

# KIDS VALLEY DAYCARE & OSC REGISTRATION FORM

(Registration fees \$100)

## **General Information:**

Start Date: \_\_\_\_\_ Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ 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. \_\_\_\_\_ 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 was care terminated? \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_ Any special health conditions: \_\_\_\_\_  
\_\_\_\_\_

Immunizations complete? *YES/NO*

**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? \_\_\_\_\_  
\_\_\_\_\_

What are some aspects of your culture you would like to share? \_\_\_\_\_  
\_\_\_\_\_

What is your home language? \_\_\_\_\_

What are some words in your home language? \_\_\_\_\_  
\_\_\_\_\_

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:*  
\_\_\_\_\_

**Special Considerations:**

Does your child have any medical conditions or special needs:

---

---

Does your child have any behavioural concerns:

---

---

***Development:***

YES / NO                    My child has a hearing or visual problem (other than glasses).

YES / NO                    My child has a developmental delay.

YES / NO                    My child has a behavioural disorder (ADD, Autism, PDD, etc.).

YES / NO                    My child has delays with gross and/or fine motor activities.

YES / NO                    My child has strong separation anxiety.

YES / NO                    My child has a speech delay.

If YES please explain:

---

---

---

***Previous Experiences:***

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

YES / NO                    My child has been terminated from a child care facility previously.

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

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

If YES please explain:

---

---

---

How did you hear about ***KIDS VALLEY DAYCARE & OSC?*** \_\_\_\_\_

How long are you planning on attending our facility? \_\_\_\_\_

**Security Password Information:**

\_\_\_\_\_  
Password

\_\_\_\_\_  
Parent Signature

**Fees Agreement:**

Total Fee \$ \_\_\_\_\_

Subsidy \$ \_\_\_\_\_

Parent Portion \$ \_\_\_\_\_

Non-refundable registration fee of \$100 PAID / UNPAID \$ \_\_\_\_\_

I \_\_\_\_\_ agree to pay the above fees / parent portion on the 1<sup>st</sup> 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.

*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 : \_\_\_\_\_

**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 **KIDS VALLEY DAYCARE & OSC**. 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 hold **KIDS VALLEY DAYCARE & OSC** 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 and its employees harmless.

\_\_\_\_\_ I hereby request that my child, \_\_\_\_\_ be permitted to participate in field trips, to the park or any other activities 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. *Exceptions accepted when help is required.*

\_\_\_\_\_ I understand that I have to 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 **KIDS VALLEY DAYCARE & OSC** follows the Canada Food Guide and promotes healthy choices for children. **KIDS VALLEY DAYCARE & OSC** may choose not to serve an unhealthy item to my child. I will try to ensure lunches and snacks are healthy and nutritious.

\_\_\_\_\_ I allow **KIDS VALLEY DAYCARE & OSC** to use the Nipissing District Developmental Screen (NDDS)(a developmental screening tool for infants and children up to 6 years of age)on my child while s/he is attending the program.

\_\_\_\_\_ I understand that **KIDS VALLEY DAYCARE & OSC** 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 **KIDS VALLEY DAYCARE & OSC** 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 **KIDS VALLEY DAYCARE & OSC** to videotape my child. I am aware that these videos may be used around the Center.

\_\_\_\_\_ I allow **KIDS VALLEY DAYCARE & OSC** to use photographs and videos of my child on the website and for promotional materials. I understand that only my child's first name will be used and all confidentiality will remain intact.

\_\_\_\_\_ I understand that once I leave the program I will be provided with a tax receipt.

\_\_\_\_\_ I have read and understand the parent handbook. I agree to abide by the policies and procedures outlined in the parent handbook. *Will be provided once center opens*

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: