Kids paradise Daycare 405C

#8 76 Grosvenor Blvd St. Albert, AB T8N 2Y8

Ph 7804592268

Email:kidsparadise8@gmail.com

WWW.kidsparadise.ca

Orientation for New Parents

- -Welcome
- -Introduction
- -Room tours
- -Introduction with the staff
- -Explaining room schedules, food menus, Allergy lists
- -Tour to washrooms
- -Tour to playground
- -Talk about Parent Handbook, Registration handbook
- -Information about subsidy (if needed)
- -Answer parents Questions and concerns

Parent Signature: _	
Date:	

Kids Paradise Daycare & OSC Registration Form

8-76 Grosvenor Blvd ◆ St. Albert, AB ◆ T8N 2Y2 780 – 459 – 2268

http://www.kidsparadise.ca

Please fill out the form as completely as possible, sign or intial where necessary.

Bring your completed form to the centre or fax us. If you have any questions, please feel free to ask.

Child's General Information	Birth Date:
Last Name:	
First Name:	Middle Name:
Nickname:	Male Female
Date Applied:	Start Date:
Drop-Off Time:	Pick-Up Time:
Number of Siblings:	Legal Guardian:
Child's Home Phone:	Child's Home Address:
Been in child-care before?	Name of centre:
Health Care Number:	Immunizations Up-to-Date: Yes or No
*	Duan acceptation

Drop off Policy

Children **MUST** be dropped off no later than 10 A.M.

Please initial _____

Late Pick-Up Policy

Children MUST be picked up no later than 6 p.m. Our late fee is \$1 each minute you are late, minimum 15 minute charge.

Please initial _____

Registration Fee & Deposit

I understand that there is a **non-refundable** registration fee of \$50.00 and a deposit of \$200.00 to be held on account. When 30 days notice is given to terminate care then the \$200.00 will be applied to any outstanding fees and the remainder will be refunded to the Guardian. If notice is not given, then the \$200.00 deposit will be held in full.

Please initial _______

PARENTS OR GUARDIANS		Applying fo	or Subs	sidy:
PAREINTS OR GUARDIAINS		Yes	No	(Circle)
Mother/Guardian Last Name:	Mother/Guardian First Name:			
Relationship to Child:	Marital Status:			
Home Address:				
City:	Postal Code:			
Home Phone:	Work/School Phone:	Cell Ph	one:	
Email Address:				
Employer:				
Is mother/guardian allowed to pick u	up child?			
Father/Guardian Last Name:	Father/Guardian First Name:			
Relationship to Child:	Marital Status:			
Home Address:				
City:	Postal Code:			
Home Phone:	Work Phone:		Cell Ph	one:
Email Address:				
Employer:				
Is Father/guardian allowed to pick u	ıp child?			

Parent to be contacted in an emerg	ency:	
Eľ	MERGENCY CONTACT INF	ORMATION
Alternate Contact #1:	Relationship to Child:	
Home Address:		
City:	Postal Code:	
Home Phone:	Work Phone:	Cell Phone:
Authorized to Pick Up: Yes or	No	
Alternate Contact #2:	Relationship to Child:	
City: Postal Code: Work Phone: Cell Phone: Authorized to Pick Up: Yes or No		
	Home Phone:	Work Phone:
Authorized Pick Up: Yes or No		1
	p, and phone number of any add	ditional people you wish to authorize for pick-
Please list the full name, and relation	nship of any people that DO NO	T have authorization to pick up your child:

Child's Medical Information

Family Doctor:	Office Phone:
Address:	
City:	Postal Code:
Medical Ins. #	Alberta Health #:
Allergies:	
Medical Problems, past surgeries, or serious illness:	
On-going Medication: (Please include name of drug and d	osage)
Allergies Diagnosed:	
Medication Required: (will need to fill out a medication for	orm for any emergency medications)
Is child toilet trained?	
Child's typical reaction to stress:	
Child's typical reaction to illness:	
Parents method of discipline:	
Are there health, behavioural, developmental or other con-	cerns that we should know about your child:

EMERGENC	CY CONSENT
It is our policy of notifying a parent when a child is ill contact a parent and we need to get immediate help for nearest emergency service.	
Please sign below so that we can take appropriate action	n on behalf of your child.
I HEREBY GIVE MY/OUR CONSENT FOR MY/OU WHEN ILL/INJURED, TO BE TAKEN TO THE NEA MY CHILD'S DAYCARE WHEN I/WE CANNOT BE AMBULANCE BEING CALLED TO TRANSPORT TO PAY ALL COSTS INCURRED FOR TRANSPOR	AREST EMERGENCY CENTER BY THE STAFF OF E CONTACTED. I CONSENT TO AN THE CHILD, IF NECESSARY. I FURTHER AGREE
Parent/Guardian Signature	Parent/Guardian Signature
Date	Date

Off-Site Activity Permission

I understand that field trips and walks to neighbourhood areas and parks are part of the programming at Kids Paradise and I hereby give consent for my child to participate in these activities.

Parent Signature		

Parent Handbook Agreement

I have carefully read the Kids Paradise Parent Handbook and understand that it is my responsibility to be aware of all the procedures and expectations set forth by the centre in this document.

Parent Signature

Subsidy Privacy Allowance

I hereby allow the staff of Kids Paradise to be able to inquire about the status and details of my subsidy application.

Male Staff Permission

consent to having a male caregiver take my child to the bathroom and/or change my child's diapers, c	lothing, or
training pants while they are in the care of Kids Paradise.	

Parent Signature

Developmental Screening Permission

I give permission to Kids Paradise to monitor my child's development via the Nipissing Developmental Screening Tool, and include it in my child's portfolio and administrative records.

Parent Signature

Technology, Visual, and Video Permission Form

At our centre we try to give a variety of learning experiences. This may include the use of a computer, a video, the television, or taped recordings of their own voices, etc. as a means of an activity. All activities, including the use of the computer, will be of appropriate age and content. We require your written consent on the form below to signify your permission for these types of activities. In regards to the use of computers, television, video, and taped recording, I give the staff at Kids Paradise Daycare & OSC permission to include my child in such related activities.

Parent Signature	

Telephone Release Permission

Other parents sometimes request a family's phone number so they can phone to invite your child to a birthday party or some other social event. Please sign below if you have no objections to the release of your phone number for this purpose.

Parent Signature	

Child Termination Policy/ Resignation

Parents must give 30 day notice for termination of childcare. All fees are required to be paid to that time. Kids Paradise reserves the right to terminate care at any time for non-payment of child care fees, if parents do not comply with our policies, if we cannot meet the needs of a child in our center, and in the extreme case, if a child's actions could cause harm to themselves, others or to property

Parent Signature	

Permission to Photograph

I give permission for Kids Paradise to photograph my child, ______, for the following purposes:

	T 611		(Please check one)	
Type of Use:		Grant Permission	Decline Permission	
Still Photographs:				
Display in centre scrapbook				
Give photographs possibly conta to current clients, classroom, gro				
Display in facility's scrapbook or shown to current and prospective	•			
Display still photos on my dayca	re website *			
To use in a power point or slide As a keepsake for the child and				
To use in my child's portfolio to child's development	document my			
Videos:				
For children watching themselve	es			
making movies, pretending to be person, news reporter, etc	e a weather			
dramatic play purposes.				
o names at any time will be posted wi	thout consent of the	parent.	1	
derstand that it is my responsibility to ve uses. I agree that this form will rer	•			
ed:	Date:			

Kids Paradise Sunscreen and Insect Repellent Permission Form

During outdoor play on sunny days, especially those during the months of April through September, it is necessary that children wear sunscreen to protect their skin from the sun's damaging rays. Therefore, we require that YOU provide your children with a sunscreen of SPF 30 or higher. All sunscreen will be applied to the child's face (not near eyes), ears, nose, arms, legs, or any other exposed skin before going outside and reapplied when necessary. Kids Paradise will apply sunscreen ONLY if provided by parents.

Because there are periods during the year where mosquitoes and other biting insects are present, you may also want to send your child with a bottle of insect repellent. Repellent will be applied at the same time as sunscreen, but it is not a requirement of the centre. Please chose a bug spray with low DEET content and that is sensitive to a child's skin. In the absence of repellent, the centre will not provide any.

All sunscreen and insect repellents must be marked with the child's name and be in the original packaging with an appropriate expiration date. Anything that is past the expiration date will not be used. Parents will be notified when these products expire or are running low.

Please fill out the following information and place a checkmark next to the appropriate statements.

l,	, understand the above and give Kids Paradise Daycare staff permission to apply sunscree
that I have provided and la	pelled to my child/ren,
I do not know of any all	ergies that my child has to sunscreen.
I do not want my child t	o have sunscreen applied to him/her because of an allergy or other medical condition. Please
specify:	
l,	, give permission for the centre staff to apply insect repellent that I have provided and
labeled to my child/ren,	·
I do not know of any a	lergies my child has to insect repellent.
Signature of parents	Data
Signature of parent:	Date:

The centre closes for the following holidays:

Alberta Family Day 3rd Monday in February

Good Friday Friday before Easter Sunday

Victoria Day Monday before May 25

Canada Day July 1

Labour Day 1st Monday in September

Thanksgiving Day Second Monday in October

Remembrance Day November 11

Christmas Holiday December 24, 25, 26 & Jan 1st, and 2nd

(Dates can change yearly, Will be posted in daycare front

entrance a month prior)

Optional holidays at the centre's discretion:

Easter Monday Monday after Easter Sunday

Heritage Day First Monday in August