

Child Registration Form

Child Information

Child's Name: Date of Birth:	
Address:	
	Postal Code:
	O N/A
Parent/Guardian Information	
Name:	Relationship to Child:
Address:	
Postal Code	
Home Phone:	O N/A
Cell Phone:	O N/A
E-mail:	
	o that our newsletter, important notifications or updates may be sent during the day)
Work Address:	
Work Phone:	
Parent/Guardian Information	
Name:	Relationship to Child:
Address:	·
Postal Code	
Home Phone:	O N/A
Call Dhanas	O N/A
E-mail:	

(please provide an email address so that our newsletter, important notifications or updates may be sent during the day) Place of Work:

Work Address:	
Postal Code:	
Work Phone:	

Doctor's Information

Name:		
Address:		
Postal Code:	 	
Phone:	 	

Emergency Contact / Child Release Information (must include 1 emergency contact other than parents)

Name:	Relationship to Child:		
Address:			
Postal Code			
Home Phone:	O N/A		
Cell Phone:	O N/A		

Emergency Contact / Child Release Information (must include 1 emergency contact other than parents)

Name:	Relationship to Child:
Address:	
Postal Code	
Home Phone:	O N/A
Cell Phone:	O N/A

Alternate Persons Authorised to Pick up Child

Name:	_ Phone Number:	
Name:	_ Phone Number:	
Name:	Phone Number:	
Name:	Phone Number:	

Does your child have any ongoing health problems or concerns we should be aware Of? (Including history of seizures, use of puffers, etc.)

Please list any allergies or food restrictions your child has:

(Food restrictions include vegetarian, religious, etc.)

Does your child have any additional requirements? (Nap times etc.)

Infant's Schedule: (If applicable, kindly detail feeding, naps etc.)

Infants below the age of 12 months are put on their backs when sleeping. Sleeping toys are not allowed for infants.

Parent / Guardian Signature	Date
Parent / Guardian Signature	Date
Start Date:	Withdrawal Date:



Confidential Parent Questionnaire

The following information is requested to help us better understand your child at our centre. It is strictly confidential and for the use of First Steps Learning & Child Care Centre Inc. only.

Child's Name: Birth Date:

- 1. Please list who lives in the household:
- 2. What languages are spoken at home?
- 3. How does your child sleep at home?
 - a. At night...
 - b. At naptime...

4.

5. Does your child require medication on a regular basis?
 O No
 O Yes, please describe

O No

O No

8.	Any difficulties or early concerns regarding speech and language?	O No
	• Yes, please describe	

- 9. Does your child have any security items such as a special blanket, soother, bottle, favourite toy, etc.?
 O No
 O Yes, please describe
- 10. Describe your child's sleeping habits and how your child falls asleep:

- 11. Describe your child's eating habits:
- 12. What are your child's favourite foods?
- 13. What are your child's least favourite foods?
- 14. Please describe your child's daily schedule, including what time your child eats, what time your child sleeps, if and when they get a bottle, etc.:
- 15. Please add any comments which you fell might be helpful in understanding your child:

Nut-free Policy

Please be advised that First Steps Learning & Child Care Centre Inc. is a nut-free environment. We need your co-operation insuring the safety and well-being of the children in our centre.

This means that any form of nuts will not be allowed in the centre at any time. This includes the following:

- Any form of nuts
- Any form of nut product
- Chocolate containing nuts
- Any foods containing nuts, nut oils

Please be aware of all ingredients in food. The items that state "may contain traces of nuts" are not permitted in the centre and we ask that you do not bring in any food from home (except in the Infant room, where outside food allowed as some parents provide their child's food for the day); including snacks left in backpacks. We kindly ask that your child does not eat peanut butter before coming to the centre and washes their hands after eating a breakfast that may contain traces of peanuts.

I have read and fully understand the above guidelines regarding peanuts and nut products. I also am aware of, and agree to comply with the centre's nut-free policy.

Parent / Guardian Signature

Date

Community Walks & Outings

From time to time, the children of First Steps Learning & Child Care Centre Inc. will go on short community walks (i.e. the mail box, wooded trails, etc.) that will take them off the premises.

Please sign blow to give permission for your child to be involved in such activities.

Parent / Guardian Signature

Date

*** There may also be field trips that your child's class may take throughout the year (i.e. pumpkin patch, parks, etc.). You will receive a separate letter describing the event and other important details and will include an authorization slip for your signature. ***



Payment Contract

Thank you for choosing First Step	os Learning & Child Care Cent	re Inc! You have
registered your child,	in our	program
starting		

The weekly fees for full time care for your child is/week.						
The daily fees for part time care for your child is/day.						
	The days o	f the week yo	ou have commit	ted to attend	dance are:	
	Monday	Tuesday	Wednesday	Thursday	Friday	
	Ο	Ο	Ο	Ο	Ο	
Just a note Random "switching of days" is not allowed, but permanent						
		changir	ng/adding of da	iys will be po	ssible if space c	ıvailable

As our Fee policy indicated, payment will be paid through pre-authorised payment from your bank account bi-weekly.

We also understand that when our child is absent from school (ei sickness, vacation, etc.), we are still required to pay for those days.

We understand that we may withdraw our child at any time by giving two weeks' (1 month for infants) written notice to the centre's director/supervisor.

Parent / Guardian Signature

Parent / Guardian Signature

Policies & Procedures Sign Off

As the undersigned parents/guardians, we acknowledge the policies and procedures outlined in the parent handbook. By signing below, we hereby confirm that we have read the contents of this handbook and agree to abide be the centre's policies.

Parent / Guardian Signature

Parent / Guardian Signature

Admitting Supervisor/Director

Date

Date

Date

Date

Date



Pre-Authorized Debit (PAD) Agreement

Customer Information

Account Holder's Name:	Child's Name:

Bank Account Information: (please fill in the information below OR provide a "void" cheque)

Financial Institution Number (3 digits):	al Institution Number (3 digits): Branch Transit Number (5 digits):	
Deposit Account Number:		
Financial Institution Name & Branch Address:		This service is for: • Personal • Business Use

Pre-Authorised Debit (PAD) Details

You, the payer, authorise First Steps Learning and Child Care Centre Inc. to debit the bank account identified above bi-weekly the following Day Care fees...

	Initial Payment Date	Initial Amount
	O N/A	
	Starting Date	Fixed Amount

You, the payer, may revoke your authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit <u>www.cdnpay.ca</u>

Account Holder Signature:	Date:
Joint Account Holder Signature: (if appropriate)	Date:

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit <u>www.cdnpay.ca</u>



Sunscreen Authorisation

The Ministry of Education requires a signed authorisation form from parents, for the child care staff to apply sunscreen to their child.

First Steps Learning & Child Care Centre Inc. is committed to the health and well being of your child. To ensure your child is able to participate in all aspects of our outdoor program, we ask parents to supply the sunscreen (as children may be sensitive to some sunscreens), sign below, and submit to the office.

I give permission for the staff of First Steps Learning & Child Care Centre Inc. to apply sunscreen to my child prior to outdoor time (another form will be signed when sunscreen is brought in for use):

Child's Name:

Parent / Guardian Signature

Date

Application of Creams (Including Vaseline) Authorisation

The Ministry of Education requires a signed authorisation form from parents, for the child care staff to apply (diapering/rash) creams to their child.

I give permission for the staff of First Steps Learning & Child Care Centre Inc. to apply cream to my child during the day (another form will be signed when cream is brought in for use):

Child's Name:

Parent / Guardian Signature

Date

Picture & Video Release

I, hereby, grant permission for my child to be photographed while involved in activities (i.e. field trips, special events and parties) connected with the program at First Steps Learning & Child Care Centre Inc. These photographs may be posted on our bulletin boards, and then distributed to the parents afterwards.

In the event that any of these photographs/videos are to be used for any other purpose (publicity brochures, newsletter, or any materials and articles promoting First Steps Learning & Child Care Centre Inc.), it is understood and agreed that my consent shall be obtained prior to any use.

Parent / Guardian Signature

Date