



# Stepping Stone

Learning Center

## REGISTRATION FORM

**Daycare OOSC**

Registration fee (non-refundable) - \$75.00

Anticipated Start Date: - \_\_\_\_\_

Time:- \_\_\_\_\_AM :- \_\_\_\_\_PM

Name of Child:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Child's Address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Child's Address is Same as: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Child's Date of Birth (month/dd/yy): \_\_\_\_\_

School if applicable: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Mother's Name:</b>	<b>Father's Name</b>
Address:	Address:
City/ PC:	City/ PC:
Email:	Email:
Phone (Home):	Phone (Home):
Phone (Cell):	Phone (Cell):
Place of Work:	Place of Work
Address:	Address:
Phone (work):	Phone (work):

<b>Emergency Contact Name:</b>	<b>Emergency Contact Name:</b>
Address:	Address:
Relationship to Child:	Relationship to Child:
Phone: Home:	Phone: Home:
Cell: Work:	Cell: Work:
Parents with custody of the child, please list any agreements:	

<b>Authorized Pick Up Persons</b>	
My child may be released to parent(s)/ emergency contacts, or the following people <b>ONLY</b> . I will notify the center ahead of time if alternate arrangements have been made. <b><u>Any person unfamiliar to us will be required to show proof of Identification</u></b>	
Name:	Relationship to the Child
Name:	Relationship to the child

<b>Child's Medical Information</b>	
Does your child have any Allergies / Medical Conditions / Special Needs / Head Start / Diagnosis?	
Is your child's immunization up to date? Yes _____ No _____ <b>Alberta Health Care #:</b> _____	

## Child Information

Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

Parent's method of child guidance: \_\_\_\_\_

Reaction to Stress/ illness: \_\_\_\_\_

Fears: \_\_\_\_\_

Eating habits: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Does your child have any siblings? If so please list names and age: \_\_\_\_\_

### **Terms and Conditions: Please read through the following and initial beside if you agree to the terms and conditions:**

\_\_\_\_\_ I hereby certify that I have read, fully understand and agree as stated in the Parents/Guardian Handbook for Policies and Procedures of Stepping Stone Learning Center.

\_\_\_\_\_ I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Stepping Stone Learning Center. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment and agree to pay any expenses incurred in this decision. I agree to hold Stepping Stone Learning Center and its employees harmless.

\_\_\_\_\_ In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and I agree to pay any expenses incurred in this decision. I agree to hold Stepping Stone Learning Center and its employees harmless.

\_\_\_\_\_ I hereby request that my child, \_\_\_\_\_ be permitted to participate in field trips, to the park or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

\_\_\_\_\_ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

\_\_\_\_\_ I understand that I have to bring my child before **09:00 AM** unless prior arrangements were made with the Director or Owner. I am aware that the Center may refuse my child after **09:00 AM** if previous arrangements were not made. I understand that hours of operations are from 07 AM to 06 PM. **The center asks that parents arrive by 05:45 PM which allows the staff time to setup for the next day and leave promptly at 06 PM. I understand that a late charge of \$5.00/child for every increment of 5 minutes or portion thereof will be applicable after 05:45 PM**

\_\_\_\_\_ I am aware that Stepping Stone Learning Center follows the food menu according to Canada Food Guide and promotes healthy choices for children. Stepping Stone Learning Center may choose not to serve an unhealthy item to my child. I will try to ensure any snacks send by me are healthy and nutritious. I agree that the center is NUT FREE facility and will not send any food or product containing or made from nut ingredients to the center.

\_\_\_\_\_ I understand that Stepping Stone Learning Center may terminate my child from the facility immediately for the following: written, verbal or physical abuse against staff or children in the Center and/or non-payment of fees.

\_\_\_\_\_ I allow Stepping Stone Learning Center to photograph and or videotape my child. I am aware that these may be used for art, bulletin boards, and goodbye books for other children. I allow Stepping Stone Learning Center to use photographs and videos of my child on the website, Facebook page for the center and for promotional materials. I understand that all confidentiality will remain intact.

\_\_\_\_\_ I allow staff at the center to apply sunscreen and bug spray to my child.

\_\_\_\_\_ I will advise the center immediately if any changes happens with current address, telephone numbers, change of employer, emergency contacts, or immunizations.

\_\_\_\_\_ I grant Stepping Stone Learning Center to share confidential information to any one or more of the following, social worker, student finance department, Province of Alberta Child Care Subsidy Assessor, School child is attending, Government of Alberta Income Support.

\_\_\_\_\_ I have read and understand that I will be called in the event that my child is exhibiting symptoms of a communicable disease pertaining to the center's Policy and Procedure. In that situation it will be required of me to pick up my child immediately and find alternate child care during this time. I will provide a doctor's note identifying the disease and confirming that the child is no longer contagious

\_\_\_\_\_ I agree to notify the center of any medication my child is bringing to the center. I will sign the medication form(s) for any medications that my child will require for that day. The medication will not be administered if the form has not been filled out completely with my child's name, exact dosage, time to be administered, date, name of medication and my signature. Medication form needs to be signed in daily. If the medication is ongoing, a different form will need to be filled out by me with all the same necessary information.

\_\_\_\_\_ I agree with the center's policy that if a child is too sick to go outside, participate in daily activities or go to school (if applicable) then they are too sick to be at the center.

\_\_\_\_\_ I will provide all the following required items to aid in my child's daily routines.

- ✓ Indoor and Outdoor Shoes (no flip flops)
- ✓ Weather appropriate wear: Snow jacket, hat, mitts, snow boots, scarf, rain boots, raincoat, etc.
- ✓ Sun hat, Sunscreen and bug spray
- ✓ Two extra sets of clothing, socks, etc in a zip lock bag. (If teachers send back home dirty/ soiled clothes, kindly replace with fresh set of clothing.)
- ✓ Extra snacks- NUT FREE AND HEALTHY Put in lunch bag with a freezer pack is needed.
- ✓ Water Bottle (Please label)
- ✓ Blanket
- ✓ Diapers/ Pull Ups and wipes

### **Fees Agreement:**

**Monthly Fee** \$ \_\_\_\_\_

**Monthly Subsidy** \$ \_\_\_\_\_

**Parent Portion** \$ \_\_\_\_\_

Non-refundable **registration fee** of **\$75.00**: PAID / UNPAID \$ \_\_\_\_\_

Non-refundable **Deposit** of **\$300.00** which shall be applied to first month fees.

I \_\_\_\_\_ agree to pay the above fees / parent portion on the 1st of every month.

I \_\_\_\_\_ agree to have subsidy in place before my child's first day. I must keep my subsidy up to date. My child must attend daycare for 100 hours (Daycare) per month / 50 hours (OOSC) to receive full subsidy payments. Anything less than full subsidy is my responsibility to pay.

I \_\_\_\_\_ agree that non-payment of fees for time used at daycare will result in notification to a collections agency to obtain any outstanding fees.

I \_\_\_\_\_ agree to inform the Center in writing, thirty (30) days before terminating care for my child. I understand that failure to do so will result in paying one month's fee.

I \_\_\_\_\_ agree failure to give one months notice while being on subsidy will require me to pay full fees not just the parent portion.

### **Other Charges**

Late Payment **\$50.00** per month

NSF cheques **\$30.00** per item

Child Late Pickup Fees of **\$5.00**/child for every increment of 5 minutes or portion thereof.

Person/s signing contract are responsible for payment:

I understand this is a legally binding contract and I have read it and understand it.

Parent (Mother) signature \_\_\_\_\_ Parent (Father) signature \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Registered by: \_\_\_\_\_