

Jolly Learning Daycare
12222 137 Avenue, Edmonton, AB T5L4X5
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 _____	

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 _____	
Phone Number _____		Phone Number _____	

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

MEDICAL INFORMATION

Health Care Number _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide a copy of the immunization record	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Is your child's immunization up-to-date? _____	
Is your child on any daily medications? _____		Please specify _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reaction _____	
Any Allergies _____		_____	
Food/Other Restrictions _____		_____	
Does your child have any fears, habits or preferences? _____		_____	

I verify that the above information is true and correct.

Parent/Guardian's Signature _____	Date _____
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MEDICAL SUMMARY

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

CONSENT FORM

I have read and understood the contents of the parent handbook.

Parent/Guardian Signature

I have read and understood the contents of the health and medication policy.

Parent/Guardian Signature

I have read and understood the contents of the child guidance policy.

Parent/Guardian Signature

I give permission for the staff of Jolly Learning Daycare to take my child on regular walks around neighborhood, not exceeding a distance of one city block from the daycare.

Parent/Guardian Signature

I understand that Jolly Learning Daycare requires my signature for my child to attend field trips.

Parent/Guardian Signature

I allow Jolly Learning Daycare to display my child's art work and photos as part of the program within the daycare.

Parent/Guardian Signature

I allow Jolly Learning Daycare to use the Nipissing District Developmental Screen (NDDS) (a developmental screening tool) on my child while he/she is attending the program.

Parent/Guardian Signature

I give permission to the staff of Jolly Learning Daycare to administer first aid to my child if it is deemed necessary.

Parent/Guardian Signature

I hereby give my consent for my child to receive medical attention and treatment in case of accident or in an emergency situation that the staff of Jolly Learning Daycare or as treating physician determines to be in the best interest of my child should I not be available to reasonably provide such consent either in person or by phone. I hereby release and hold harmless Jolly Learning Daycare and all of the employees, agents, staff, directors, officers, contractors, and shareholders of the aforementioned daycare from any and all liability that may occur while my child is attending or participating in the daycare.

Parent/Guardian Signature

I give permission for my child to be transported by car, ambulance or an aid car to an emergency department for treatment and agree to hold harmless Jolly Learning Daycare and its employees from any and all liability. I take responsibility for the cost associated with such an action.

Parent/Guardian Signature

I acknowledge and accept on behalf of myself and the child, the potential risk of accidents, illness and injury inherent in a daycare facility and its related activities and hereby release Jolly Learning Daycare from any and all liabilities or accidents or illness or injury associated with my child's participation in the daycare and any of its related activities or programs.

Parent/Guardian Signature

I hereby acknowledge that I have read and understood the contents as provided in this document and I agree to consent to all of the above.

Parent/Guardian Name	Signature	Date
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Jolly Learning Daycare respects your privacy; we protect your personal information. We use your personal information to provide services. All information gathered from you is for licensing requirements to provide best care and safety for your child.