

BUMBLE BEE CHILD CARE CENTRE

11028- 106 Ave
Edmonton, AB
T5H0R3
Tel. (780)- 705 0277/Cell. (780)-802-3416

Please attach Photo
if applicable



Child	
First Name	Middle Name
Last Name	Date of Birth DD/MM/YY ____/____/____
Health Care Number	Start Date ____/____/____
Address	
Parent/Guardian 1	Relationship to child -
First Name	Last Name
Address (if not the same)	
Phone Number	Alternative Phone Number
.Email address	
Employer/ School	
Parent/Guardian 2	Relationship to child
First Name	Last Name
Address (if not the same)	
Phone Number	Alternate Phone Number
Person(s) with whom the child lives (adults and children):	
Name of anyone who is NOT legally allowed to pick up my child (please provide document)	

EMERGENCY CONTACT & AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). These contacts will be called a) in case of emergency, b) if parents/ guardians are late, or c) possible infection or illness is present. In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s <u>who you authorize to pick up your child on your behalf</u> (ID will be required). A parent /guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released. Please indicate if the person is emergency contact only or if he/she is <u>also</u> authorized to pick up your child.	
1. Name:	2. Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Home Phone:	Home Phone:
Other Phone:	Other Phone:
Emergency contact Yes ____	Emergency contact Yes ____
Authorized to pick up the child Yes ____ No ____	Authorized to pick up the child Yes ____ No ____

MEDICAL INFORMATION

Family Doctor	Office Phone
Address	
Allergies & Food Restrictions	
Medical Problems	
On Going Medication(dosage)	
Immunization Up to date? Yes___ No ___ If you have a photocopy of your child's recent immunization please include a photocopy with this registration form.	
Additional Information	

EMERGENCY CONSENT

<p>It is our policy of to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child. I</p> <p>HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____</p> <p>When ill / injured, to be taken to the nearest emergency center by the staff of my child's daycare when I/we cannot be contacted. I consent to an ambulance being called to transport the child, if necessary. I further agree to pay all costs incurred for transport.</p> <p>Parent/Guardian Signature_____ Date_____</p> <p>Parent/Guardian Signature_____ Date_____</p>	
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CHILD'S HISTORY AND RELEVANT INFORMATION

Child will arrive at	Child will be picked up at
Previous experience with child care? Yes No If yes, please describe	
Child's personality and characteristics (shy, outgoing, etc.)	
Favourite activities?	
Typical reaction to stress?	
Typical reaction to illness?	
Any particular fears?	
Is your child toilet trained? Yes ___ No ___	
Child is predominantly Left handed ___ Right handed ___	
Child's first language Other Languages	
The goal for my child (If updated please evaluate)	
Other information day care staff should be aware of	

Note Our day care does not share your child's information with anyone unless you give us written or verbal consent. We adhere to the rules of the freedom of information and Privacy Act*

I give my consent to let my child be photographed by Bumble Bee Child Care staff to be displayed in day care premises	Yes _ No _
I give my consent to allow my child to be displayed on picture/s with other child/children	Yes_ No_

from the Bumble Bee Child Care Centre that may be distributed to all parents of our Centre	
I give my permission for my child to participate in annual screening procedures done at the center to determine the growth and development of my child, such as hearing, vision and developmental stages. I understand that I will be notified in advance of all scheduled screening procedures.	Yes_ No_
I give my permission to allow the staff of Bumble Bee Child Care Centre to take my child to neighbourhood walks.	Yes _ No_

Multimedia Consent -I give my consent to Bumble Bee Child Care Centre to display my child's and/or my photograph(s) or videos on daycare's website(s) to illustrate daycare's daily activities or special events. I understand that the Bumble Bee child care owns the copyright to the multimedia material in which I, or my child may appear. All images or videos will show only positive images of children and reflect early childhood recommended practice. _____ (please initial here if agreed with our **Multimedia Consent**).

ADMISSION AGREEMENT

1. The parent /guardian(s) agrees that their child will attend only during the hours and days specified on the "Child Registration "form, which coincides with their work/school schedule.
2. The Daycare is open from 7:00a.m. - 6:00p.m., and that a late charge of \$15.00 per child for every increment of 15 minutes or portion thereof will be enforced after 6:00p.m.
3. The parent/guardian(s) agrees to verbally inform child care practitioners of their child's **arrival and departure and sign their child in/out on the "Child Attendance" daily form. The child is not the responsibility of the day care centre until the child is signed in by the parent /guardian(s).** The staff has the right to refuse to take children after 10:00am unless the parent/guardian has an agreement with the Director.
4. The parent/guardian agrees that their child will be released only to the parent/guardians(s). If another person is to pick up their child, the centre must be notified in written form or by phone personally by parent/guardian(s). Identification of the person picking up the child will be required for protection of the child.
5. The parent/guardian(s) agrees to supply appropriate clothing, inside shoes and lunch. The daycare will provide snacks. Please ensure to inform us about your child's allergies and food restrictions. The parent/guardian(s) agrees to report any changes to their child's "Registration Form" immediately. There will be a compulsory update of all information related to your child every six months. The parent/guardian(s) understands that the information that has been collected on the "Registration Form" will be used by the Director and practitioners to provide appropriate child care and will not be used for any other purpose. It has been collected and shared in a manner that is compliant the Freedom of Information & Protection of Privacy Policy Act.
6. The parent/guardian(s) agrees that the day care centre reserves the right to refuse the enrollment or a continued enrollment of a child if the child is three years old or older and is not toilet trained.
7. The parent/guardian(s) understands that all the children will be going outside daily, weather permitting, and that they need to be dressed accordingly.
8. The parent/guardian(s) agrees to follow the "illness" policy outlined in the Parent Handbook and keep their child at home if needed. Should your child become ill while at the day care centre, you will be contacted immediately and asked to come and pick up your child.
9. The parent/guardian(s) understands that medication will not be given to your child unless written permission from parent/guardian is obtained.
10. In the event of an emergency, the parent/guardian(s) gives permission for medical treatment to be obtained for their child from their family physician or any doctor or hospital selected by the centre. If an ambulance is required, it will be at the cost of parent/guardian(s). The parent/guardian(s) understands that the fee for their child will be \$_____per month and that payment is due by the 25th of the preceding month. Monthly fees are payable by cheques or in cash. Overdue accounts will occur an interest charge of 10 % per month. A \$35.00 charge will be relieved on all NSF Cheques.
11. If at any point your child cannot cope with the day care daily routine, you will be advised to take

- your child home and to consult a health care professional.
12. The Director reserves the right to increase the day care fees after giving one month notice to parents.
 13. A \$50 NON_REFUNDABLE one time fee is required upon the time of registration to reserve your child's spot in the day care.
 14. The parent/guardian(s) understands that they must pay the whole amount of the monthly fee even if the child is sick and cannot attend the centre in order to save their child's space at the centre. NO REFUND will be made for statutory holidays. The Centre is closed on all statutory holidays and the week between Christmas and New Year.
 15. The parent/guardian(s) acknowledges that the centre endeavors to provide the finest care possible for all children enrolled in this program. Accordingly, parent/ guardian(s) acknowledge that the director, in her discretion, reserves the right to refuse the enrollment or the continued enrollment of the child, should it be determined that the child poses health, behavioral, or management problem to the centre's operation and/or staff. The Director has the right to refuse the enrollment or the continued enrollment of the child if the parent(s)/guardian(s) are acting disrespectfully towards the staff, refusing to comply with the day care rules and regulations or in any way negatively affecting the atmosphere at the workplace.
 16. The parent/guardian(s) gives permission for the centre to use the child's personal information for "public display" at the centre. (Examples: child's name on their locker; child's picture posted; etc.)
 17. The parent/guardian understands that the information that has been collected on the child registration form will be used by the director and practitioners to provide childcare and will not be used for any other purpose. It has been collected and shared in a manner that is in compliance with the Freedom of Information & Protection of Privacy Act.
 18. We will do our best in caring for your children and their possessions. However, the center is not liable for any loss of possession, any injury, accident, sickness, or illness or disease that may occur to any child while in the center.
 19. Parent must give a one month's advance **written** notice to the director of the day care if the child is going to leave the day care for some reason or they must pay the full month fee even if the child has stopped attending the centre.
 20. Please return the completed form with the appropriate non-refundable registration fee of \$50 as soon as possible to the address above. Please attach a copy of your child's immunization records to the form (if available). Cheques should be made payable to "Bumble Bee Child Care Centre." Applications will be accepted upon the date received.
- I _____(initial) understand that I am responsible for the full monthly childcare fee.
I _____(initial) understand that I am responsible for any outstanding fees that might occur if I fail to give sufficient notice to Bumble Bee Child Care Centre.

Should legal action be necessary all legal fees will be at the parent/guardian's expense).The parent will be liable for any/and all collection costs.

I have read and understood all the details of the "Registration Form". I agree to abide by the above regulations of the Center.

Name _____ Date _____ Signature _____

Thank you for inquiring about Bumble Bee Child Care Centre. We offer a complete preschool experience for children 12 months to 6 years old. Your child will be given the opportunity to learn Alphabet, math and science, as well as be exposed to physical activities, music, drama, dance, rhythm, art and craft. A booklet describing our philosophy, discipline and goals is available at the centre.