

Lakeview Daycare



LakeView Daycare
& After School Care

Registration Forms

9104 179 Ave NW,
Edmonton, AB T5Z 2K9
1-780-4572132

2017/10/14

Lakeview Daycare Center

Address: 9104-179 Ave Phone: 780-457-2132

Portable Emergency Information Record

General Information		
Child's Name:		
Child's date of birth:		
Alberta Health Care Number:		
Child's current address(es) and postal code(s):		
Parent's Information		
Mother's name :		
Mother's current address:		
Home phone number:	Cell phone number:	Business phone number:
E-mail:	Place of work :	
Father's name:		
Father's current address:		
Home phone number:	Cell phone number:	Business phone number:
E-mail:	Place of work :	
Emergency Contact to whom Child Can Be Released		
Name:	Current address:	
Relationship to child:		
Home phone number:	Cell phone number:	Business phone number:
Alternate Emergency Contact to whom Child Can Be Released		
Name:	Current address:	
Relationship to child:		
Home phone number:	Cell phone number:	Business phone number:
Child's Health Information		
Family physician's name and phone number:		
Allergies:	Ongoing medication:	
Immunization up to date? Yes No		

LakeView Daycare Center

Address: 9104-179 Ave Phone: 780-457-2132

Parental Agreement of Childcare

I/ We _____ wish to enroll my/our child
_____ with Lakeview Daycare Center starting _____
_____. AND it is hereby agreed that (Please initial each
number to indicate that you have read it and are in agreement.)

_____1. I will pick up my child from Lakeview Daycare Center no later than 6:00 pm.
After 6:00 pm, I agree to pay a basic fee of \$20, plus an additional \$1.00 per minute
after 6:00 pm until my child is removed from the Daycare facility.

_____2. I/ We will notify Lakeview Daycare if my/our child is to be absent even for
one (1) day.

_____3. All child care fees are due in advance; on or before the first (1st) calendar of
each month.

- ★ A \$35.00 late fee will be charged if payment is received after the 5th day
of the month
- ★ Child care fees are rated on a per calendar month basis and shall not be
subjected to any adjustments on grounds of partial month attendance,
statutory holidays and civic holidays, sick days, vacation or absent times
of the like
- ★ If a child is enrolled in the Daycare mid-month, the full monthly fee is
still required

_____4. I / We agree to abide by the sick policy and will not bring my/our child to
Lakeview Daycare if he/she is not well

★ If he/she has been exposed to, or contacted a contagious disease, I/ We
will report and discuss the circumstances with the Director immediately and a
medical certificate will be required prior to the child returning to Daycare.

_____5. I/ We will advise the Director immediately of every change of address,
phone number, marital status, place of employment or schooling, so that I/We may
be contacted without delay when necessary.

_____ 6. I/ We agree to give notice, in advance, or any changes or additions regarding persons who I/ We have approved to have access to my/our child

- ★ I / We accept responsibility to ensure that my/our child is signed into and out of the care of Lakeview Daycare, as required
- ★ In the case of a divorce or shared custody, I/ We agree to provide a letter to indicate whose custody the child is in at all times

_____ 7. I understand that, if I desire to terminate our enrollment in Lakeview aycare, I/ We are to provide in writing, 30 days notice

- ★ This notice to withdraw must be received by the Director on or before the 1st day of the child's last month in the Daycare
- ★ I/ We understand and accept that notices received after the 1st day of the month will be considered late and, as a result I/ We will pay an additional month's day care fee

_____ 8. I/ We, whose name(s) are entered above and who are the undersigned of this agreement, agree to pay daycare fees to the child named herein

_____ **LIABILITY:** I/ We further agree to hold Lakeview Daycare, and its agents harmless for any liability t to my child or any guardian or parent thereof because of any claims on behalf of my child against the Daycare or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against the Daycare or any employee or agent thereof on my child's behalf and the school or its legal agent not to be found at fault, I/ We agree to pay any attorney fees, court fees, damages, or other costs that the Daycare or its agent incur to defend itself against such action.

Parent/Guardian Name and Signature

Date

Parent/Guardian Name and Signature

Date

Director

Date

LakeView Daycare Center

Address: 9104-179 Ave Phone: 780-457-2132

LAKEVIEW DAYCARE CHILD BEHAVIOUR POLICY CONTRACT

Lakeview Daycare has a zero tolerance policy for disruptive and disrespectful behaviours. Unacceptable behavior toward peers and /or staff members; such as, but not limited to, inappropriate language, physical harm (bitting, hitting, throwing objects), and constant disobedience will not be permitted. In order to ensure safety and a peaceful environment for all children and staff in the daycare the following procedures will be followed:

- ★First Offense: This will occur after two incident forms due to the aforementioned inappropriate behaviours have been written up within a calendar month. The Director will notify the parents via. telephone or letter regarding the inappropriate behaviours and parents will be required to sign the incident report form. At this time, the Director will endeavour to work in cooperation with the parents/ guardians to seek solutions.
- ★Second Offense: The child will not be permitted to return to the daycare for one day. There will be no fee compensation, as parents have had adequate notification regarding the inappropriate behaviours.
- ★Third Offense: Parents will be notified that their child's enrolment at Lakeview Daycare is being terminated with little or no notice, due to the severity of the child's behaviour. Additionally, in the case of an enrolment being terminated, no fee compensation or refund will be made for any unused fees for the month in which the expulsion occurs.

We understand that all children grown and develop at different stages and it is not our intention to have any children leave due to behaviour issues. When a child's behaviour is threatening or harmful toward their peers or daycare staff members, we find it necessary to respond to these behaviours in a manner that will benefit everyone.

I/ We, _____ understand, if that my/our child, _____, displays inappropriate and/or disrespectful behaviours as outlined above, I/ We will comply with the disciplinary actions stated above; no matter how inconvenient this may be.

Parent/Guardian Name and Signature

Date

Parent/Guardian Name and Signature

Date

Lakeview Daycare Director

Date

ACCIDENT/SICKNESS POLICY

In the event of a medical emergency, I _____, understand that every effort will be made to contact me or the emergency contact person(s). In the event that none of the above can be reached, I hereby give permission to the staff of Lakeview Daycare to seek medical treatment necessary for

(child's name)

I agree to be responsible for any costs incurred.

Date: _____

Signature: _____

FIELD TRIP POLICY:

I, _____ authorize the staff of Lakeview Daycare to take my child off the premises of Lakeview Daycare for purposes of outdoor activities. Please note that for any major outings advance notice will be given, along with all pertinent details, requiring my signature signifying my permission.

Date: _____

Signature: _____

TRANSPORTATION POLICY

I, _____ hereby give permission to Lakeview Daycare to transport my child in the event of field trips and/or to school.

Date: _____

Signature: _____

PICTURE RELEASE POLICY

I, _____ hereby give permission to the staff of Lakeview Daycare to photograph my child during daily activities and special events. I understand and agree that these pictures may be displayed in the centre and/or be displayed on banners, flyers, bulletin boards, and screen productions for the purposes of Daycare family events or Daycare advertising.

LakeView Daycare Center

Address: 9104-179 Ave Phone: 780-457-2132

CHILD'S HEALTH HISTORY

Child's name: _____

Age: _____

Please check any that apply to your child:

- | | |
|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Physical Limitations (explain below) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Emotional Disabilities |
| <input type="checkbox"/> HIV Virus | <input type="checkbox"/> Hyperactivity |

If any of the medical conditions listed above apply, please explain: _____

Is your child currently taking any medications(s): _____

If YES, please list the medication(s) and the reason for taking the medication(s): _____

Does your child have any special needs (including social, physical, emotional abilities or disabilities)?: _____

Does your child require the assistance of an outside agency (an Aid, Community options, etc.)?: _____

LakeView Daycare Center

Address: 9104-179 Ave Phone: 780-457-2132

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

Lakeview Daycare admits children of any race, color, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children in the Daycare. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in administration of its childcare policies, admission policies, or daycare administered programs.

Note: This application will not be processed without the \$45.00 application fee. This fee is a no guarantee, non refundable fee.

Parent Handbook

I acknowledge that I have read the contents of the Parent Handbook and agree with the contents of the provided information from Lakeview Daycare.

Parent/Guardian Name and Signature

Date

Parent/Guardian Name and Signature

Date

Lakeview Daycare Center

Address: 9104-179 Ave Phone: 780-457-2132

Lakeview Daycare & After school Family Profile

Parent's Name: _____

Child's Name: _____

What is the cultural background of your family?

What are the other cultures followed in the family?

Do you speak a second language at home?

Please write child's name in your home language. (If any)

Will you be willing to share words from your home language with the staff, to use in program planning?

_____ Yes _____ No

What cultural celebrations you participate in?

Will you or anyone in the family willing to share any artifacts from your culture, with children during circle time?

_____Yes _____No

Do you, or anyone in your family, have a special skill or talent that could be shared with children?

Do you have any community connections that could be used by the daycare?

Lakeview Daycare & Afterschool wants to ensure that your family history become a part of our programming with our children. We acknowledge and appreciate your contribution to celebrate diversity with us!

Thank you for completing this form.

Created: April 2016

Added to Registration form