

# Child Care Registration Form

## Child's Information

Child's Legal 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: \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships: \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships: \_\_\_\_\_

### 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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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 preformed 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 for \_\_\_\_\_  
(parent/ guardian) (child)

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 Date of Immunizations: \_\_\_\_\_

9. Alberta Health Care Number: \_\_\_\_\_

10. Any special health conditions:  
\_\_\_\_\_  
\_\_\_\_\_

**11. Child suffers from:**

- Headaches
- Sore Throat
- Flu / Colds

- Earaches
- Stomach Aches
- Other \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Other Important Information/Provisions

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

---

---

---

How do you discipline your child at home?

---

---

---

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

---

---

Does your child have any suspected or confirmed developmental delays? Would you like any support with referrals in the future?

---

---

---

Any other details you'd like to share about your child/make us aware of?  
Do you have any other concerns/issues? Any prayer requests?

---

---

---

---

## Family Traditions/Culture

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

---

Are your children learning more than one language? If so, what languages do they understand / speak?

---

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?

---

---

---

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

---

---

Why are these traditions or holidays important to your family?

---

---

---

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

---

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

Yes  No

## 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 my child permission to participate in community walks with Sonshine Daycare/ Out of School Care.

Name of Child attending: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Director Initial: \_\_\_\_\_

## **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.

We do request to use photographs of your children at the daycare / preschool for the following purposes:

- prayer cards / slide-shows
- crafts
- decoration/atmosphere within daycare rooms
- Himama
- Monthly newsletters

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

### **Photo Release for Advertising and Social Media**

I give permission for Sonshine Daycare/OSC to use my child's photograph and/or video for advertising purposes on ... *Please mark the appropriate box(es):*

- the church website
- Facebook
- Advertising posters
- No pictures shared outside of daycare / preschool, on site purposes only

By signing this form I am allowing my child(ren)'s \_\_\_\_\_ picture and/or video to be used in the agreed upon places. Children's names will never be used in association with the file.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Permission for Application Form

I, \_\_\_\_\_, give the staff at Sonshine Daycare/Preschool permission to  
(Print Name of Guardian/Parent)  
apply the following to my child (ren) \_\_\_\_\_.

Check what applies:

- Bug Spray
- Sunscreen
- Hand Sanitizer

\_\_\_\_\_

Parent Signature Date

Parents please provide your child with their own hand lotion, bum cream, bug spray and sunscreen.

### **Climbing Wall**

We are using a traverse climbing wall to host many exciting activities. At its highest point, the wall measures 8 1/2 feet off the ground and is approximately 20 feet long. Participants climb horizontally (traverse) across the wall and their feet should never be higher than 3 1/2 feet off the ground.

I \_\_\_\_\_ give permission for my child(ren) \_\_\_\_\_  
to access the climbing wall after my child has been informed of the rules and is under developmentally appropriate supervision by child care program staff at all times.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_