



# 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): \_\_\_\_\_ Start Date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

### 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.

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Does your child wear glass, 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

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: \_\_\_\_\_

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

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Please list activities your child enjoys indoors and outdoors:

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

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Has your child experienced difficulty with eating?

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Does your child like certain foods?

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Does your child dislike certain foods?

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

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**General Terms:**

\_\_\_\_ I agree to keep Childsplace 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 Childsplace or by myself, will be nut and marshmallow free.

\_\_\_\_ I understand that photographs and video of my child's work completed at the Little Stars 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.

**Health Terms:**

\_\_\_\_ I give my permission for the Childsplace 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 given 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 m 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 1<sup>st</sup> 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 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.

\_\_\_\_\_ Resource fee is \$100 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 prorate 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.

\_\_\_\_\_ Families that are subsidized are required to pay full fees until subsidy confirmation is received and 1<sup>st</sup> payment received. Once confirmation is received, you will have a credited your account and this will be used in future childcare. Conditional approval for new parents is no longer accepted.

\_\_\_\_\_ 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 Childspace. \$5 for the 1<sup>st</sup> 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.

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Print name

Signature

Date (m/d/y)

## Program Selection

Please select the best option below

Program	Cost	Program	Cost
<b>Full time Kindergarten</b> <i>Mon-Fri 7am-6pm</i> <i>Includes school drop off and pick up, and pd days</i>	\$1050/month \$424 with grant	<b>Grade 1-6 (part time)</b> <b>Before School 7am-9am</b> <i>Centre opening till school bell; no pd days</i>	\$440/month
<b>Part time Kindergarten</b> <i>4 hours/day; includes school pick up or drop off, PD Days extra</i>	\$750/month \$525 with grant	<b>Grade 1-6 (part time)</b> <b>After School 2:52pm-6pm</b> <i>School bell till 6pm; no pd days (includes early dismissal)</i>	\$600/month
<b>Other Kindergarten</b> <b>To be discussed</b>	To be discussed	<b>Grade 1-6 (full time)</b> <b>Before &amp; After School 7am-6pm</b> <i>7am-school drop off/school pickup-6pm (includes early dismissal); pd days included</i>	\$775/month
<b>Drop In</b> NO grant available	\$15/hour \$85/day	<b>PD Days (part time kids)</b> NO grant available	\$30/day \$125/week
<b>Resource fee yearly</b> <b>NON refundable</b>	\$100/child		

A non-refundable \$100.00 Resource Fee, deposit along with payment details are required upon registration to hold your space.

All full time programs (Kindergarten and Before/After school) include pd days and school breaks. Extra time (pd days and breaks) for other programs is \$125/week or \$30/day. Sign up will be required.

**Payment Type (please check)**

Email money transfer  
email: [childsplace@shaw.ca](mailto:childsplace@shaw.ca); password is ArbourLake

Credit Card

\_\_\_\_\_   
Credit Card Number

\_\_\_\_\_   
Expiry Date

\_\_\_\_\_   
Cardholder Signature



# Childsplace BAS Permission Form

**LOCATION OF TRIP:** Neighborhood playgrounds (St.Ambrose, Arbour Lake Middle school) and neighborhood walks.

**DATE:** September 1 \_\_\_\_\_ to August 31 \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** Parents give a 1 time per year 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 LEARNING CENTRE PERMISSION FORM

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

to attend all offsite activities as mentioned above (playgrounds and walks).

(Parent signature)

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



## Transportation Form

I give my permission for my child \_\_\_\_\_ to be transported by Childsplace Learning Centre Ltd. to and/or from their school and/or bus stop.

School: \_\_\_\_\_

Bus Stop: \_\_\_\_\_

I have read, understand and discussed with my child that:

- They will be walking to and from the school or they are being driven.
- If travelling in a motor vehicle driven by an adult: they are to always wear their seat belt while travelling. Booster seats (high back and no back) and 5-point harness seats are provided. You will be asked what is needed.
- They are expected to respect each other, the vehicles they ride in, and the driver.
- They are to remain seated and buckled until the engine is turned off. There is NO moving around any vehicle when it is moving.
- They are not to be disruptive to the driver; children are permitted to talk and discuss their days, disruptive behavior can include yelling, screaming, fighting (physical), etc.
- They will be picked up from the school door, office, or designated spot.
- They are to remain on school property and only leave with their designated adult.
- They are expected to respect each other and the teacher.
- When walking, they are to remain as a group, crossing the street at appropriate intersections.
- They are to go to the school office if they do not see their designated adult.
- They are to follow all safety rules such as obeying crossing signs, walking safely

**Attendance:** It is imperative that all nonattendances be made known to the centre no later than 10am. This could mean calling the centre directly, messaging on HiMama or calling your designated pick-up person or Ms. Crystal.

**Late:** In the event of running late for pick up, the designated adult will call the school and ask for the children to be kept in the office until we reach the school. If we are running late to drop off, the school will be contacted by the designated adult and dropped off at the office. Parents will then be contacted.

**Designated adults:** Parents will be given the names and phone numbers of the designated adults that oversee their child's school. This could change from time to time and a notice will be sent out with changes. Ms. Crystal will oversee all routes and be a back up to all schools. Please share this information with the school so that they can contact us directly as needed.

**Pick up and Drop off Protocols:**

**Kindergarten children** will be escorted to the proper door and staff waiting for the teacher at drop off. At pick up, the staff will pick up the child from the teacher.

**Grade 1-3 children** will be escorted to their school door by the designated adult and supervised closely until everyone reaches their spot safely. The adult will stay on site till the door opens for the children to be welcomed or only left under teacher supervision if a teacher is seen. We **MUST** see a teacher or more than 1 teacher before leaving the child/children. Childspace can adjust the drop off/pick up protocol with children in Grade 2 or 3 based on parent discussion and evaluating the risk level at the school.

**Grade 4-6 children** will be dropped off at the school and left under teacher supervision at the school. At pick up, they will meet a teacher at the designated meeting point. Childspace will discuss options with families if their child is not ready or risk level is too great for this extra responsibility.

**Children with special needs** will always be escorted to the designated entrance for pick up and drop off. They will be left only when the door is open, and they are greeted by a teacher to start their school day. This designated door may be the school door they enter in and out or the office. **NO exceptions!**

I have read and understood the transportation policy for Childspace.

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(Parent's Signature)

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(Date)