

HI5 DAYCARE & OSC
4109-106 STREET EDMONTON ALBERTA
780-433-6771

DAYCAREDAYCARE44@GMAIL.COM

Name of Child: _____

Start Date: _____

Parent's E-mail I.D.: _____

Parent Orientation Checklist

Date _____

- Parent Board
- Staff qualifications & PD days' and holidays
- Daily schedule
- Sign in sheets
- Child Guidance policy
- Child journals
- Nap and quite time
- Fee's (late fee's and late pick up charges)
- Parent Handbook
- Interest based weekly programming.
- Medication/sick child Policy/emergency policy

Parent Signature _____

Owner/Director/ _____

Registration Form

Registration fee (non-refundable) - \$100.00

Child Information

Child's Name: _____ D.O. B: _____

Address: _____

Parents Information

1. **Mother's Name:** _____

Address: _____

Phone Number: _____ Cell No _____

Place of Employment: _____

Work Phone Number: _____

2. **Father's Name:** _____

Address: _____

Phone Number: _____ Cell No _____

Place of Employment: _____

Work Phone Number: _____

Emergency Contact Information (mandatory)

Name: _____

Phone # (H): _____ (W) _____ (C) _____

Address: _____

Relationship to Child: _____

Emergency Contact person

Name: _____

Phone # (H): _____ (W) _____ (C) _____

Address: _____

Relationship to Child: _____

My child may release to parents/guardian, emergency contacts or the following people at any time without me notifying the centre. I will notify the centre ahead of time if any alternate arrangements have been made.

Name _____ Name _____

Name _____ Name _____

****PHOTO ID IS REQUIRED WHEN ANYONE IS PICKING UP YOUR CHILD****

Parent's signature _____

Date _____

Medical Information

Name of Physician: _____ Phone#: _____

Alberta Health Care #: _____

Is your child' immunization up to date? Yes _____ No _____

Does your child require an Epi-pen? Yes _____ No _____

Any Allergies or other recurring medical problem?

School Information (Kindergarten and Out of school)

What school does your child Attend? _____

Phone _____ Room _____ Teacher name _____

If your child will be picked up and dropped off by school bus, please confirm the time.

Pick up Time _____ Drop Off Time _____

Bus number _____

Parents signature _____

FIELD TRIP CONSENT FORM

As a part of our regular programming, we will be taking various outside trips off the premises. The consent form below will give us more flexibility and allow for more spontaneity in our planning.

I _____ give permission to HI5 daycare & OSC to take my child Out for daily or occasional activities away from the Centre's premises e.g. Going for walk, going for playground, fire drill etc...

Kinder & OSC Children) ----I also had given permission for him/her to be transported to school or Bus stop either by walking, daycare van or bus. I will not hold HI5 daycare & OSC responsible or liable for any consequences.

Child's Name: _____

School Name _____

Who's Responsible for Transporting the children

1. Parents
2. School bus
3. Centre (Walk, Bus, Daycare Van)
4. Mode of transportation walk, bus, school van
5. Drop off by school van at school playground and meet there
6. Drop off bus stop _____
7. Pick up from bus stop _____
8. Bus number in Morning _____ Afternoon _____
9. Pick up Time _____ Drop Off Time _____
10. If child not going to school parents will inform daycare centre.
11. Drop off child at school and leave from there once school start.

If the child does not return back the following steps will be taken: -

1. Call to school or Bus driver to find out about child where he/ she is.
2. Then we will call to parents
- 3 Then call to emergency contact person
4. Then call to 911 If child cannot be located with parents or school.

If daycare vehicle is involved in an accident will inform to school and arrange other method e.g. walk, bus or arrange another vehicle.

Parent's Signature: _____ Date: _____

Director Signature _____

Parental Acknowledgement & Consents

- **Parents' handbook**-----I/we have read and understand the parent's handbook given to me at the time of my child registration and agree to comply with the policies and procedure contained therein or as are communicated by the centre from time to time.
- **Medical/ first Aid Authorization:** ---I/We give Hi5 daycare & OSC permission to take whatever steps are necessary to provide emergency medical treatment for my child as warranted. I also give the centre permission to phone for an ambulance as the situation demands and I will be responsible for any costs incurred. In case of an accident and/or illness and unavailability of the parent, I Gave permission to Contact the child's physician or if the physician is not available either, to be able to contact another physician for administering the necessary treatment to your child.
- **Photograph Permission**-----I/we give HI5 daycare & OSC permission to take photographs of my/our child in their daily activities and post them in the centre and also use for website or face book page for daycare.
- **Communication between local schools, children services and local health.**
I/we the undersigned allow the centre to share information from this registration form and any other information that is in the best interest of my child with local schools, children services and local health and policing officials.
 - **Sunscreen & Insect Repellent:** ----, I/WE undersigned give my permission to the staff at the centre to apply sunscreen and insect repellent (provided by parents) on my child as needed.
 - I/we Permission to my/our child to use all the play equipment and participate in all the activities of the center.

Parents Signature _____

Terms and Conditions

I agree to pay HI5 daycare & OSC monthly fee of \$_____ for child care service.

We understand that fees are due on or before 1st of the month, no later than the 5th of each month. If these fees are not paid within the first of the month the late fees will charge \$10 per day. Additional Fees: Our centre closes at 6:00pm. **Please pick your child before 5.45 Pm A late fee of \$1.00 for every 1 minute late will be charged if your child is not picked up at that time. A service charge of \$35.00 will be charged for all NSF cheques. All field trips and entrance fees are paid by the Parent. Note: All accounts overdue after 60 days are sent for collection. Holidays and absences do not reduce your fees. Hours of operation Monday to Friday 6.30 AM to 6:00PM. Child Pickup Time is 5:45 PM after that \$5 late fee apply for every one minute.**

Please provide us with one pieces of ID. (Picture ID). All spaces must be filled in and are mandatory to enroll your child in the center.

Driver's license # _____

Parent Birth Dates. mom _____ dad _____

Child name _____ Child name _____

I agree that there is to be expected a fee increase every year, and that a letter will be sent out one (1) to three (3) months in advance to allow me to adjust my budget according

I agree that if I wish to terminate my child care services with HI5 daycare & OSC, that I must provide, in writing, one month's notice. If I am not given such notice, I will be responsible to pay the upcoming months fees.

I/we understand that is my responsibility to keep my subsidy up to date. I /we understand that if coverage is cancelled for any reason I/we are responsible for fees due in full.

Parents Signature _____

ADMISSION POLICY/AGREEMENT

- A \$100.00 (Non- refundable) registration fee is payable upon confirmation of placement to ensure the space for your child.
- Monthly fees are payable on the first day of each month in full. Monthly fees paid after the 2nd day of the month will be assessed a “Late Fee Penalty” (unless other arrangements have been made with the director) of \$10.00 per day that payment is late.
- Please ensure cheques are made payable to HI5 Daycare& OSC.
- NSF cheques are subject to a \$35.00 charge to cover administration fees.
- We request that your child be dropped off no later than 9:30am. This is for staffing purposes. Special circumstances always arise and if these circumstances occur, please make arrangements with the director so she may plan for staffing.
- Please notify the daycare staff immediately when there are any changes with current address, telephone numbers, change of employer, emergency contacts, or immunizations.
- If your child will be absent on any day, please let the day care know for staffing and ratio purposes.
- If you are unable to be at the center by 5:45pm please call the center so that arrangements can be made with the staff. Late fees will take effect.
- Sign the attendance sheet upon the child’s arrival and their departure from the center.
- Provide a complete change of clothes. (Socks included) that are labeled with your child’s name. Inside shoes are also required.
- Sign the medication form for any medications that your child will require for that day. The medication will not be administered if the form has not been filled out completely with your child’s name, exact dosage, time to be administered, date, name of medication and your signature. Medication needs to be signed in daily.
- We require notification of any changes of the custody, guardianship or care and control of your child. A copy of any agreement or court order pertaining to those matters is to be left with the center. This will assist us in ensuring that your child is released only to an authorized person.
- HI5 Daycare & OSC and staff will not be responsible for lost or broken toys that your child has brought from home. We ask that you leave your child’s toys at home. Every Friday of the month

will be "Show and Tell" day. On this day, your child may bring one toy from home. Please remind your child that they will be asked to share their toy.

- Hi5 Daycare & OSC requires a written notice thirty (30) days prior to you withdrawing your child.

- I/We hereby certify that I/We have read, fully understand and agree as stated in the Parents/Guardian Handbook for Policies and Procedures of Hi5 daycare & OSC & OSC.
- I/we will ensure that my child will be sent to centre with proper clothing. Complete change clothing need to provide to centre.
- Parents cannot take any child picture in centre and cannot post anywhere on social media like face book page. If any parents want take other child picture they will take permission from other child parents.
 - **I/we will provide my child with every day following: --**
 1. One extra clothing for emergency use
 2. One inside and outside shoes
 3. Sippy cup or bottle if needed
 4. Diapers and wipes, if needed

Your signature at the bottom of our admission policy indicates your willingness to comply with our regulations with the understanding that this agreement may be cancelled at any time by the center only if it is in the best interest of the child and the center.

Parents Name _____ Date _____

Signature _____ Director signature _____

Child's Personality Please answer the following questions to help us understand your child's needs and interests.

1. Favorite Activities: _____
2. Fears (if any): _____
3. Dislikes: _____
4. Reaction to stress: _____
5. Previous Daycare/Day home : _____
6. Sleep pattern: _____
7. Physical Goal: _____
8. Anything else that you would like us to know about your child/children

HIS DAYCARE & OSC

Child Name	Address	Alberta Health Number

DOB		
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Mother Name	Address	Cell number Work number
Father Name	Address	Cell number Work number

Please list 2 people who can be contacted in an emergency if parents or guardian cannot be reached.

Alternate contact Name	Address	Cell number Work Number
Relationship to child		
Alternate contact Name	Address	Cell number Work Number
Relationship to child		

Child doctor	Doctor contact	Immunization up to date
Medical condition	Allergies	Current medication