



# Childsplace Learning Centre

12 Arbour Lake Dr NW Calgary Alberta, T3G4A3

403-241-6232 childspace@shaw.ca

## Child Information:

Family Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Date of Birth (M/D/Y): \_\_\_\_\_ Start Date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Mother/Guardian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Father/Guardian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Emergency Contacts (other than Parents/Guardians)

### Contact 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
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**

## 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:** \_\_\_\_\_

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

**\*\*Little Stars 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

## 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 for signing my child in and out each day from the program.

\_\_\_\_ I give permission to take my child walks and visits off daycare premises (throughout the community) and to use age appropriate play equipment.

\_\_\_\_ I understand that any food provided, by Childsplace or by myself, will be nut 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.

## 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 Childsplace 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 Childsplace 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 Childsplace. 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 Childsplace to correct any incorrect information.

\_\_\_\_\_ Childsplace 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ Deposits will be used for the last month of care at Childspace, when appropriate notice is given.

\_\_\_\_\_ Deposits for Kindergarten kids will be used towards June of the Kindergarten year; a new deposit is to be paid when entering Grade 1. Parents will pay 1 deposit at the beginning of grade school care regardless of grade.

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

\_\_\_\_\_ Refunds for monies owing are mailed out to the family from 30-45 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 \$40 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. 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 Childspace. \$5 for the 1<sup>st</sup> 5 minutes (flat rate) and increases by \$1/minute after 5 minutes.

### **Registration:**

\_\_\_\_\_ I have paid the reg fee of \$75, 1 month deposit (based on time slot chosen) and provided Childspace with payment information (check, credit card or emt) to secure my child's spot and to charge monthly fees.

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)

Childspace

