**Registration Form**

*Registration fee (non-refundable) - $50.00*

**Dear Parent(s), please fill out all of the information in the form. It is vital that we have the precise information in case of an emergency.**

# 117 & 119, 121 Town Crest Road Tel: 780- 589-1313 or 780-906-8542

Fort Saskatchewan, AB T8L 0G7 Email: [register.lfbs@gmail.com](mailto:register.lfbs@gmail.com)

Website: <https://www.littlefeetbigsteps.ca/>

Facebook: <https://www.facebook.com/littlefeetbigstepsdaycarefortsaskatechwan/>

Instagram: [**little\_feet\_big\_steps\_daycare**](https://www.instagram.com/little_feet_big_steps_daycare/)

**Name of Child:**

**Anticipated Start Date:**

**Please Check: Full Time \_\_\_\_ Part Time \_\_\_\_**

**Part- Time Care Required: Mon/ Tues/Wed/Thur/Fri**

**Hours when care is needed to.\_ \_\_\_\_\_\_**

**Registration Form**

|  |  |
| --- | --- |
| **Child’s name:** | **DOB:** |
| **Child’s Home Address:** | **Child’s Home Phone:** |
| **Admission**  **Date:** | **Age:** |

|  |  |
| --- | --- |
| **Mother’s name:** | **Email:** |
| **Home Address:** | **Place of work:** |
| **Home Phone:** | **Cell Phone:** |
| **Work address:** | **Occupation:** |
| **Work phone:** | |

|  |  |
| --- | --- |
| **Father’s name:** | **Email:** |
| **Home Address:** | **Place of work:** |
| **Home Phone:** | **Cell Phone:** |
| **Work address:** | **Occupation:** |
| **Work phone:** | |

**Emergency contact person(s) other than parents (We will need Prior Authorization and copy of their ID)**

|  |  |
| --- | --- |
| **Name 1:** | **Email:** |
| **Home Address:** | **Place of work:** |
| **Home Phone:** | **Cell Phone:** |
| **Name 2:** | **Email:** |
| **Home Address:** | **Place of work:** |
| **Home Phone:** | **Cell Phone:** |

**Authorized Person(s) to whom child may be released (We will need Prior Authorization and copy of their ID)**

|  |  |
| --- | --- |
| **Name 1:** | **Email:** |
| **Home Address:** | **Place of work:** |
| **Home Phone:** | **Cell Phone:** |
| **Name 2:** | **Email:** |
| **Home Address:** | **Place of work:** |
| **Home Phone:** | **Cell Phone:** |

**Subsidy: Yes/No Amount:\_$**

**I agree to give 6 postdated checks**

**Any Previous Day Care experience: Usual eating Schedule Things that comfort your child\_ Scare child\_\_\_\_\_\_\_\_**

**Cultural habits/home issue that affect the child’s behavior**

**Activities your child likes to do at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Medical Information of Child***

1. **Alberta Health Care Insurance & Number**
2. **Is your child’s immunization records up to date? Yes No**

**(Please provide a copy)**

1. **Child’s Physician Phone #:**
2. **Disability or special needs of child (Medications, treatments, food intolerance, conditions, behaviors, etc. ) No Yes**
3. **Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Is your child using any medication on an ongoing basis? Please explain. \_**
5. **Has your child had any major operations? When?**
6. **Do you have any concerns about your child’s development?**

***Family Information***

1. **Marital Status: Siblings and their ages:**
2. **Are there any custody arrangements that we should be aware of?**
3. **Other important information about your child**

***Emergency Authorization***

**Transportation Arrangements in an Emergency Situation**

**Ambulance service: Child will be taken to (Parents/Guardians are responsible for all emergency transportation charges)**

**Parent/Legal Guardian Consent and Agreement for Emergencies**

**As Parent/Legal Guardian, I give consent to have my child receive first aid by facility staff in the case of emergency. For other medication, you must fill out a medication form with the required information, including specific symptoms the staff should watch for. These medications will be kept in a secure location located within the child’s room supervised by responsible staff and will be** **handed to you when you and your child leave the Centre. If necessary, the child will be transported via an ambulance to receive emergency care. I/We understand that I/We will be responsible for all charges not covered by insurance. I/We give consent for the emergency contact person listed above to act on my behalf until I/We am /are available. I/We agree to review and update this information whenever a change occurs and at least every 6 months.**

**Parent/Legal Guardian’s Signature#1 Date Parent/Legal Guardian’s Signature#2 \_Date**

***ADMISSION AGREEMENT***

**We ask that all little feet BIG steps Childcare parent(s) sign and return this admission agreement. (This agreement also covers other areas not previously mentioned in the handbook – please read carefully).**

**I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PARENT/GUARDIAN of**

1. **Have received, read, understood and accepted the policies written within this handbook, and accept the responsibilities of myself as a parent in regard to: the payment of fees to be received on or before the third day of the month on which my child is registered.**
2. **The following of procedures as outlined under the fees policy page with regards to supplying post-dated cheques, notice of termination; no fee reductions for holidays and absences; retention of receipts given and payment of applicable additional fees.**
3. **If you require subsidy it is your responsibility to fill out and send forms. You can go on their web site (**<http://www.humanservices.alberta.ca/financial-support/15104.html>**) to apply.**
4. **If you are rejected at any time or there is an amount change in subsidy it is your responsibility to pay the difference or total amount owed.**
5. **I will pick my child up prior to the 5.45 pm closing time. I am also aware that there will be an extra charge of $1.00 for every minute after 5.45 pm.**
6. **I will notify the Centre when my child will be absent or needs to be picked up by someone other than myself.**
7. **I will find alternate care for my child on the days he/she is ill; or becomes ill while at school or the Centre. I am aware that my child is to be kept at home on days they are ill.**
8. **We reserve the right to increase our rates at any time as we feel it is warranted. A minimum of one months’ notice will be given prior to any rate increases. Furthermore, as a parent of the little feet BIG steps Childcare, I agree to:**
9. **Meet with the Child Care staff should they have concerns regarding my child’s behavior or conduct.**
10. **Allow little feet BIG steps Childcare staff to obtain medical aid for my child in the event of an emergency, realizing that this may involve the transportation of my child via an ambulance for medical care.**
11. **Allow my child to be photographed or videotaped for the purpose of internal (centre only) interest.**

**NOTICE REGARDING FACILITY/ AREA USE AND FIELD TRIPS**

**As a parent of little feet BIG steps Childcare, I/We understand that the centre uses the following areas and facilities:**

* **All field areas in and around the Town Crest Centre**
* **Any of the local parks including Centre’s outside and inside Play Areas.**

**What is Your Goal for Your Child?**

**By signing this form, I/We give permission for my child to use all the area and**

**facilities as outlined above without any prior notification being given.**

**I/We understand that all other outing or field trips will be posted and that I/We will need to sign for them on an individual basis. I/We understand that if I /We do not want my child to participate in the field trip planned for him/her, I /We keep my /Our child at home on that day.** **I/We understand that during filed trip I/We will be responsible for providing lunch with no heat ups.**

**I have read, understood and accept the center’s responsibilities and policies in regards to discipline, illness, administration of medication, arrival and dismissing procedures and emergency evacuations.**

**Parent’s Signature Date**

**Staff Signature for little feet BIG steps Childcare Inc**

**Parent/Legal guardian consent and Agreement for Emergencies**

As Parent/Legal Guardian, I/We give consent to have my/our child receive first aid by facility staff in the case of emergency. For other medication, you must fill out a medication form with the required information, including specific symptoms the staff should watch for. These medications will be kept in a secure location located within the child’s room supervised by responsible staff and will be handed to you when you and your child leave the Centre. If necessary, the child will be transported via an ambulance to receive emergency care. I /We understand that I/We will be responsible for all charges not covered by insurance. I/We give consent for the emergency contact person listed above to act on my behalf until I /We am / are available. I/We agree to review and update this information whenever a change occurs and at least every 6 months.

DATE: Parent/Legal Guardian’s Signature #1: DATE: Parent/Legal Guardian’s Signature #2:

***Transportation Management Agreement (Out of school only)***

**Between:** **little feet BIG steps Childcare**

-and -

Child’s Name:

Parent’s Name:

Date:

Name of Child’s School:

Address of School: Contact No:

Teacher’s Name: Grade: Room:

Method of Transportation: Center Vehicles School Bus Walking Other

Arrival Time: Pick up Time: Early Dismissal Day & Time:

Bus Company:

Route and Bus Number: \_\_\_\_\_\_\_\_\_\_

Name of Driver: Contact No: Departure Time (If attending our service in AM): Departure Address: Arrival Time: Drop Off Address:

Pick up Location and Spot:

Early Dismissal Day: Time:

**Responsibilities of Parents:**

* Provide detailed information of the transportation information to our centre.
* Cost of the transportation is the sole responsibility of the parents.
* Parents need to provide a notice of absence of child in advance for both morning and afternoon.
* If the bus service (School Bus), for whatever reason, is unable to provide services to our centre, it is the parent’s responsibility to make alternate arrangements for transportation; our centre will not provide any arrangements for transportation. It is the sole responsibility of parents to inform the bus company of any special needs or requirements.
* In the event of early arrival and delay in bus time, parents must inform the bus company themselves if they wish their child to remain on the bus until a staff person is able to walk to the designated bus stop.

**Guidelines and Procedures of Our Centre:**

Our centre will provide one staff for walking to drop off and pick up from school bus. Our staff will wait for the bus up to 10 minutes at the designated spot, if at this time no bus has arrived and it is deemed late, a staff member will call the bus company to try to obtain information about arrival time. It is the responsibility of the bus driver to call our office number to notify the arrival and one of our staff will walk out to pick up and drop off the child.

I hereby agree to give permission to **little feet BIG steps Childcare** to pick up and drop off my child from and to the school/school bus. I understand that **little feet BIG steps Childcare** is not responsible for my child once s/he is on school premises and after handover to school bus driver.

Parent’s Signature:

Date: