



Dew Drops Daycare Centre Calmar Ltd.



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www.dewdropsdaycare.com

Please help us to serve you better, print Legibly, Provide complete information to the BEST of your knowledge

General Information

Child's Name: _____ Date of birth: _____

Mom's Name: _____ Address: _____

H Ph.NO: _____ Wk Ph.NO: _____ C Ph. NO _____

Place of Work: _____ Occupation: _____

Dad's Name: _____ Address: _____

Place of Work: _____ Occupation: _____

H Ph.NO: _____ Wk Ph.NO: _____ C Ph. NO _____

Emergency Contact Person: _____ Ph. NO _____

Address: _____

Emergency Contact Person: _____ Ph. NO _____

Address: _____

Authorized person: _____ Ph. NO _____

Authorized person: _____ Ph. NO _____

Family Physician: _____ Add: _____ Ph. NO _____

Alberta Health care NO: _____ Any Allergies: _____

Immunization: Yes _____ No _____

Does your child has a medical condition? If so please explain: _____

Does your child require any on-going medication? Yes _____ No _____

Please specify _____

Are you able to volunteer on field trips? If yes please list which day and indicate time:

Please note that if anyone other than members listed as parents and authorized person are to pick up your child, You must state in writing in the parent communication book for the date specified, and staff for ask ID

Child's Information

1. Child will arrive centre at: _____ and child will pick-up at: _____.
2. Previous exp in daycare centres: Yes _____ No _____ if yes Pl. specify: _____.
3. Child's personality & Characteristic (outgoing, shy, any fears): _____.
4. Favourite activities: _____.
5. Child's typical reaction to illness, will he/she tell us: _____.
6. Child's typical reaction to stress: _____.
7. Favourite Food: _____.
8. Does the child require a special diet for medical reasons: Yes _____ No _____.
(Vegetarian / lacto vegetarian, vegans? Pl. specify): _____.
9. Any allergies or recurring medical problems: _____.
10. Child is toilet trained: Yes _____ No _____.
11. Parents method of discipline: _____.
12. Alternate person to escort from daycare: Name _____ Ph.NO: _____.
13. Name of the person whom are excluded from access to your child _____.
14. Additional Info. Daycare staff should be aware of: _____.
15. What long and short term goals do you have for your child, while at the daycare?
_____.

*If my child met with an accident or illness while at Dew Drops Daycare Centre, and I cannot be reached
Immediately, I authorize the Director to secure medical care.*

*I give permission for the child, when the Director deems it necessary, to be taken to an available physician,
Clinic or hospital **and parents will be charged for Ambulance or Taxi.***

*I give permission my child to attend outdoor excursion to the neighbour hooding community such as the Calmar
Public Library, Public Park, The Police Station, The hospital, The Pet Store and other Public Places that are in walking
Distance from the centre.*

A separate permission slip will need to be signed when going to a place that requires transportation.

**The undersigned, in consideration of Dew Drops Daycare Centre accepting our child, hereby agree to pay the
Required fee and are bound by the term above.**

Parent's signature: _____ Date : _____

Due to FOIP's the freedom of Information and Private Act. We require obtaining information from parents to display children artwork, as well as photograph on our walls.

Such cases would be:

1. In the event birthday when picture are taken.
2. During activities scheduled at our facility
3. During fieldtrips
4. For our portfolio album, to display engaged in play.

In order to give such permission we request that you please fill out the permission form below and return the completed form to the Director

I _____ give the permission to display any of _____ artwork on the walls with in the centre. (Print name here)

I _____ give the permission to display any of _____ photographs on the walls with in the centre. (Print name here)

I (Parents) _____ give Dew Drops Daycare Centre permission to show the theme related videos to my child(name)_____.

Signature of the parent _____

I (Parents) _____ give Dew Drops Daycare Centre permission to apply sunscreen or bug spray to my child (name)_____.

Signature of the parent _____

I (Parents) _____ give Dew Drops Daycare Centre permission to post my child/ children's pictures and artwork on internet webpage child/ children's (name)_____.

Signature of the parent _____

I (Parents) _____ give Dew Drops Daycare Centre any health care professional permission to administer first-Aid treatment to my child (name)_____ in the event an accident/ incident or medical emergency. This is also includes the use of any type icepack or brand of adhesive bandages. I have read and agree with the above statement.

Signature of the parent _____

Dew Drops Daycare Centre Terms and Agreements

1. The daycare opens at 7:00 Am and close at 6:00 pm. It is unfair to both your child and daycare staff to be detained after 6:00 pm. Parents arriving after 6:00 pm will be charged \$ 10.00 the first 5 minutes and \$ 1:00 per minute thereafter.
2. Monthly fees are due the 1st day of the month.
3. A \$ 50.00 charge will be levied on all NSF cheques.
4. Overdue accounts will be charge of 20% per month.
5. **NO REFUND** will be made for statutory holidays. However the centre will allow \$ 20 per week deduction for annual vacation (3 weeks Max.) this **DOES NOT** to parents on subsidy.
6. **Parents may withdraw their child from the centre at any time provided one month notice s served in advance to the centre. If you do not keep your child in a full month you will still be charged a full month fee.**
7. Medication cannot be administered to any child with a valid doctor's prescription for the particular child for whom is intended and without signatures on the posted medication chart. All medicine **MUST** be in the original container.
8. To avoid cycles of illness at the centre, parents are required to keep children away from the centre if they have communicable disease.
9. Should sustain an injury or illness while at the centre we will contact the parents immediately and take the child to the hospital if needed and if the parents cannot be contacted. **PARENTS WILL BE CHARGED FOR AMBULANCEOR TAXI.**
10. If your child will be absent from the centre, please phone and inform the centre.
11. The centre reserves the right to remove from enrolment any child who is persistent in handicapping the progress of the group.
12. We will use all care in caring for your children and their possessions, however, the centre will not be responsible for any loss of possession and injury, sickness or disease that may occur to any child while in the centre.
13. A \$ 50.00 non-refundable, one time registration fee is required upon the time of registration.
14. For parents that are receiving subsidy you will need to make sure your child is here at least 100 hours a month to get set your coverage. If you do not make the hours, you will be required to pay the difference.

I have read and agree to abide by the above regulations of Little Otters Daycare Centre Ltd.

Parents Signature: _____

Date: _____

Updated: July 2014

Recommended Immunization Schedule

2 months of age	DTaP - IPV - Hib, Men-c, Pneu-c
4 months of age	DTaP - IPV - Hib, Men-c, Pneu-c
6 months of age	DTaP - IPV - Hib
6 months of age and Older	Influenza (yearly, during influenza session.)
12 months of age	MMR-VZ, Men-C, Pneu-C
18 months of age	DTaP - IPV - Hib
4 ~ 6 years of age	DTaP - IPV - MMR
10 ~ 12 years of age (grade 5)	HBV,HPV(girls only)
14 ~ 16 years of age(grade 9)	dTap, MenC ACYW, HPV(girls only)

DTaP - IPV - Hib	Diphtheria, Tetanus, Pertussis(Whooping cough) Polio, Haemophilus Influenza b	MMR- VZ	Measles, Mumps, Rubella Varicella(Chickenpox)
		HBV	Hepatitis B Vaccine

List surgeries, accidents, traumatic experiences, congenital defects and special problem e.g.
earache, speech, hearing, vision, feeding/eating, sleeping bowels, wetting, etc _____

Has this child had any medical conditions requiring/receiving treatment? Yes: _____ No: _____
if Yes, please explain _____

Is the child on daily medication: Yes: _____ No: _____

List any information that will aid us in working more effectively with your child _____

PARENTS SIGNATURE: _____ DATE: _____

Updated July 2014



Dew Drops Daycare Centre Calmar Ltd.



Babies

Toddlers

Preschoolers

Kindergarten

\$850.00	\$800.00	\$750.00	\$750.00
Daily\$50.00	Daily\$50.00	Daily\$50.00	Daily\$50.00
Hourly \$10.00	Hourly \$10.00	Hourly \$10.00	Hourly \$10.00

*Before and after school (OSC) flat rate \$550.00 or \$10.00 per hour.

* **Summer holidays July and August OSC fees will be \$750.00**

* Babies and Toddlers are required to bring in their own diapers and wipes. Also two extra sets of clothes, indoor and outdoor shoes.

* Preschoolers and Kindergartens are required to bring in an extra pair of clothes, also a pair of indoor and outdoor shoes.

Updated Jan 2015