

*ONCE UPON A TIME....  
DAY CARE /OSC CENTRE INC.*



*REGISTRATION FORM*

*Updated Jan 2020*

*13470-FORT ROAD EDMONTON ALBERTA  
TELEPHONE: 780.756.2447*

**THIS IS A CONFIDENTIAL REPORT** PLEASE TYPE N/A FOR THOSE CASES THAT YOU DON'T APPLY

CHILD'S NAME \_\_\_\_\_ D.O.B \_\_\_\_\_ SEX \_\_\_\_\_  
CHILD'S ADDRESS \_\_\_\_\_  
ENROLLMENT DATE \_\_\_\_\_ TIME OF DROP OFF/PICK UP \_\_\_\_\_

**1) PARENT OR GUARDIAN(S) INFORMATION**

MOTHER \_\_\_\_\_  
PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK/SCHOOL) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_ P.C. \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ HRS OF WORK \_\_\_\_\_  
E.MAIL (optional) \_\_\_\_\_

FATHER \_\_\_\_\_  
PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK/SCHOOL) \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_ P.C. \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ HRS OF WORK \_\_\_\_\_  
E.MAIL(Optional) \_\_\_\_\_

LEGAL CUSTODY OF CHILD \_\_\_\_\_ (Please provide court document)  
SOCIAL WORKER NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ EXT \_\_\_\_\_  
FAX \_\_\_\_\_

**2)\* EMERGENCY REFERENCES (OTHER THAN PARENTS)**

\*Please list people that we may contact in an emergency if we cannot reach you:

a) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_ EXT \_\_\_\_\_

b) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_ EXT \_\_\_\_\_

**3)\* PERSONS AUTHORIZED TO PICKUP CHILD FROM OUR DAYCARE:**

\_\_\_\_\_  
\_\_\_\_\_

\*To these persons you authorize to pick up your child on your behalf, we will request photo identification. A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If we don't received, and we cannot notify you by phone, the child will not be released.

## TELL US ABOUT YOUR CHILD

### MEDICAL INFORMATION

AHC# \_\_\_\_\_ Immunization up to date? Y \_\_\_\_\_ N \_\_\_\_\_  
Allergies \_\_\_\_\_ Food Restrictions \_\_\_\_\_  
Developmental Concerns \_\_\_\_\_ On going medication \_\_\_\_\_  
Child's doctor name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Eating's Habits & Schedule (main meals and snacks, likes to feed self, use spoon, use fingers etc):

\_\_\_\_\_

Sleeping habits (i.e. needs a pillow, blanket, teddy, sleeping position):

\_\_\_\_\_

Play habits :( cars, dolls, music, reading, puzzles, playing outside) \_\_\_\_\_

Child's personality and characteristics (shy, outgoing, energetic, etc) \_\_\_\_\_

Favourite Toy? \_\_\_\_\_ Activities at Home? \_\_\_\_\_

Child's first language? \_\_\_\_\_

How your child follows instructions at home? \_\_\_\_\_

Does your child have any particular fear? \_\_\_\_\_

How does your child react when is sick? \_\_\_\_\_

What makes your child be, stress \_\_\_\_\_

What makes your child be angry or upset? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

What kind of goals or expectations do you have for your child in our Daycare? Please evaluate and update

\_\_\_\_\_

### 5) GENERAL COMMENTS

Please write any other comments or basic information about child's behaviour that daycare Staff should be aware.

\_\_\_\_\_

\_\_\_\_\_

## PARENT'S PERMISSIONS / AUTHORIZATIONS

The following authorizations are request. Please write your selection and initial

### VIDEO/PHOTHOGRAPHS

I give my consent to let my child be photographed or videotaped by Once Upon a Time Daycare & OSC Inc. YES \_\_\_\_\_ NO \_\_\_\_\_

I give my consent to allow my child to be displayed by the daycare on picture/s with other child/children from this program. YES \_\_\_\_\_ NO \_\_\_\_\_

### WALKS/FIELDTRIP

I give my permission for my child to be on supervised activity off the property, also to go for a walks through out our community and playgrounds. Major Field trips will be handling by a notice and another permission form indicating the times of departure and return as well the mode of transportation use.

### DISTAL SUPERVISION POLICY

I \_\_\_\_\_ give permission to the center to have distal supervision for my **10-12 year old** child allow him/her to be on his/her own for period of 5-10 minutes at a time with limited supervision to a maximum of 30minutes per day please note this is only for specific projects, time and events. Staff will take in consideration the development of each child.

### EMERGENCY MEDICAL PERMISSSION

I \_\_\_\_\_ give permission to the center In the event of an emergency requiring taking my child to the hospital, to call ambulance to transport my child **if necessary**. I further agree to pay all costs incurred for transport.

It is our policy of notify a parent when a child is ill or needs medical attention. If we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest available hospital (Northeast Medical Centre by 50St and Manning).

### TRANSPORTATE PERMISSION

Kindergarten and After School

I \_\_\_\_\_ give permission to the center staff members to drop off at \_\_\_\_\_ (write the scheduled time) and pick up \_\_\_\_\_ my child \_\_\_\_\_ in front of the building to the bus # \_\_\_\_\_ that will transport my child to the school everyday. (school name&phone #) \_\_\_\_\_.

## TERMINATION POLICY

Please, let us know well ahead of time if your child is leaving the Day Care. It helps to let the children on our waiting list know that there will be a vacancy for them. At least one month notice is required.

Parents who fail to give one month notice are responsible to pay for next month's fee.

If a child is persistently and unduly disruptive to the program of the centre, to the extent that other children in the program are being adversely affected, the center may cancel this agreement without notice.

If a parent/guardian brake our safety policy and act disrespectful towards any staff member, families or children showing an attitude (e.g Yelling, swearing, arguing, verbally attacking. Insulting, discriminating, physical contact etc. )

We reserve the right to terminate this contract immediately without any notice.

I have read, understand and agree to follow all terms and conditions

I \_\_\_\_\_ Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_  
(Parent or Guardian)

Address \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or Guardian)

Signature \_\_\_\_\_  
(Director)

## ADMISSION AGREEMENT

1. The parent/guardian(s) agrees that their child will attend only during the hours and days specified on the "Child Registration Form", which coincides with their work/school schedule. In case they change their schedule and the child schedule, we require 2 days' notice.
2. The parent/guardian(s) agrees to verbally inform childcare Staff of their child's arrival and departure and sign in/out on the child's attendance daily. The Staff has the right to refuse to take children after 9:30 am unless the child has a doctor's appointment, or parent/guardian has an agreement with the Director.
3. The parent/guardian agrees that their child will be released only to the parent/guardians. If another person is to pick up their child, the center must be notified in written form or by phone personally by parent/guardian. Identification of the person picking up the child will be required for protection of the child.
4. The parent/guardian agrees to supply appropriate clothing, inside shoes, and any special foods required due to allergies or special diet.
5. The parent/guardian agrees to report any changes to their child's "Registration Form" immediately. There will be a compulsory update of all information related to your child every six months. The information that has been collected on the registration forms will be used only by the Director and Practitioners in a manner that is compliant to the Freedom of Information & Protection of Privacy Policy Act.
6. The parent/guardian understands that all of the children will be going outside daily, weather permitting, and that they need to be dressed accordingly.
7. The parent/guardian agrees to follow the illness policy outlined in the Parent Handbook and keep their child at home if needed. If at any point your child cannot cope with the daycare daily routine, you will be advised to consult a health care professional.
8. The parent/guardian understands that medication will not be given to your child unless written permission from parent /guardian is obtained. And medication is in the original container.
9. The parent/guardian agrees to that the daycare hours are from 6:30 a.m. to 5:45 p.m. late fee is in effect after 5:45 p.m. fee is \$1.00 per each minute. It will be made directly to those staff that had to stay late
10. The Director reserves the right to increase the daycare fees after giving one month notice to parents/guardians
11. For new registrations if parents decide to cancel the contract within the first two weeks after the child was enrolled, those parents may receive a pro-rated refund of the monthly fee according

to the number of days the child has attended the daycare minus a \$100 administration fee. There will not be a refund after the first two weeks has passed.

12. Parent/guardian understands that they have to pay the whole amount of the monthly fee even when your child is away or sick or you take vacations, as we must maintain our staff ratio, also to ensure your child space in the center.
13. Once Upon a Time Daycare reserve the right to increase the daycare fees, after giving one month notice to parents/guardians.

Parent's Full Name

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Parent's Signature

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