

Jolly Learning Daycare
108 Professional Center, White Oaks Square
12222 137 Avenue, Edmonton, AB T5L 4X5
Phone: 780-476-1187

REGISTRATION FORM

Child's Legal Name		Date of Birth		M <input type="checkbox"/> F <input type="checkbox"/>
Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>				Sex
Child's Primary Residence		Start Date		
Parent's/Guardian's Name		Parent's/Guardian's Name		
Email Address		Email Address		
Home Phone	Cell Phone	Home Phone	Cell Phone	
Place of Work	Work Phone	Place of Work	Work Phone	
Home Address		Home Address		
City, Province ZIP Code		City, Province ZIP Code		

ALTERNATIVE EMERGENCY CONTACTS

We will always endeavor to contact family first, however in case of an emergency, illness, or if I am unable to pick up my child, these contacts can be reached. I authorize these contacts below to pick up my child from the daycare.

Primary Emergency Contact		Secondary Emergency Contact	
Email Address		Email Address	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	
Address		Address	
City, Province ZIP Code		City, Province ZIP Code	

Name of anyone **NOT LEGALLY ALLOWED** to pick up my child (DOCUMENTS REQUIRED)

MEDICAL INFORMATION

Physician's Name	Phone Number
Health Care Number	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food Allergies	Reaction
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Allergies	Reaction
Food/Other Restrictions	

I verify that the above information is true and correct.

Parent/Guardian's Signature	Date
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MEDICAL SUMMARY

Is your child's immunization up-to-date? Yes No Please provide a copy of the immunization record

Is your child on any daily medications? Yes No If yes, please specify: _____

Does your child have any fears, habits or preferences? _____

Does your child have:

If you answered yes to the questions below, please provide further information in the space provided

Asthma Yes No

Diabetes Yes No

Seizure in the past year Yes No

Any other medical conditions or concerns? Yes No

Does your child require a special diet related to a medical condition? Yes No If yes, please elaborate:

Does your child have any difficulties in the following areas?

If yes, please specify in the adjacent line

Speech Yes No

Vision Yes No

Hearing Yes No

Sleep Yes No

Other medical concerns, if any: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I understand that I am responsible for any expense incurred by this action.

Parent's/Guardian's Signature

Date

FEES AGREEMENT

Total Fee Amount \$ _____

Parent Portion \$ _____ Subsidy \$ _____

(Please provide a photocopy of your most recent subsidy assessment before fees can be adjusted)

I agree to pay the above fees/parent portion on the 1st of every month and agree to pay the late payment cost of \$10.00 per day, per child after the 5th day of the month unless prior arrangements have been made with the program director.

Parent's/Guardian's Signature

I agree that non-payment of fees will result in notification to a collections agency to obtain any outstanding fees.

Parent's/Guardian's Signature

I agree to pay handling fee of \$30 if my cheque is declined by the designated bank that I provided for the child care fee.

Parent's/Guardian's Signature

I agree to pay a late fee of \$1.00 per minute if I pick up my child after 6:00 pm.

Parent's/Guardian's Signature

I agree to inform Jolly Learning Daycare 30 days in advance before withdrawing my child from the program.

Parent's/Guardian's Signature

N.B. Person or persons signing this contract are responsible for timely payments.

I have read and understood the contents of this document and I understand this is a legally binding contract.

Mother/Guardian's Name

Signature

Father/Guardian's Name

Signature

Registered by: Name: _____ Date: _____

Director's Signature _____

