

Child Care Registration Form

Child's Information

Child's Legal Full Name: _____

Birth Date: ___/___/___
(D/M/Y)

Gender: _____ Male _____ Female
(Please check one)

Legal Home Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Preferred Name: _____

Parent/Guardian Information

Mother's Full Name: _____ **Home Phone:** _____

Legal Home Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Cellular Phone: _____ Email Address: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer: _____ Work Hours: _____

Business Address: _____ City: _____

Father's Full Name: _____ **Home Phone:** _____

Legal Home Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Cellular Phone:_____ Email Address:_____

Occupation:_____ Work Phone:_____ ext._____

Name of Employer:_____ Work Hours:_____

Business Address:_____ City:_____

Parent/Guardian with legal custody _____

Parents are: *(Please check one)*

- Married
- Living together
- Divorced
- Separated
- Widowed
- Single

Other Household Members:

Names:_____ Ages:_____ Relationships:_____

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Child Pickup Information

Please list below the people who have ***Permission*** to pick up your child.

Note: Anyone picking up your child must have government issued picture ID.

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

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Name:_____ Phone:_____ Relationship:_____

Please list those persons who ***Do Not Have Permission*** to pick up your child.

Please list the reason why person is not allowed to pick up your child.

If a custody or court order exists, a copy of that order must be given to Sonshine Daycare/OSC. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, Sonshine daycare/OSC cannot deny access to the non-enrolling parent. If the non-enrolling parent is listed on the do not pick up list, and is able to produce government issued photo ID proving they are the birth parent of the child, Sonshine

daycare/OSC cannot legally deny access without legal documentation (custody or court order) stating otherwise.

Name: _____ Phone: _____ Relationship: _____

Reason: _____

Name: _____ Phone: _____ Relationship: _____

Reason: _____

Emergency Contacts

Primary Emergency Contact (other than parents or guardian). You MUST fill in the legal home address- the town/city name is not sufficient. This portion must be complete before your child can attend the daycare program.

Names listed are assumed to be authorized to pick up children

Name: _____

Home Phone: _____ Work/ Cell Phone: _____

Relationship to Child: _____

Legal Home Address: _____

Secondary Emergency Contact (other than parents or guardian). You MUST fill in the legal home address- the town/city name is not sufficient. This portion must be complete before your child can attend the daycare program.

Name: _____

Home Phone: _____ Work/ Cell Phone: _____

Relationship to Child: _____

Legal Home Address: _____

Any Specific Instructions on how to reach parents:

Emergency Information

1. Child's Physician: _____ Phone: _____

2. Preferred Hospital: _____ Phone: _____

3. Child's Dentist: _____ Phone: _____

4. Regular Medications: _____

(If medications need to be administered at the Day Care, please sign the required consent form, including medicated creams/ointments.)

5. Medicine Allergic to: _____

6. Food Allergies: _____

7. Any other Allergies: _____

8. Immunizations are up to date: Yes/No

9. Alberta Health Care Number: _____

10. Any special health conditions:

11. Child suffers from:

- Headaches
- Earaches
- Sore Throat
- Stomach Aches
- Flu / Colds
- Other _____

Other Important Information/Provisions

What are some of your child's interests? (games, toys, movies, ect.)

What are your child's likes and dislikes?

What does your child call his/her Parents/Grandparent(s)?

Any other details you'd like to share about your child/make us aware of?

How do you discipline your child at home?

Any specific behaviour(s) you are currently working on with your child? How do you manager this behaviour? What is most effective?

Would you like information, assistance and/or prayer for your child's behaviour? Or any other prayer requests?

Do you have any other concerns/issues?

Family Traditions/Culture

What are some of the traditions that you have as a family; that your kids are growing up with? What holidays do you and your family celebrate?

Why are these traditions or holidays important to your family?

What is your family's background/culture/heritage?

What is different in your family's traditions/heritage from Canadian culture?

Would you be interested in sharing something from you heritage/traditions with our Daycare/OSC children?

Consent for Emergency Treatment

I hereby give permission for a qualified staff member at **SONSHINE DAYCARE/ OUT OF SCHOOL CARE** to give my child/ children **first aid**. I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency centre for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency and if emergency transportation is needed, I _____ agree to pay all costs of transportation.

Child's physician: _____

Physician's address: _____

Preferred hospital: _____

Hospital address: _____

Clinic or hospital phone number: _____

Date of last tetanus (or DPT): _____

Allergies: _____

Father's Name: _____

Father's Signature: _____ Date: _____

Mother's name: _____

Mother's signature: _____ Date: _____

Consent for Community Walks

Sonshine Daycare/Out of School Care arranges Community Walks.

Destinations will include, but not limited to:

- Sunshine Villa/ Lodge/ Longterm Care Programs
- The House Kitchen/ Sanctuary
- Tofield Playgrounds / Spray park
- Nature walks
- Community Events
- Grocery Stores
- Mom's Ice Cream
- Tofield Library
- Museum
- Fire Hall
- Police Station
- Other public buildings may be visited. Parents will be notified.

During this outing we will maintain the same child to care-giver ratios as while in care at Sonshine Daycare/Out of School Care, as indicated by Alberta Child-care Licensing Regulations.

ELEMENTS OF RISK:

Community walks involve certain elements of risk. Injuries may occur while participating in this activity. The following list includes, but is not limited to, examples of the types of injuries which may result from participating in community walks.

1. sprains
2. bruises on arms or legs
3. slipping, falling
4. scrapes

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the child or the Daycare/Out of School Care, the teacher or where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your child may be injured.

If any injury does occur, incident forms will be written up and parents will be notified.

PERMISSION

I give _____ permission to participate in community walks with Sonshine Daycare/ Out of School Care.

Name of Child attending: _____

Signature of Parent/Guardian _____ Date: _____

Date Received: _____

Director Initial: _____

Consent for Photograph and Prayer

Our children's ministry within The House has developed a program in which we will be regularly praying for the children involved in all of our ministries, including Sonshine Daycare and Out of School Care. We would love to have the opportunity to pray for your children. The program includes a photograph of your child and any prayer requests you have for your child and/or family.

Please sign the consent form below for both photography and prayer and also add any prayer requests. You can add need for prayer regularly. This will likely change - it's not a one time thing.

I _____ give consent for photographing my child.
(parent's name)

_____ for the purpose of having him/her prayed for.
(child's name)

Please pray for my child for the following reasons: (add more on back if necessary)

Parent's Signature _____

Date _____

Multi-Media Policy

At Sonshine Daycare/OSC our goal is to maintain positive communication with families and children through multiple resources. Our focus is on developing and maintaining relationships with children and their families through the following media:

- Face-to-face communication
- Email
- Parent Meetings (Group)
- One-to-one parent teachings/meetings
- Hi mama (childcare app)
- Telephone/text-message
- Newsletters
- Evaluations (written/verbal)
- Surveys

Staff do not share personal information or photos of children from Sonshine Daycare/OSC on social media sites without prior written permission.

Sonshine Daycare/OSC does have a website and Facebook on which images and/or videos of your children may be uploaded under the following parameters:

- Images of individual or groups of children are not used on facebook, the website or for advertising without prior written permission from parents each time we request the use of photos or videos.

We do request to use photographs of your children at The House Ministries for, but not limited to, the following purposes:

- prayer cards
- slide-shows
- crafts
- decoration/atmosphere within daycare rooms
- accreditation

Please be advised that the program premise of the Daycare/OSC is video monitored

A consent form is to be signed for each child upon daycare application/registration providing consent for photography to be used only within The House Ministries of Tofield Alberta.

Multimedia Permission Form

I _____, hereby give permission for my
child/ren's, _____ photo and video to be
taken and used for the purpose of Sonshine Daycare/OSC and The House Ministries.

Parent Signature: _____ Date: _____

Sunscreen and Bug Spray Permission for Application

I, _____, give the staff at Sonshine Out of School Care permission to
(Print Name of Guardian/Parent)

apply **bug spray/ sunscreen** to my child/children _____
(Circle which one applies) Child's Name

Child's Name

Parent Signature

Date

Bum cream/petroleum jelly Permission for Application

I, _____, give the staff at Sonshine Daycare permission to
(Print Name of Guardian/Parent)

apply **any over the counter bum cream/petroleum jelly** to my child/children
(Circle which ones applies)

Child's Name

Parent Signature

Date
Created July 15, 2016