

Magical Minds Daycare



REGISTRATION PACKAGE

Child's Name: _____ Date of Birth: _____

Child's Address: _____ Postal Code: _____

Alberta Health Care#: _____ Allergies: _____

Any Ongoing Medication/Emergency medication: _____

Immunization Up to date: Yes No



Parents or Legal Guardians:

Mother: _____

Father: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work/School Phone: _____

Work/School Phone: _____

Occupation: _____

Occupation: _____

Workplace Phone: _____

Workplace Phone: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____



Emergency Contacts- Persons to contact in an emergency if parent/ guardian cannot be reached.

Parents must not fill their own information here, it must be somebody else.

1. Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell: _____

2. Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell: _____

Note: Please inform us each time if anyone besides the parent/ guardian is picking up your child.

Child Custody

Please provide information about child custody & access. A copy of court documents is required if parental access is restricted or if a parent does not have access to a child during daycare hours.

Please provide any other information that you would like to share regarding the care of your child.

Health Information

If your child is ill during the day, who should we contact/ call?

Name: _____ Relationship: _____

Is your child's immunization up to date: Yes No

Does Your Child have any allergies: Yes No

Allergies _____

If your child has an allergy, what are the symptoms of an allergic reaction? _____

Dietary Restrictions (vegetarian, religious preferences, etc.): _____

Does your child require a special diet for medical reasons? _____ If yes, parent may be required to provide the child's food.

Does your child require any emergency medication: Yes No

Name and details of ongoing medication: _____

Please tell us about your child's medical history and any existing medical conditions: _____

Note: If your child needs any emergency medication (puffer for asthma, epi-pens, or Benadryl). Please let us know. Medication Form must be completed in their room and medication should be provided by the parent.

Administration of First Aid

If my child is injured or becomes ill while in the care of Magical Minds Daycare & OSC, I hereby give my consent to any staff member that hold a valid first aid certificate to administer first aid to my child.

_____ Parents/Guardian Signature _____ Date

Emergency Medical Care

If my child requires emergency medical attention, I understand that it is the responsibility of Magical Minds Daycare and its employees to ensure my child is provided with the required medical attention immediately. I understand I (as a parent) will be contacted immediately. If the parents are unavailable, a listed emergency contact will be contacted. I give consent to Magical Minds Daycare staff to call an ambulance to transport my child for medical care if required and I give permission for an attending licensed physician to administer the required treatment, as necessary. I will hold Magical Minds Daycare and its harmless. I agree to be responsible for any costs that may be incurred for any such action taken.

_____ Parents/ Guardian Signature _____ Date

Community Excursions permission

I understand that community excursions or walks in the neighborhood and are part of the program at Magical Minds Daycare & OSC. And I hereby give consent for my child to participate in these activities. There will always be adequate supervision while the kids are outside in the playground.

_____ Parents/ Guardian Signature _____ Date

Photographs Displays of Children's Work and Names

I hereby give my consent to Magical Minds Daycare & OSC to take photographs of my child. I also give consent to the daycare to display my child's work or projects, names, date of birth and photographs of my child in the daycare rooms. I understand that photographs will be used only in the daycare and may be displayed, kept in photo albums, or placed in my child's portfolio.

Photographs of your child will not be used outside of the daycare with parental permission.

_____ Parents/ Guardian Signature _____ Date

Subsidy Privacy allowance

I hereby allow the staff of Magical Minds Daycare to be able to inquire about the status and details of my subsidy application.

Parent Signature: _____ Date: _____

Child Information

Language spoken at home: _____

Number and ages of siblings: _____

Is your child toilet trained? _____

Please tell us about your child's previous experience with group care (if any) _____

What are your goals for your child while at center? _____

What are your child's interests & favorite toys? _____

What comforts your child when he/she is distressed? _____

What holidays and traditions are important to you? _____

Would you be willing to come into the center and share your tradition/celebrations with the staff or children? _____

If you like, you can tell us about your family's country of origin. We will use this information to reflect.



your child's background into our program. _____

Please provide us with information on any of the following that may be relevant to your child.

Fears: _____

Emotional: _____

Behavioral: _____

Speech: _____

Eating: _____

Toileting: _____



Other: _____

Please tell us about the methods of child guidance you use at home to guide your child's behavior:

How would you like your child to spend his/her time in the center? _____

Is there anything else you want us to know about your child or your family that will help us care for your child?

How did you hear about Magical Minds Daycare? _____

Thank you for providing the information. We need to provide you and your child with quality childcare experience!

Parent agreement

Child's Name: _____

Fees

Full time/part time fees are \$ _____ per month. Full time/part time fees are subject to change.

Fees are due on the 1st day of the month. Late fee fine is \$15 with in 5 days, with in 10 days \$30 and with in 15 days \$50.

Parents receiving Alberta childcare subsidy are responsible for ensuring that their subsidy is always valid. If your child's subsidy expires, you will be responsible for the full fees for the month until subsidy is approved. If you are granted backdated subsidy and have paid full fees for the month, your credit will be applied to the following month's fees.

Fees may be paid by cash, cheques, or e-transfer.

Full time fees will be charged regardless of statutory holidays, Christmas break, holidays, vacation, or days off.



Hours of Care

The Centre is open from 6:30 a.m. to 6:00 p.m. Parents are required to pick up their children by 5:45p.m. Staff remain at the Centre until 6:00 p.m. to prepare for the next day and complete all security procedures.

Late pick-up fees of \$ 2:00 per minute per child will be charged for pick-ups after 6:00 p.m. Parents agree to notify the Centre if their child will be absent or will be picked by someone other than themselves.

Emergency Care

Staff will administer emergency first aid, or obtain medical assistance, for any child in their care when necessary. Parents are responsible for the costs of any medical assistance, including the cost of transportation via ambulance.

If a child requires medical assistance:



The child's parents will be contacted.

If the parents are unavailable, a listed emergency contact will be contacted; and

If necessary, an ambulance will be called to transport the child to the nearest hospital.

Vacation/Absence/Illness

There is no reduction in fees for holidays or absences.

Parents must provide alternate care for their child if he/she is ill or becomes ill while at the Centre.

Parents must pick up their child from the Centre. If the child has a fever, diarrhea, an unexplained rash, or cough, or is otherwise unable to participate in the program, unless a written note is provided by a doctor indicating that the child does not pose a health risk to other persons on the Centre's premises.

NOTE: Alberta Health Policy for Daycare states that a child can return after being symptom-free for 24 hours.

Parent's Initial _____

Pick Ups

Children are not permitted to leave the Centre with anyone other than those individuals who are listed as emergency contacts or authorized persons. Exceptions will be made only if Director or Staff are personally notified by the parent/guardian. If the individual picking up your child is not known to the Staff, they will be asked to provide their photo identification. Children will only be released to authorized individuals over the age of 18. An individual listed as an emergency contact is also considered an authorized person to whom a child may be released.

In the event of a separated (formally or informally), or divorced family situation, we cannot prevent either parent from taking the child unless there is legal custody agreement or a court order on file at the Centre to be kept on the child's file.

Ending Child Care

Parents must provide one (1) calendar month's written notice of an intention to withdraw a child from the center, or payment of full fees (e.g., non-subsidized fees) in lieu of one month's notice. Notice MUST be given on or before the 1st business day of the final month of care (e.g., If the child's last day will be June 30, notice must be given on or before June 1). Notice given after the month has started will be treated as if given of the following month and full fees will be required.

The Centre reserves the right to cancel this agreement at any time it deems necessary, with the amount of notice depending on the situation.

Other

The Centre agrees to use all care and diligence in caring for children and their personal belongings. The Centre will not be responsible for any loss or damage to clothing or other effects of the children, nor for any accident, sickness or diseases that may occur to a child while in the care of the Centre, except for those resulting from gross negligence.

I confirm that the information in this registration form is true, correct, and complete in every respect.

I have read (or had verbally translated) and accept the policies written in the Parent Handbook and Parent Agreement. I agree to meet the terms of these policies and this contract and accept the responsibilities of myself as parent/guardian.

Date: _____

Print Name: _____ Signature: _____


Parent/Guardian Consents

Sunscreen and Bug Spray permission form

I, _____ hereby DO provide **Magical Minds** Daycare & OSC consent for staff to apply sunscreen and insect repellent (provided by parents) on my child (_____) in spring and summer, as needed.


Parent/Guardian Signature: _____ Date: _____ 

Neighborhood Walks and Trips to the Park

 I, _____ hereby give permission for my child (_____) to go on trips to the parks which are within reasonable walking distance of the Centre's premises and walks within the Centre's neighborhood under normal daycare and out of school care supervision standards.

Parent/Guardian Signature: _____ Date: _____

Media Consent

At **Magical Minds** Daycare, we may take photos or videos of the children for documentation purposes. Photos may be used inside the centre for documentation, creating observation records, and posting on the walls or in photo albums. They may also be used outside the centre on our centre's website/social media pages or group photos as keepsake mementos for their friends. 

I, _____ hereby DO give **Magical Minds** Daycare & OSC consent for my child (_____) to be photographed/videotaped for use inside the centre (e.g., documentation, observations, postings)

 Parent/Guardian Signature: _____ Date: _____

I, _____ hereby DO give **Magical Minds** daycare & OSC consent for child (_____) to be photographed/videotaped for use outside the centre (e.g., website, social media, pictures with friends)

Parent/Guardian Signature: _____ Date: _____

Communication Consent

I, _____ hereby give permission for **Magical Minds** Daycare & OSC to contact me via e-mail including adding my e-mail address to their Parent E-mail List for monthly newsletters. I understand it is my responsibility to let the centre know if my e-mail address changes so that I may continue to receive e-mail communication.

Parent/Guardian Signature: _____ Date: _____

Transportation Agreement

Name of Child: _____

Child's School name: _____

Mode of Transportation: _____ DAYCARE VAN/BUS _____

Designated Out of School Care staff are responsible for taking children to and from school by daycare van/bu.

1. Drop Off Location: _____
2. Pick Up Location: _____

Parents are responsible for letting the Centre know whether their child is absent from school.

If a parent drops their child off at school in the morning or picks up their child from school, they are responsible for letting the Centre know whether their child needs to be picked or do not need to be picked up after school.

If a child does not show up at the arranged pick up location, staff will take the following steps:

1. Staff will call the centre to inquire whether the parents called the centre regarding the child's attendance.
2. If the child's whereabouts are still unknown, staff will call the school to inquire whether the child was picked up by someone else, or whether the child was absent.
3. If the child's whereabouts are still unknown, staff will call the parents and /or emergency contacts.
4. If the child's whereabouts are still unknown, staff will call police to report a missing child.

Parents/guardians will be notified after the police are called.

If your child needs to arrive early to school. or stay after school, the school will be contacted by the centre and the children will be asked to wait in the office (a list of the children attending the centre is provided to each school). Under no circumstances will a child be allowed to walk to the centre unsupervised.

In the event that Staff are late to pick up children from school, the school will be contacted by the centre and the children will be asked to wait in the office (a list of the children attending the centre is provided to each school). Under no circumstances will a child be allowed to walk to the centre.

I hereby give permission for my child to be transported to and from school by Daycare Van/Bus in accordance with the above policies.

Print name: _____ Signature: _____ Date: _____

Parent Acknowledgement

I, _____, acknowledge that I have had the opportunity to review the Magical Minds daycare & OSC Parent's Handbook and have discussed any concerns with the Director. I understand and agree to follow the policies and procedures set by Magical Minds Daycare.