



VICKY'S CHILDCARE CENTRES

Neighbourhood Church Basement
5347-112 Avenue, Edmonton, AB T5W 0N6

Phone: (780) 757-0159
Email: info@vickyschildcare.ca

Parent Information

Dear Parents:

- There is a \$100 deposit to confirm a space for your child in our centre. This will be credited back after 6 months of on time payments.
- Child care fees are due by the 10th of the month. Late payments will be subjected to \$50.00 late fee. We accept cheque, cash, and money order.
- Please review the Parent Handbook. Feel free to direct questions or concerns to the director.
- Thank you and welcome to our centre.

Registration Form

Date of Registration Visit: _____

Date Registration Form Confirmed: _____

Registration Fee Collected: _____

Applying for Subsidy? Yes No

Subsidy Confirmed? Yes No

Child Information

First Name: _____ Last Name: _____

School: _____ Grade: _____

Start Date at our Program: _____

Approximate Time of Arrival: _____ Approximate Time of Departure: _____

Mother's Information

Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Work: _____

Work Address: _____ Work Phone: _____

Can the parent pick up the child? Yes No



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Father Information

Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Work: _____

Work Address: _____ Work Phone: _____

Can the parent pick up the child? Yes No

Child's Personal Information

Address: _____ Home Phone: _____

Date of Birth: _____ Alberta Health Care Number: _____

Allergies: _____

Does the Allergy require an Epi-Pen? Yes No

Are immunizations up to date? Yes No Date of last Immunization: _____

Does your child have any medical problems/conditions of which we should be aware (i.e. **Asthma** or ADHD)?

If so, is there any special medications (i.e. Puffers or daily medication)? Is this medication taken at home or will it be brought to the Centre for staff to administer?

Does your child have any fears or emotional concerns of which we should be aware?

What would you like to see your child accomplish or learn in the next 6 months?



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Emergency Contact #1

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relationship to child: _____

I, _____, give the Out of School Care Staff permission to call this person to pick up my child in the event of an emergency when I cannot be reached.

Emergency Contact #2

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relationship to child: _____

I, _____, give the Out of School Care Staff permission to call this person to pick up my child in the event of an emergency when I cannot be reached.

Media/Release Permission

Permission to Make and Use Photographs/Motion Pictures and Other Audio-Visuals and Sound Recordings.

I, _____ grant the Out of School Care permission to take photographs, motion pictures, television tapes and other audio-visual works of my child, _____, alone or in a group at work or at play. I also grant the Out of School Care, on behalf of the above named child, permission, unlimited on time, to use any medium of communication, such as photographs, motion pictures, television tapes, audio-visual works and sound recordings for Accreditation.

USE AND DISCLOSURE STATEMENT -You will have access to all photographs which are taken of your child and which are used for any of the purposes indicated.

Personal Information- Aside from the picture itself, the Centre will not disclose any personal information about the children in the photograph unless the Centre has obtain prior consent from the parent/guardian of the child. We will seek your consent each instance, as required.

Origin -This permission form relates to photos taken by staff of the Out of School Care

Access - You may, at any stage, request access to the photographs of your child taken by the Centre's staff. If you require access, please contact the Director.

You may also, at any time, request that the Centre cease using photographs of your child for any purpose by submitting a written request.

Withdrawal of consent to use the photographs of your child will not affect nor apply to any photographs, motion pictures, television tapes, audio visual works and/or sound recordings prior to the date of that withdrawal.

Security - All photographs (hard copy and electronic) taken by the Centre will be stored in appropriate, secure files within the centre.



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Permissions

I, _____, give permission for my child, _____, to go on daily or occasional basis activities beyond the Program Centre.

I, _____, give permission to the staff of the Out of School Care Program to administer First Aid Treatment to my child, _____, in the event of an emergency and agree to pay any associated cost incurred.

I, _____, consent to share all information on this registration form in accordance to with the Personal Information Protection Policy as explained in the Parent Handbook.

Please read and initial each of the following:

- Our Centre is open all school days between 7am and 6pm.
- Late fees of \$2 per minute per child must be paid to the staff waiting you're your child upon pick up.
- The Centre will not be liable for any loss or damages to articles belonging to your child.
- The Centre cannot provide care to ill children. Arrangements for the care of sick child must be made by the parents.
- Children with lice must be kept out of the centre for 24 hours after full treatment.
- Your child will only be released to persons authorized by you.
- In order to hold your child's space during the summer, you will be required to pay a summer deposit.
- Please notify the centre with changes in your address or contact information.
- Please ensure that your child is dressed appropriately for both indoor and outdoor activities while at our centre.
- The Centre will refuse services if payments are in arrears.
- One month notice is required in writing when services are no longer required. Failure to give proper notice may result in payment of the following month.

By signing this registration form:

- You confirm that all information is correct and up to date.
- You have read and understand all the policies and procedures in the Parents Handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____