATION WILL BE REQUIRED ON INITIAL PICK-UP)
Is anyone NOT allowed to access the child? (If this a parent, documentation is required)

DAYCARE:

Has the child ever been enrolled in a child care facility before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please specify the last enrolled child care facility	
NAME:	LENGTH:



CEDARBRAE CHILDCARE
A DAYCARE WITH DISTINCTION

SCHOOL:

Does the child attend school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please provide the name of school and grade the child:	
SCHOL NAME:	GRADE:

HEALTH INFORMATION:

ALBERTA HEALTH CARE NUMBER:	
Is the child's immunization's up to date?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child have any allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please specify the allergy, symptoms, and medications the daycare should be aware of:	
Does the child have any medical conditions the daycare should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please specify the condition and any medication or supervision required:	

PERMISSIONS AND ACKNOWLEDGEMENTS:

I/We Agree:

EMERENGENCY:

- _____ 1. That emergency care is given in case of an accident or illness
initial
- _____ 2. That Cedarbrae Childcare staff has permission to administer First aid
initial (Valid First Aid holder), prescript medication on my child.
- _____ 3. That any expense incurred in giving emergency care will be borne by the child's
initial family.
- _____ 4. That the daycare is permitted to release my child's confidential information to local
initial Health Units in the case of emergency incident
- _____ 5. In case of emergency such as flood, fire, epidemic and severe weather conditions,
initial Cedarbrae Childcare has the right to refuse any children drop off.
- _____ 6. In case of accident of my child, I hereby covenant and agree that no action of
initial recovery of loss, damage, expense or injury resulting therefrom will be taken against Cedarbrae Childcare owners, its corporation or any of its employees.



CEDARBRAE CHILDCARE
A DAYCARE WITH DISTINCTION

ADMINISTRATION:

- _____ initial

1. A pre-authorized debit registration form, along with a void cheque will be required upon registration. Your monthly childcare fee will be withdrawn on the first day of each month by pre-authorized payment. If the 1st falls on a weekend or banking holiday, the pre-authorized debit will be made on the next business day following the due date.
- _____ initial

2. I understand to pay daycare fees no later than the 5th of the month. Dishonored cheques must be replaced with only certified cheque/ money order or cash, in the original amount with **\$35.00** service charge within two business days following the original payment day. Late penalty charges of **\$50.00** will be placed on top of monthly fee on the day after payment day in case of failure to pay on time. If the overdue fees have not been settled by the payment day of the following month overdue accounts are subject to financing charges of 2% monthly (24% per annum). Fees not paid by the appointed time are subject to automatic termination and further collection efforts will commence.
- _____ initial

3. Monthly childcare fee will be adjusted, according to the changes of your child's age. If the fee schedule increases by the business holder, families will be given 30-day notice.
- _____ initial

4. To apply and extend subsidy on time. I understand that I have full responsibility for subsidy approval and without subsidy approval, the whole child care month fee will be charged.
- _____ initial

5. To provide **one calendar month (month to month)** written notice before withdrawing my child, otherwise to be responsible for one month's payment.
- _____ initial

6. That the contract may be terminated by either the parent or the center provider by giving a month (month to month) written notice in advance of the ending date. Reasons for child's care termination may include: inability of provider to meet the child's need, inability of the child to adjust to childcare, lack of parent cooperation and inability of the parents to abide by contract and policies. In some cases, immediate termination maybe necessary. These may include failure of the parent to pay the required fees, health and safety reasons of the children in care (with the FINAL judgment/decision of the director/owner if the child's behavior threatens the physical and mental health of the other children in the centre and cannot be modified). Aggressiveness and inappropriate behavior of the parents towards the staff is not acceptable and may lead to termination of the child. Termination due to any of these reasons will be the last resort of parents and centre staff being unable to resolve the issue together.
- _____ initial

7. That I have discussed food policies, child guidance and program and emergency evacuation procedures with the director and I have received a copy of the parents' handbook of daycare information by email or website.
- _____ initial

8. To read parents' handbook and understand policies.

PART-TIME: (ONLY APPLICABLE FOR CHILDREN REGISTERING FOR PART-TIME)

- _____ initial

1. Part-time care means to select set days of the week (Monday – Friday) for the chosen part time care each month.
- _____ initial

2. Changes to the selected set days requires one month notice.
- _____ initial

3. Single day changes from the selected set days are not permitted. Selected set days which fall on statutory holidays or are unattended will not be compensated for.



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PRIVACY:

- _____ initial 1. That the daycare has permission to photograph my child. Photographs will be taken only during typical daycare activities such as play-times, birthday parties or funny moments. Photographs will be displayed within the daycare and the Centre Newsletter.
- _____ initial 2. NOT to use daycare pictures on personal purpose such as twitter, facebook and any social media.
- _____ initial 3. That the daycare has my permission to share my child specific information with the school child attending that will benefit the child and maintain a record of what was shared.

DROP-OFF/PICK-UP:

- _____ initial 1. That the centre is more focused on the children's need so structures/schedules and activity oriented were made and based upon the interest of the children, and to avoid these disruptions in their routines we cannot accept any children after 9:30 A.M. The staff in the centre will not accept any one after 9:30 a.m., full considerations will be given only to those who have doctor's appointment. Please inform the office/staff about your doctor's appointment and you will be allowed to drop off /pick up anytime of the day with a doctor's note in hand. Please bring your doctor's note.
- _____ initial 2. To have my child picked up from daycare by 6:00 pm each day or to pay a late charge of \$1.00 for each minute after 6:00 pm that my child is in the daycare.
- _____ initial 3. That Cedarbrae Childcare will not act as a drop-in centre for children who
 - a.) Were given a disciplinary measure by the school they are attending
 - b.) Who are not accepted by the school because of tardiness
 - c.) Were sent home because of health issues

DAYCARE EQUIPMENT AND ITEMS FROM HOME:

- _____ initial 1. That my child may use all of the play equipment and participate in planned outings from the daycare.
- _____ initial 2. That the daycare is not responsible for lost or stolen articles. Every item that you will bring or use in the centre should be LABELLED.
- _____ initial 3. I agree that Cedarbrae Childcare staff has permission to apply sunscreen, bug spray, diaper rash cream, moisturizers, and creams (Parent provided) on my child.
- _____ initial 4. I agree that my child may eat breakfast, lunch & afternoon snack in Cedarbrae Childcare, in case of special diet, I will inform the staff and provide alternative food.



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TRANSPORTATION:

- _____ initial 1. That the daycare has my permission to take my child on walks around the neighborhood and to Adopt-A-Park, St.Cyril's school playground, and Fish Creek Park (when pre-arranged and notified).
- _____ initial 2. I give permission for my child to leave Cedarbrae Childcare premises, under the supervision of Cedarbrae Childcare staff, for authorized field trips and neighborhood walks
- _____ initial 3. On field trip days, kindergarten drop off and pick up, or days your child(ren) might go off premises by vehicle we ask that parents provide us with the necessary safety gear, such as car seats for children under 19 kg.
- _____ initial 4. I agree to accept full responsibility when allowing employees of Cedarbrae Childcare to take my child on a field trip. This includes Transportation. (Notification of field trips will be provided to the parent or guardian prior to the actual field trip)

SCHOOL TRANSPORTATION:

- _____ initial 1. The daycare has permission to take my child to and from school by van.

By signing this agreement, parents /guardians agree to abide by the written policies of the centre.

Signature of Parent or Guardian

Date

Daycare Director

Date