

# Kids Paradise Daycare & OSC Registration Form

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Please fill out the form as completely as possible, sign or initials where necessary.

Bring your completed form to the centre or fax us. If you have any questions, please feel free to ask.

## Orientation for New Parents

- Welcome
- Introduction
- Room tours
- Introduction with the staff
- Explaining room schedules, food menus, Allergy lists
- Tour to washrooms
- Tour to playground
- Talk about Parent Handbook, Registration handbook
- Information about subsidy (if needed)
- Answer parents Questions and concerns

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

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

# Kids Paradise Daycare & OSC Registration Form

## Personal Information

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

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

Phone: \_\_\_\_\_ Start Date: .....

## Parent /Guardian Information:

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Work /School: \_\_\_\_\_

Work/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Custody/Access Info: \_\_\_\_\_

\*\*\*If sole custody or limited visitation of one parent is in place paperwork must be supplied to the centre starting the arrangement\*\*\*

## Emergency Contact Information

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Work /School: \_\_\_\_\_

Work/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Health /Medical Information

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Immunization up to date: Yes \_\_\_ No\_\_\_

Ongoing Medication or Medical Treatment: \_\_\_\_\_

Medical or Environment Allergies/Food Allergies:

\_\_\_\_\_

Types of allergic reactions to these items ( i.e hives)\_\_\_\_\_

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Please list the full name, relationship, and phone number of any additional people you wish to authorize for pick-up:

Please list the full name, and relationship of any people that **DO NOT** have authorization to pick up your child:

## EMERGENCY CONSENT

It is our policy of notifying a parent when a child is ill or needs medical attention. Occasionally, 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 emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature	Parent/Guardian Signature
Date	Date

# Kids Paradise Daycare & OSC Registration Form

## Child's Information

- Child's Full Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- Enrollment Start Date: \_\_\_\_\_
- Type of Program (e.g., Full-time, Part-time): \_\_\_\_\_

## Parent/Guardian Information

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

Phone Number: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

## Consent for Collection, Use, and Disclosure of Personal Information

I, \_\_\_\_\_ as the legal guardian of \_\_\_\_\_, acknowledge that:

1. The child care provider is required to collect and maintain personal information about my child for registration in the Child Care Accountability Program.
2. My child will be assigned a Child Care Participant Number (CCPN) to confirm attendance and facilitate funding allocations.
3. The child care provider will securely store my child's information and ensure compliance with Alberta's Personal Information Protection Act (PIPA).
4. Personal information collected will be shared with the Government of Alberta as required under the Early Learning and Child Care Act and related grant agreements.

## Parental/Guardian Authorization

☐ I confirm that I have the authority to provide consent for my child's registration.

☐ I consent to the collection, use, and disclosure of my child's information for the purposes stated above.

☐ I acknowledge that I have been informed of my right to request access to my child's information and understand how it will be used.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Kids Paradise Daycare & OSC Registration Form

## Drop off Policy

Children **MUST** be dropped off no later than 10 A.M.

Please initial \_\_\_\_\_

## Late Pick-Up Policy

Children **MUST** be picked up no later than 6 p.m. Our late fee is \$1 each minute you are late, minimum 15 minute charge.

Please initial \_\_\_\_\_

## Registration Fee & Deposit

I understand that there is a **non-refundable** registration fee of \$100.00 and a deposit of \$200.00(refundable) to be held on account. When 30 days notice is given to terminate care then the \$200.00 will be applied to any outstanding fees . If notice is not given, then the \$200.00 deposit will be held in full.

Please initial \_\_\_\_\_

## Off-Site Activity Permission

I understand that field trips and walks to neighbourhood areas and parks are part of the programming at Kids Paradise and I hereby give consent for my child to participate in these activities.

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

## Parent Handbook Agreement

I have carefully read the Kids Paradise Parent Handbook and understand that it is my responsibility to be aware of all the procedures and expectations set forth by the centre in this document.

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

## Subsidy Privacy Allowance

I hereby allow the staff of Kids Paradise to be able to inquire about the status and details of my subsidy application.

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

## Developmental Screening Permission

I give permission to Kids Paradise to monitor my child's development via the Nipissing Developmental Screening Tool, and include it in my child's portfolio and administrative records.

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

## Technology, Visual, and Video Permission Form

At our centre we try to give a variety of learning experiences. This may include the use of a computer, a video, the television, or taped recordings of their own voices, etc. as a means of an activity. All activities, including the use of the computer, will be of appropriate age and content. We require your written consent on the form below to signify your permission for these types of activities. In regards to the use of computers, television, video, and taped recording, I give the staff at Kids Paradise Daycare & OSC permission to include my child in such related activities.

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

## Child Termination Policy/ Resignation

Parents must give 30 day notice for termination of childcare. All fees are required to be paid to that time. Kids Paradise reserves the right to terminate care at any time for non-payment of child care fees, if parents do not comply with our policies, if we cannot meet the needs of a child in our center, and in the extreme case, if a child's actions could cause harm to themselves, others or to property

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

# Kids Paradise Daycare & OSC Registration Form

## Permission to Photograph

I give permission for Kids Paradise to photograph my child, \_\_\_\_\_, for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in centre scrapbook		
Give photographs possibly containing your child to current clients, classroom, group pictures		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on my daycare website *		
To use in a power point or slide show		
As a keepsake for the child and family		
To use in my child's portfolio to document my child's development		
<b>Videos:</b>		
For children watching themselves		
making movies, pretending to be a weather person, news reporter, etc....		
dramatic play purposes.		

\* No names at any time will be posted without consent of the parent.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

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

# Kids Paradise Daycare & OSC Registration Form

## Kids Paradise Sunscreen and Insect Repellent Permission Form

During outdoor play on sunny days, especially those during the months of April through September, it is necessary that children wear sunscreen to protect their skin from the sun's damaging rays. **Therefore, we require that YOU provide your children with a sunscreen of SPF 30 or higher.** All sunscreen will be applied to the child's face (not near eyes), ears, nose, arms, legs, or any other exposed skin before going outside and reapplied when necessary. **Kids Paradise will apply sunscreen ONLY if provided by parents.**

Because there are periods during the year where mosquitoes and other biting insects are present, you may also want to send your child with a bottle of insect repellent. Repellent will be applied at the same time as sunscreen, but it is not a requirement of the centre. Please chose a bug spray with low DEET content and that is sensitive to a child's skin. In the absence of repellent, the centre will not provide any.

All sunscreen and insect repellents must be marked with the child's name and be in the original packaging with an appropriate expiration date. Anything that is past the expiration date will not be used. Parents will be notified when these products expire or are running low.

Please fill out the following information and place a checkmark next to the appropriate statements.

I, \_\_\_\_\_, understand the above and give Kids Paradise Daycare staff permission to apply sunscreen that I have provided and labelled to my child/ren, \_\_\_\_\_.

\_\_\_ I do not know of any allergies that my child has to sunscreen.

\_\_\_ I do not want my child to have sunscreen applied to him/her because of an allergy or other medical condition. Please specify: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the centre staff to apply insect repellent that I have provided and labeled to my child/ren, \_\_\_\_\_.

\_\_\_ I do not know of any allergies my child has to insect repellent.

Signature of parent: \_\_\_\_\_

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

# Kids Paradise Daycare & OSC Registration Form

## The centre closes for the following holidays:

Alberta Family Day	3 <sup>rd</sup> Monday in February
Good Friday	Friday before Easter Sunday
Victoria Day	Monday before May 25
Canada Day	July 1
Heritage Day	1 week of heritage week
Labour Day	1 <sup>st</sup> Monday in September
National Day of Truth & Reconciliation	30th Sept
Thanksgiving Day	Second Monday in October
Remembrance Day	November 11
Christmas Holiday	December 24, 25, 26 & Jan 1 <sup>st</sup> , and 2 <sup>nd</sup> (Dates can change yearly, Will be posted in daycare front entrance a month prior)

## Optional holidays at the centre's discretion:

Easter Monday	Monday after Easter Sunday
Heritage Day	First Monday in August



# Kids Paradise Daycare & OSC Registration Form

## FAMILY INFORMATION

We would like to know more about your child and your family. Please fill out any information you are comfortable sharing. We will use this information to get to know your child better. This information will also help us to provide activities that will be meaningful and relevant to your child.

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

Is there a Special meaning or story behind your child's name?

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What is your child's heritage?

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Where was your child born? \_\_\_\_\_

When? \_\_\_\_\_

What languages are spoken or understood by your child? \_\_\_\_\_

What languages are spoken or understood by your family? \_\_\_\_\_

Are there any special customs or traditions in your family? \_\_\_\_\_

Is there any special or traditional music your family listen to? \_\_\_\_\_

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Would you be willing to come into our centre and share special or traditional stories, music, art, or other activities with the children? \_\_\_\_\_

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