`

MIGHTY LEARNERS DAYCARE & OSC

11108 120 STREET NW, EDMONTON, T5G 2X8

MIGHTYLEARNERSDCOSC.COM

PH. 587.635.4666

REGISTRATION FORM

2318943 Alberta LTD. DBA – Mighty Learners Daycare & OSC

(Please Print Clearly in Black)

Dear Parent(s), please fill out all the information in the form. It is very important that we have the correct information for any emergency at all the times

General Information:

Date of Registration: _____

Start Date: _____ Drop off time: _____ Pick up time: _____

Child's Full Name: _____ Birth Date:_____

Address: _____

Home Phone: (_____) _____

Nickname: _____

Mother's Full Name: _____ Home Phone: (___ ___)_____

Address:_____ City: _____

Province:_____ Postal Code: _____ Cell Phone: (_____)_____

Work Phone: (___)_____ext._____ Email (self): _____

Occupation: _____

Name of Employer: _____ Business Address: _____

Email: _____ Work Hours:_____

Father's Full Name: _____ Home Phone: (____ ___)_____

Address:_____ City: _____

Province:_____ Postal Code: _____ Cell Phone: (_____)_____

Work Phone: (___)_____ext._____ Email (self): _____

Occupation: _____

Name of Employer: _____ Business Address: _____

Email: _____Work Hours:_____

Parent/Guardian with legal custody: _____

Parents are:

Married ___ Common Law ___ Living Together____ Divorced ____Separated ____Widowed ____Single____

Previous Care:

Has your child been in childcare before? YES / NO May we contact them for a reference? YES / NO
Name: _____ Location: _____
Dates attended: from _____ to _____ Why are you changing providers? _____
_____

Emergency Contacts:
Primary Emergency Contact (other than parents or guardian) _____
Home Phone: (_____)_____Work Phone: (_____)_____
Relationship to Child: _____Address:_____

Secondary Emergency Contact (other than parents or guardian) _____
Home Phone: (_____)_____Work Phone: (_____)_____
Relationship to Child: _____Address:_____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)
Name:_____Comment_____
_____
Name:_____Comment_____
_____

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)
Name: _____
Comment _____

Medical & Emergency Information:

Child's Physician: _____ Phone: (_____)_____
Alberta Health Care #: _____
Regular Medications: _____
Medicine allergic to: _____
Food Allergies: _____ _____
Any other Allergies: _____ _____
Special instructions in case of an allergic reaction_____ _____

Immunizations complete? YES/NO

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Any special health conditions:

Does your child have any medical condition that needs ongoing care or attention: _____

_____

Development:

YES / NO	The child has a hearing or visual problem (other than glasses).
YES / NO	The child has a developmental delay.
YES / NO	The child has a behavioral disorder (ADD, Autism, PDD, etc.).
YES / NO	The child has delays with gross and/or fine motor activities.
YES / NO	The child has strong separation anxiety.
YES / NO	The child has a speech delay.

If YES please explain:

_____

_____

_____ _____

Previous Experiences:

YES / NO The child has had a past traumatic experience (i.e., family divorce, abuse, violent experiences).

YES / NO The child has been terminated from a childcare facility previously.

YES / NO The child requires one-on-one care in a childcare facility.

YES / NO The child is sensitive to loud noise or quick movements.

If YES please explain:

_____

_____

_____ _____

If yes to any of the above, we will observe the child to determine the child's transition into the new environment and if we can provide adequate care without enhanced support. We reserve the right to discontinue care with a 2 weeks notice, if we feel that we are not able to meet the child's needs. If FSCD support is required, the care will be resumed after parents/caregiver gets all the required assessments/diagnosis done and gets FSCD approval. And we have hired the required staff.

Please note that withholding any information which results in difficulties in a child's transition or in our ability to provide proper care will result in immediate termination of care for the child.

I have read the above and agree that all information provided is correct.

_____ _____

Signature Print Name

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Name of the Child:_____

All About My Child:

I have _____ brothers and _____ sisters, their names and ages are: _____

_____

How would you describe your child's personality? _____

_____

Favorite things_____

_____

Favorite places…_____

_____

Favorite foods…_____

_____

Favorite activities…_____

_____

Favorite books…_____

Favorite colors…_____

Any particular fears? …_____

What comforts your child?…_____

_____

What goals would you like your child to accomplish while at the Center? _____

_____

Does your child have a regular bedtime schedule? YES / NO AM Wake up time: _____PM Bedtime: _____

Does your child have a regular nap time? YES / NO

Naptime: _____ Wake up time: _____

How does your child sleep? STOMACH / SIDE / BACK

Are there any special dolls, blankets, etc. that your child needs to go to sleep? _____

_____

What is your child's disposition upon waking up? Happy/Clingy/Grouchy/Sad/Energetic/Hungry/Confused/Scared/Other:

_____

How did you hear about Mighty Learners Daycare & Out of School?

_____

How long are you planning on attending our facility?_____

Security Information:

Mighty Learners Daycare & Out of School requires that all families to provide us with a copy of their photo ID, preferably driver's license. This will be used to verify identity for first time visits by parents as well as the emergency contacts or other people authorized by parents before releasing their child.

_____

Parent Signature

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Fees Agreement & Termination of Care:

Total Fee $_____ Less Subsidy & Grant $_____ Parent Portion $_____
Non-refundable registration fee of $50.00: PAID / UNPAID $_____
I _____agree to pay the above fees / parent portion on the 1st of every month.
I _____ agree that non-payment of fees for time used at daycare will result in notification to a collections agency to obtain any outstanding fees.
I _____ _____agree to inform the Center thirty (30) days before terminating care for my child. I understand that failure to do so will result in additional charges. Charges will be determined by the current monthly fee.
I _____ understand that the daycare can terminate care for my child after giving me a thirty (30) day notice, without any explanation to cause.

Person/s signing contract are responsible for payment:
I understand this is a legally binding contract and I have read it and understand it.

Parent/Guardian (Mother) signature _____ ___

Parent/Guardian (Father) signature_____

Director's Signature: _____

Registered by: _____

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Terms and Conditions:
Please read through the following and initial beside if you agree to the terms and conditions:

_____ I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Mighty Learners Daycare & Out of School. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment and agree to pay for any costs involved and hold Mighty Learners Daycare & Out of School and its employees harmless.

_____ In the event that I cannot be contacted immediately, medical, or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Mighty Learners Daycare & Out of School and its employees harmless.

_____ I understand that if due to any medical condition/prolonged behavioral/prolonged emotionally disturbed state, the staff is unable to meet child's needs without compromising the care for other children in the group/room; the centre can send my child home.

_____ I hereby request that my child, _____ be permitted to go to the nearby Rocket Ship Park / Green Belt or other nearby park or for a walk around the block, that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

_____ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

_____ I understand that I must bring my child before 10:00 AM unless prior arrangements were made with the Director or Owner. I am aware that the Center may refuse my child after 10:00 AM if previous arrangements were not made.

_____ I am aware that Mighty Learners Daycare & Out of School follows the Canada Food Guide and promotes healthy choices for children. Mighty Learners Daycare & Out of School may choose not to serve an unhealthy item to my child. I will try to ensure lunches and snacks are healthy and nutritious.

_____ I understand that Mighty Learners Daycare & Out of School may terminate my child from the facility immediately for the following: written, verbal or physical abuse against staff or children in the Center and/or non-payment of fees.

_____ I allow Mighty Learners Daycare & Out of School to photograph my child. I am aware that these photographs may be used for art, bulletin boards and goodbye books for other children.

_____ I allow Mighty Learners Daycare & Out of School to videotape my child. I am aware that these videos may be used around the Center.

_____ I allow Mighty Learners Daycare & Out of School to use photographs (Faces blurred or covered with emoji's) and videos of my child on the website and for promotional materials. I understand that no names will be used, and all confidentiality will remain intact.

_____	_____	_____
Name	Signature	Date

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