



# Childsplace Learning Centre

12 Arbour Lake Dr NW, Calgary AB T3G 4A3

403 241 6232 www.childsplace.ca

## Child Information:

Family Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Date of Birth (M/D/Y): \_\_\_\_\_ Start Date: \_\_\_\_\_

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

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

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

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

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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)

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

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**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

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

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

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

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

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## General Information

What kind of comforting techniques or objects help soothe your child?

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Does your child nap? Times? \_\_\_\_\_

Do you have any special ways of helping your child go to sleep?

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**\*\*Please note due to health and safety reasons we do not allow children to go to sleep with a bottle or any other drinking cup\*\***

Is your child toilet trained? Diapers? Pullups? \_\_\_\_\_

Any specific words used for toileting?

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How does your child relate to other children?

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

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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 Childsplace informed of any changes in our address, phone numbers (home & work) emergency contacts, 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 agree that my child will be signed in and out using Parent.

\_\_\_\_ I understand that Childsplace uses HiMama for the online reporting, documenting development information and post pictures on there as well. These pictures could be of my child or a group of children.

\_\_\_\_ I give permission to take my child walks and visits off daycare premises (throughout the community) and to use age appropriate play equipment in our backyard. Form to be signed at the end of the package.

\_\_\_\_ I understand that any food provided, by the daycare 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).

### **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 medication prescribed to my child and I will sign a medical form. I understand that the staff will record each administration of medication. NO OTC medication will be administered. Staff giving medication is First Aid and CPR trained and will follow all regulations.

\_\_\_\_\_ 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 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 Childspace 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 1<sup>st</sup> of each month!

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

\_\_\_\_\_ 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 \$40 with your regular payment.

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

\_\_\_\_\_ I understand that my deposit is paid in full without government grants and subsidies taken off. I will get a refund after my last month of care is completed and the government monies are received by the daycare.

\_\_\_\_\_ **NO refunds** are given for absences or extended leaves (i.e. vacations)

\_\_\_\_\_ Fees are not pro-rated for holidays, late starts, absences, etc.

\_\_\_\_\_ Refunds for monies owing are mailed out to the family 45 days from the last day of the month that Childsplace receives the government funding. NO cash or EMT.

\_\_\_\_\_ Families that are subsidized are required to pay full fees until subsidy confirmation is received at Childsplace. Once confirmation is received, you will have a credit on your account, and this will be used in future childcare. No refunds will be issued. Will be considered case by case.

\_\_\_\_\_ 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 1<sup>st</sup> of the month to allow for processing time.

\_\_\_\_\_ Late pick up fees will after your 2<sup>nd</sup> warning letter. These fees are due to the staff that has stayed late, not to be paid to Childsplace. \$5 for the 1<sup>st</sup> 5 minutes for every 5-minute interval.

\_\_\_\_\_ I understand that I must pay the resource fee and deposit in full to secure my spot at Childsplace. If this payment is not made, my spot at Childsplace will be released to another family.

\_\_\_\_\_ I understand that my monthly payment will be reduced by the grant amount and once subsidy approval is seen by Childsplace, that the fees will be reduced once again.

\_\_\_\_\_ I understand that my child must attend monthly for my fees to be reduced by the grant and subsidy, if applicable. Otherwise, I will be paying the full amount without reductions.

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 Childsplace policies and procedures.

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Print name

Signature

Date (m/d/y)

## Daycare Fees/Schedules

	Program	Cost		Program	Cost
	<b>Full time toddler</b> 19 months to 3 years Monday-Friday 630am to 6pm 100+ hours/month	\$1250  \$541 with grant		<b>Full time Preschool</b> 3 to 5 years Monday to Friday 630am to 6pm 100+ hours/month	\$1150  \$524 with grant
	<b>Part time toddler</b> 19 months to 3 years 2 full days or Mon-Fri for 4 hours 50-99 hours/month	\$900  \$675 with grant		<b>Part time Preschool</b> 3 to 5 years 2 full days or Mon-Fri for 4 hours 50-99 hours/month	\$800  \$575 with grant
	<b>Resource fee</b>	\$200		<b>Other fee request</b>	TBD

**Families eligible for Alberta Childcare Subsidy are required to provide the full payment until proof of subsidy can be shown and 1<sup>st</sup> payment received. This is non-negotiable.**

**DEPOSITS AND WITHDRAWAL: Notice is 45 days to ensure that we can use your deposit to the last month of care. Deposits are paid in full and any government monies owing to the family will be refunded once the daycare receives it. Attendance during the last month is mandatory otherwise the refund of any monies will be less based on what the government pays to the daycare.**

### Times Needed

Please let us know what times you need child care for. This helps us plan and organize for the day to ensure that we include all children into the daily activities.

<b>Monday</b>	<b>Tuesday</b>
<b>Wednesday</b>	<b>Thursday</b>
<b>Friday</b>	

**Payment Type (please check)**

Email money transfer  
(send emt to [childsplace@shaw.ca](mailto:childsplace@shaw.ca); password: Arbourlake)

Credit Card

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Expiry Date

\_\_\_\_\_

Cardholder Signature





# Childsplace Permission Form

**LOCATION OF TRIP:** Large field area beside the playground or short community walk along Arbour Lake Dr NW.

**DATE:** \_\_\_\_\_ (start date) to Dec 31 \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** Parents give a 1 time per year permission to allow their child to visit the above-mentioned locations. Teacher child ratio is always upheld, children are accounted for before and after the walk, children are taught proper walking protocol.



## CHILDSPLACE PERMISSION FORM

I, \_\_\_\_\_ hereby give permission for my child \_\_\_\_\_  
Parent name Child name

to attend the field by the playground or short community walks along Arbour Lake Dr NW.

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(parent signature)

My child will accompany Childsplace Ltd., its employees and agents to the locations specified above. I hereby indemnify and save harmless, Childsplace Ltd., its employees and agents from any lawsuit arising from any event which may occur as a result of the above said offsite trips.