



Childsplace Learning Centre

12 Arbour Lake Dr NW Calgary Alberta, T3G4A3

403-241-6232 childspace@shaw.ca

Child Information:

Family Name: _____ First Name(s): _____

Date of Birth (M/D/Y): _____

School: _____ Grade: Kindergarten

Mother/Guardian

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email: _____

Father/Guardian

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: _____

Cell Number: _____ Email: _____

Please let us know immediately if any of the above information changes.

Emergency Contacts (other than Parents/Guardians)

Contact 1

Name: _____ Relationship: _____

Phone #: _____ Cell#: _____ Work: _____

Medical Information: AHC# _____ Immunizations: Yes ___ No ___

Doctor: _____ Address: _____

Doctor Phone: _____

Does your child have allergies? _____

Does your child take medication regularly? _____

All allergies and medications need proper forms filled out

Authorized Pick Up List

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

3. Name: _____ Relationship to child: _____

4. Name: _____ Relationship to child: _____

5. Name: _____ Relationship to child: _____

****Childsplace will not release a child to anyone not on the list without written confirmation.**

Children may not be released to minor siblings without Release to Minor form signed by parent/guardian. *

Is this child involved in a custody arrangement? Yes ___ No ___

Supporting court documents must be supplied to the program upon registration. All documents must be current and updated when changes happen.

Medical Information

Any child with a known allergy will be required to fill out a separate allergy information form.

List any illnesses, operations, accidents, communicable diseases (e.g., chicken pox) which your child has had. Please be specific and list details. Please list any hospitalizations since birth.

Does your child wear glass, contact lenses, hearing aid, brace etc...? If yes, please describe.

Does your child have any present health problems or concerns? If yes, please describe.

Is your child taking any medication on a regular basis? If yes, please describe.

Is there any other health information you feel the staff should know in order to best help your child (e.g. frequent colds, asthma, speech difficulties, behaviour patterns, birth complications? Please describe)

Does your child have any behavioral concerns? If yes, please describe.

The above information may be shared with appropriate staff.

Parent Signature: _____ **Date:** _____

Family Information

Please list people in the household, i.e., siblings, relatives, friends, housemates

Who does your child spend most of her/his time with?

Have there been any major changes in the family setting in the past twelve months?

Are there any other languages spoken at home other than English?

Is there a pet in your home? What is your pet's name?

General Information

How does your child relate to other children?

Please suggest ways to help your child when she/he is anxious or upset:

If your child has participated in any other day care setting, please indicate when:
where: _____

Does your child have a fear? (i.e., water, animals) How does your child react to her/his fear?

Please list activities your child enjoys indoors and outdoors:

Have you noticed any sensitivity to particular foods? If yes, what are they?

Has your child experienced difficulty with eating?

Does your child like certain foods?

Does your child dislike certain foods?

Foods to be avoided (allergy, cultural, etc)?

General Terms:

____ I agree to keep Childspace informed of any changes in our address, phone numbers (home & work) emergency contracts, or anything else that maybe important concerning the well-being of my child (i.e., illness/death in the family, divorce or separation etc.

____ I will be responsible to ensure that my child is always taken in and out of the program with an adult. My child will not be entering the program alone.

____ I understand that any food provided, by Childspace or by myself, will be nut free.

____ I understand that photographs and video of my child's work completed at the Childspace program as part of curriculum to display in the centre. General photographs are used for marketing purposes and all personal information is kept confidential (no names, no faces). I hereby give my consent and no further permission will be required.

____ I understand that I will need to contact the centre directly for all absences or changes in attendance.

____ Childspace uses the Parent app to communicate with families.

Health Terms:

____ I give my permission for the Childspace staff to treat my child if a minor accident occurs. In the case of a more urgent matter, I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

____ I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact persons listed on the Emergency Contact list.
4. If any of the above are unsuccessful, we will do any or all of the following:
 - a. Call another physician.
 - b. Call Emergency Medical Services
 - c. Have child transported to Hospital in the care of a staff member.
5. Any expense incurred under 4. (above) will be borne by the child's family.

_____ I give permission to the staff of Childspace to administer emergency medication prescribed to my child and I will sign a medical form. I understand that the staff will record each administration of medication.

_____ I understand my child cannot attend Childspace if suffering from an infectious or communicable disease that has been identified by Alberta Health Services.

_____ I understand that staff giving medication is First Aid and CPR trained and will follow all regulations.

_____ I understand that the daycare will only give medication that is only a doctor prescribed medication. No OTC medicines or herbal medicines will be allowed.

_____ I understand that I will be called if my child is sick at the center and will need to pick my child up: promptly.

Privacy:

_____ I understand that the information contained herein is confidential and, pursuant to the Privacy Act, will only be strictly used Childspace. My information will not be released to anyone without my consent.

_____ I am aware that representatives from appropriate Government Departments may view my child's files as part of the program assessment process, to ensure that proper administrative records are kept on site and will not be used or distributed for any other purposes.

_____ Parents/Guardians have the right to request a copy of their child's information from Little Stars and have the right to request Childspace to correct any incorrect information.

_____ Childspace will do yearly updates for all families in the centre.

Fees and Payments:

_____ Fees are due on the 1st of each month!

_____ Any payment extensions need to be in writing, 5 days before payment is due by EMT or 7 days before payment due by credit card.

_____ 45 days is required by the 1st of the month, in writing, if a child is to be withdrawn from the program. Notice given after the 1st of the month to terminate care will result in payment of fees till the 45 days is complete.

_____ Resource fee is \$200 (non-refundable) and must be paid along with the deposit of 1 month.

_____ Deposits will be used for the last month of care at Childspace when appropriate notice is given. If proper notice is not given, the deposit is forfeited. Changes in the program offering will not change the deposit and you will not be refunded the difference.

_____ In case of school covid closures and Childspace offers full day child care, ALL children will be asked to sign up and extra charges to incur to those attending. Extra charges are as follows: \$125/week or \$30/day.

_____ **NO refunds or prorated fees** are given for absences or extended leaves (i.e. sickness, vacations)

_____ Refunds for monies owing are mailed out to the family 45 days from the last day of the withdrawal month. NO cash or EMT.

_____ Overdue payments will be charged a late fee of \$5/day and to be paid when making the overdue payment.

_____ In the event that your payment is dishonored for any reason then you are responsible to pay an NSF fee of \$45 with your regular payment.

_____ I will provide a change in payment or update to my credit card 7 business days before payment is due.

_____ Credit card payments are processed 4-5 days before the 1st of the month to allow for processing time.

_____ Late pick up fees will after your 2nd warning letter. These fees are due to the staff that has stayed late, not to be paid to Childspace. \$5 for the 1st 5 minutes (flat rate) and increases by \$1/minute after 5 minutes.

I have received the following:

Tour: _____

Parent handbook: _____

Allergy forms (as needed): _____

I declare that I have read this document fully and that the information given above is true. I acknowledge by signing this form I understand and accept Childspace policies and procedures.

Print name

Signature

Date (m/d/y)

Program Selection

Please select the best option below

	Program	Cost		Program	Cost
	Full time Kindergarten <i>Mon-Fri 7am-6pm</i> <i>Includes school drop off and pick up, and pd days</i>	\$1135.26/month \$326.25 with grant		Part time Kindergarten <i>4 hours/day; includes school pick up or drop off, PD Days extra</i>	\$737.92/month \$230 with grant
	Drop In NO grant available	\$15/hour \$85/day		PD Days (part time kids) NO grant available	\$30/day \$125/week
	Resource fee yearly NON refundable	\$200/child			

A non-refundable \$200.00 Resource Fee, deposit along with payment details are required upon registration to hold your space.

Meals included in all programs (except for school meals/snacks).

Payment Type (please check)

Email money transfer
email: childsplace@shaw.ca; password is ArbourLake

Credit Card

_____ Credit Card Number

_____ Expiry Date

_____ Cardholder Signature