



Dew Drops Daycare Centre Calmar Ltd



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Website: www.dewdropsdaycare.com

*To help us to serve you better, please **print legibly** and provide **complete information** to the BEST of your knowledge.

General Information

Child's Name: _____ **Date of birth:** _____

Mom's Name: _____ **Address:** _____

H Ph. NO: _____ **C Ph. NO:** _____ **Email:** _____

Place of Work: _____ **Occupation:** _____ **Wk Ph. NO:** _____

Dad's Name: _____ **Address:** _____

H Ph. NO: _____ **C Ph. NO:** _____ **Email:** _____

Place of Work: _____ **Occupation:** _____ **Wk Ph. NO:** _____

Emergency Contact Person: _____ **Ph. NO** _____

Address: _____

Authorized person: _____ **Ph. NO** _____

Authorized person: _____ **Ph. NO** _____

Family Physician: _____ **Ph. NO** _____

Add: _____

Alberta Health care NO: _____

Allergies: _____

Immunization:

Yes

No

Does your child have any medical condition?

If so please explain: _____

Does your child require any on-going medication?

Yes

No

If yes, please specify: _____

Would you be able to volunteer on any field trips? If yes please indicate which days and times you are usually available: _____

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. In this situation, the staff will ask them to show photo ID.

Child's Information

1. The child will arrive at the centre around: _____ and will be picked-up around: _____.

2. Does your child have previous experience in daycare centres:

Yes

No

if yes, please specify: _____

3. Child's personality & characteristics (outgoing, shy, their fears, etc.):

4. Child's favourite activities:

5. Child's typical reaction to illness, will he/she tell us:

6. Child's typical reaction to stress:

7. Child's favourite food:

8. Does the child require a special diet for medical reasons:

Yes

No

If yes, please specify (vegetarian / lacto vegetarian, vegans, etc.): _____

9. Child's allergies or recurring medical problems: _____

10. Is the child toilet trained:

Yes

No

11. Parents method of discipline: _____

13. Please list the name(s) of anyone excluded from accessing your child: _____

14. Additional information that the daycare staff should be aware of:

15. What long term and short term goals do you have for your child while at the daycare?

16. Child's home language: _____

17. Child's heritage background: _____

*Please check the following boxes to give your consent to the statements:

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 **accept the charges for the Ambulance or Taxi.**

In consideration of Dew Drops Daycare Centre accepting my child, I hereby agree to pay the required fee and are bound by the terms above.

Parent's signature: _____ Date : _____

Dew Drops Daycare Centre Terms and Agreements

The daycare runs from 7:00 am to 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.

Please read the following terms:

- Monthly fees are due on the 1st day of the month
- A \$ 50.00 charge will be levied on all NSF cheques
- Overdue accounts will be charge of 20% per month
- NO REFUND will be made for statutory holidays, however the centre will allow a \$20 per week deduction for annual vacations (3 weeks max.). Note: this DOES NOT apply to parents on subsidy
- Parents may withdraw their child from the centre at any time, provided a one month notice is given to the centre in advance. Even if your child doesn't attend daycare for a full month, you will still be charged a full month fee.
- Medication cannot be administered to any child without a valid doctor's prescription for the particular child for whom it is intended and without the parents signatures on the medication form. All medicine MUST be in the original container.
- To avoid spreading illness at the centre, parents are required to keep children away from the centre if they have communicable disease.
- Should the child sustain an injury or illness while at the centre, the staff will contact the parents immediately. If the parents cannot be contacted, the staff will take the child to the hospital if needed and the PARENTS WILL BE CHARGED FOR AMBULANCE OR TAXI.
- If your child will be absent from the centre, please phone and inform the centre.
- The centre reserves the right to remove any child from enrolment who is persistent in handicapping the progress of the group.
- While the centre will use their best efforts to care 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.
- A \$50.00 non-refundable, one time registration fee is required upon the time of registration.

I have read and agree to abide by the above regulations of Dew Drops Daycare Centre Calmar Ltd.

Parents Signature: _____

Date: _____

Dew Drops Daycare Centre Consent Form

Photo Release

Due to the FOIP, the freedom of Information and Private Act, we are required to obtain permission from parents to display children's artwork and photographs on the daycare walls.

Such cases would be:

- In the event of a child's birthday when pictures are taken
- During activities/events scheduled at our facility
- During field trips
- For our portfolio album to display engagement in play

Please check the following boxes for which you give Dew Drops Daycare your consent:

- I give permission to display any of my child's artwork on the walls within the centre.
- I give permission to display any photographs of my child on the walls within the centre.
- I give permission to post my child's pictures and artwork on the Dew Drops Daycare website.

Child Information Release

I _____, authorize Dew Drops Daycare to release information about my child, _____, if necessary in any situation.

Parent Signature: _____ Date: _____

Other Permissions

Please check the following boxes for which you give Dew Drops Daycare permission:

- I give permission to show my child any theme-related movies/videos
- I give permission to apply sunscreen or bug spray to my child when needed
- I give permission to administer first-aid treatment to my child or to get help from any health care professional in the event of a medical emergency. This also includes the use of any inceptacks or adhesive bandages.

I confirm that I give my consent to Dew Drops Daycare for all of the statements that I have checked off above:

Parent Signature: _____ Date: _____

Recommended Immunization Schedule

| <u>Age</u> | <u>Immunizations</u> |
|-------------------------|--|
| 2 months | DTaP-IPV-Hib, Men-C, Pneu-C |
| 4 months | DTaP-IPV-Hib, Men-C, Pneu-C |
| 6 months | DTaP-IPV-Hib |
| 6 months + | Influenza (annually during influenza season) |
| 12 months | MMR-VZ, Men-C, Pneu-C |
| 18 month | DTaP-IPV-Hib |
| 4 - 6 years | DTaP-IPV-MMR |
| 10 - 12 years (grade 5) | HBV, HPV (girls only) |
| 14 - 16 years (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

Has your child had any surgeries, major accidents, traumatic experiences, congenital defects and/or any other medical problems (eg. earaches, speech, hearing, or vision impairments, feeding/eating problems, sleeping bowels, wetting, etc):

Yes

No

If yes, please describe: _____

Does your child have any medical conditions requiring/receiving treatment?

Yes

No

if yes, please explain: _____

Is the child on any daily medication?

Yes

No

if yes, please explain: _____

Anything else we should know about your child to help us work more effectively with them:

Parents Signature: _____ Date: _____