



REGISTRATION FORM

Date of Registration: _____ Preferred Start Date: _____

Full Name of Child: _____ Birthdate: Year _____ Month _____ Day _____

Address: _____ Postal Code: _____

Alberta Health Card #: _____ Gender: Boy Girl

Name Child Responds To: _____ School Attending: _____ Grade Level: _____

GUARDIANS

Guardian 1

Guardian 2

Name

Relationship to child

Home Phone

Cell Number

Work/School Number

Address (if different from child)

Email Address

APPROXIMATE PICK UP AND DROP OFF TIME

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DROP OFF					
PICK UP					

Do you have a back up care provider?

YES

NO

EMERGENCY CONTACT

	Person 1	Person 2
Name	_____	_____
Relationship to child	_____	_____
Home Phone	_____	_____
Cell Number	_____	_____
Work/School Number	_____	_____
Address	_____	_____
Can this person pick up child?		

Persons NOT Authorized to pick up child

(include paperwork and pictures)

Name	_____	_____
Relationship to child	_____	_____

HEALTH INFORMATION

	Doctor	Dentist
Name	_____	_____
Contact Number	_____	_____

CONSENT FOR EMERGENCY CARE/FIRST AIDE

I _____ authorize the staff of Stepping Stone Academy to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately. I agree to be responsible for any costs that may be incurred for any such action taken.

I also give the staff of Stepping Stone Academy Child Development Center permission to apply first aide for my child in case of an injury. I understand that any staff applying first aide will have a certificate in First Aide.

Guardian Signature: _____ Date: _____

ADDITIONAL HEALTH INFORMATION

Any Allergies or reactions? (list if yes and treatment) _____

Medical Conditions? _____

Any Food Restrictions? (list if yes) _____

Regular Medication(s) and reason(s) for? (list if yes) _____

Does your child have recurring problems with any of the following? (if yes, pls list specific care)

Constipation	_____	Frequent Ear Infections	_____
Convulsions	_____	Frequent Soar Throats	_____
Diarrhea	_____	Worms	_____
Fainting Spells	_____	Ringworm	_____
Frequent Colds	_____	Skin Rash	_____
Stomach Upset	_____	Lice	_____
Urinary Problems	_____	Other	_____

Has your child had any of these? (if yes, pls list specific care)

Asthma	_____	Bronchitis	_____
Chicken Pox	_____	Diabetes	_____
Heart Disease	_____	Hepatitis	_____
Impetigo	_____	Measles	_____
Mumps	_____	German Measles	_____
Polio	_____	Scarlet Fever	_____
Tuberculosis	_____	Whooping Cough	_____

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

Any concerns regarding your child's development behavior, speech, language, mobility, etc. (please list and describe)

Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc)

GROUP EXPERIENCES

1) Has your child had previous Daycare experiences? If yes, how did he/she adapt?

PLEASE LIST ALL DAYCARE CENTRES PREVIOUSLY ATTENDED:

2) What is/are your child's favorite toys/activities? _____

3) How does your child behave around other children (seeks others out, feels shy, etc)?

EMOTIONAL

1) How does your child react when left with unfamiliar people and/or in unfamiliar situations?

2) What suggestions do you have that would help staff ease your child's transition into the program?

FAMILY INFORMATION

1) Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc): _____

2) Languages spoken at home:

3) What is your method of discipline:

4) Is your child potty trained: YES NO - Any special word for bowel movement or urination?

5) Nap time and for how long? Special words for wake up and nap time?

6) Does your child have any security objects - blanket, soother, bottle, toy, etc?

7) What is your child's favorite activities with family?

8) Any siblings at home? (please list name and age and gender)

NUTRITION INFORMATION

1) What is your child's favorite food? _____

2) What is your child's food dislike? _____

SIGNATURE OF PARENT PROVIDING INFORMATION

Parent Signature

Date

PHOTO DOCUMENTATION CONSENT

Documenting the Centre's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only.

I, _____ understand that photos may be taken of my child as they take part in the daily activities at the daycare. I give the staff of Stepping Stones Academy permission to take photos, display in the classroom, newsletter and website. YES NO

Parent Signature

Date

PARENTAL CONSENT FOR COMMUNITY WALKS

I give permission for my child to go on walks, around the neighborhood, to play in the attached playground, to go to the library, or any of the businesses within the Hampton Terrace Plaza with the staff of Stepping Stone Academy Child Development Center. YES NO

Parent Signature

Date

PARENT'S HANDBOOK AND POLICIES & AGREEMENT

I, _____ (parent's or guardian's name) have read and understood the policies and procedures outlined in Stepping Stone Academy Development Centre Parent Handbook, and have received an orientation to the daycare that applies to my child _____ and our family.

I have also been given the opportunity to ask questions and have been notified that I can communicate with the staff and owners directly in the future at any time if I have any additional questions or concerns.

I, agree to pay the monthly fees of _____ with a non-refundable registration fee of \$100 which will be deducted on the last month of care. I will be given one-month notice for any changes to the above fees. Subsidy amount will be deducted to the above amount if I approve. If I fail to give 20 daycare days of notice of withdrawal, I will pay a full month fee.

Parent Signature

Date

\$100 Non-Refundable Registration Fee Paid by: CHQ CASH EMAIL TRANSFER

SUBSIDY YES NO CHILD ID # _____

DO YOU REQUIRE ASSISTANCE WITH SUBSIDY APPLICATION OR RENEWAL? YES NO

DIRECTOR'S SIGNATURE _____ Date: _____

Assigned Room: _____

Staff that first receive the child: _____

Staff signature: _____ Date: _____

Emergency Contact Form

Child's Name:

Date of Birth:

Address:

Health Care #:

Child Lives With:

Mother's Name:

Father's Name:

Cell:

Cell:

Work:

Work:

Email:

Email:

Emergency Contact #1

Name:

Address:

Home Phone:

Cell Phone:

Emergency Contact #2

Name:

Address:

Home Phone:

Cell Phone:

Health Concerns:

Immunization Up to Date:

Allergies:

Start date: