

# Mini Friends Daycare

## Registration Form

Date of Admission \_\_\_\_\_

Child's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate (YYYY/MM/DD) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus/Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Hours \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus/Cell# \_\_\_\_\_

Employment \_\_\_\_\_ Hours \_\_\_\_\_

### Emergency Contact Persons

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone home. \_\_\_\_\_

Phone home. \_\_\_\_\_

Phone work. \_\_\_\_\_

Phone work. \_\_\_\_\_

### Child's Doctor

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Alberta Health Care # \_\_\_\_\_

Child on any medication at home: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes then what type \_\_\_\_\_ and what for \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs or medical concerns (operations) \_\_\_\_\_

### Immunization Record

Is your child's immunization up to date? \_\_\_\_\_

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Local Emergency (Royal Alexandra Hospital): (780) 735-4111

Poison Control: 1-800-332-1414

# Mini Friends Daycare

## Background of Child

Had the child had any of the following illnesses?

Red measles	YES/ NO	convulsions (not epilepsy)	YES/ NO
German measles	YES/ NO	epilepsy	YES/ NO
Chicken pox	YES/ NO	head injury	YES/NO
Whooping cough	YES/ NO	accidental poisoning	YES/NO
Mumps	YES/ NO	removal of tonsils	YES/ NO
Heart trouble	YES/ NO	eye surgery	YES/NO

In the last year had the child had any of the following?

Difficulties with speech	YES/NO	3 or more earaches[	YES/NO
Difficulty with hearing	YES/NO	feeding/sleep problems	YES/NO
Difficulty with eyesight	YES/NO	daytime or bedwetting	YES/NO

Please list any other information that you considered is or will be relevant:

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## **Culture/ Country/language etc.**

Language \_\_\_\_\_ Culture \_\_\_\_\_ Country \_\_\_\_\_

National festival of your country & when celebrated \_\_\_\_\_

Previous experience in day-care describe in words \_\_\_\_\_

Family interests/activities involving child \_\_\_\_\_

How you can involve yourself in our daycare \_\_\_\_\_

## **Social and Emotional**

Brothers \_\_\_\_\_ Age \_\_\_\_\_ Sisters \_\_\_\_\_ Age \_\_\_\_\_

Characteristics of child's personality \_\_\_\_\_

Signs of child's tiredness \_\_\_\_\_ Child's fears \_\_\_\_\_

Discipline at home \_\_\_\_\_

Child reaction to illness: Will child tell staff? \_\_\_\_\_

Child's reaction to stress \_\_\_\_\_ is the child toilet trained \_\_\_\_\_

# Mini Friends Daycare

## Authorized persons to whom the child may be released:

Child will not be released to anyone that is not listed on the authorization form, if you want to name anybody please fill the name address and telephone number of those additional pickup authorized personal;

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## Field Trip

I hereby grant permission for my child \_\_\_\_\_ to accompany his/her group on field trips and neighborhood walks, which staff plans as part of the program. I also understand that I will be informed in advance, verbally, by letter, or by poster on the parent's board, of any field trip.

\* Note- This includes transportation to and from school, walking, and vehicle transportation.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Immunization Record

Is your child's immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If it's No then what's the reason? Also if required you have to provide the detail of immunization to the daycare authorities)

## Medical Attention

**I give permission to Mini Friends Daycare staff to give first aid during emergency conditions or when the staff observes that the child is in a situation to receive first aid help ( first aid will always be given by the staff who is certified with standard child care first aid)**

I release Mini friends daycare of liability for accidents or illnesses occurring to my child while he is in their care at their centre. In the event of an emergency when I cannot be reached, I give my permission for any medical procedure deemed necessary by my doctor or by another doctor/ physician selected by the centre. I understand that I remain responsible for expenses incurred by this attention and I also give them permission to transport my child to emergency if required in their daycare van.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Policy on Child Development

When children are lacking on some area in developmental areas, the teacher talk to the parent and provide them with resources that can be helpful to them or ask to see their doctor for help. The Daycare center uses nipsing as one of the tool to assess child development. Please provide any child development assessment or interest if you have in particular in your mind to the director or to the staff concerned.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Mini Friends Daycare

## All Parents Please Note the Following:

1. All fees must be paid one month in advance by the 5<sup>th</sup> day of the month.
2. One month's notice must be given for children leaving day-care.
3. Hours of daycare are from 6:30a.m. To 6:00p.m. Only. Please phone the daycare if you know you will be delayed in picking up your child. Also there will be an extra charge of five dollars for every 5 minutes late after 6:00p.m. Which should be paid to the staff that stays late?
4. A charge of \$25.00 will be charged for N.S.F. cheque's.
5. A sick child must not be brought to daycare. It is unfair to your child and the other children. If your child shows symptoms of an illness that we are uncertain of, we will request that you bring a doctor's note stating that your child is able to attend daycare.
6. Children, who are on subsidy and miss a day due to an illness, must have doctors note. This is for your subsidy officer.
7. Holiday parents are allowed twenty dollars off their regular fee per week. Maximum three weeks.
8. There is portfolio of child which you can go through if you have time while picking or dropping your child to the centre.

I hereby agree to abide with all the daycare rules and to inform staff of any of my child's problems that may arise in future.

Note: That center has open door policy for any suggestions and inputs.

Parent's Signature \_\_\_\_\_ Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill the time the child will be dropped off, and picked up from day care. This will help the center for staff planning.

Drop off place and time: \_\_\_\_\_

Pick off place and time: \_\_\_\_\_

Name, address & phone # of the school the child is attending \_\_\_\_\_

School start time regular days: \_\_\_\_\_

School finish time regular days: \_\_\_\_\_

School finish time early dismissals days: \_\_\_\_\_

# Mini Friends Daycare

Please keep this email and phone number handy all time for any type of correspondence with director relating to daycare.

Email: info.minifriendsdaycare@gmail.com

Phone: 780-478-4575

## Information Release Agreement

I \_\_\_\_\_, give permission to display my child's name on the following:

- My child's cubby and coat hook
- My child's pictures on posters showing various activities in daycare
- Any art work
- Any birthday related activities
- Allergies list
- Field Trip Permission List
- School list i.e. Listing name, phone # parent name, teacher name, school name etc
- Materials brought from home
- Medication Information
- Or any other place as may be suited by the room staff or director of the daycare for which I have no objection at all.

Comments if any you would like to give or share with us \_\_\_\_\_

Policies and parent hand book are read and understood by us

Child's Name: \_\_\_\_\_

Parent's Signatures: \_\_\_\_\_

Dated: \_\_\_\_\_

# Mini Friends Daycare

Name of Child: \_\_\_\_\_

## Sun Screen and Insect Repellent (Bug Spray) Permission Form

As part of the child care's daily routine, children spend a great deal of time outside. Our belief is that exposure to the outdoors is essential in all areas of a child's development.

During the seasons when UV becomes evident, the staff will apply sun screen before going outside to protect their skin from the damaging rays of the sun.

Depending on the year, mosquitoes can also hinder the enjoyment factor of outdoor play and have the potential to carry disease. In order for children to achieve the fullest potential of outdoor play, the staff can apply mosquito spray to your child, with your consent.

Mini Friends Daycare provides an SPF of 30 - 60, but if you wish to have your child use his/her own, please indicates below.

Mini Friends Daycare provides insect repellent (bug spray) that is sensitive to children, with low DEET content, but if you would rather not have insect repellent applied to your child, please indicates below.

### Please check off which applies to you:

\_\_\_\_\_ I authorize Mini Friends Daycare to use the sunscreen provided by the centre to my son/daughter.

Name of sunscreen : \_\_\_\_\_

SPF : \_\_\_\_\_

I would like my son/daughter to use the sun screen I provide.

Name of sunscreen : \_\_\_\_\_

SPF : \_\_\_\_\_

### Please check off which applies to you:

\_\_\_\_\_ I authorize Mini Friends Daycare to apply insect repellent with low DEET (N, N-diethyl-3-methylbenzamide) content provided by the centre to my son/daughter.

\_\_\_\_\_ I do not want my child to have insect repellent with low DEET content applied to my child.

\_\_\_\_\_ I authorize Mini Friends Daycare to apply insect repellent provided by me.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

# Mini Friends Daycare

## Guidelines for transportation of children to and from school:

Name of Child: \_\_\_\_\_

Name, address and phone number of school which child is attending or going to attend \_\_\_\_\_

Who is responsible for transporting the child? Please tick appropriate one:

Program: \_\_\_\_\_ Parent: \_\_\_\_\_ School bus: \_\_\_\_\_

Any other means (please specify what that means of transportation is) \_\_\_\_\_.

If the mode of transportation is Program Vehicle (DAY CARE VAN)

Please note that Day Care Van is semiannually inspected and is passed by operating authority for "Safety Fitness Certificate" and "Intra Provincial Operating Authority Certificate"

Time and location for drop off and pick up: (meeting place to be specified, e.g. inside the main school door, outside) have to describe in details of both normal days and days where there is early dismissal.

Pick up @ \_\_\_\_\_ at the main entrance inside the school building or have to pick from inside the class room \_\_\_\_\_.

## Responsibilities of the parent and the license holder regarding the transportation.

Parents responsibility to inform the child care facility of any change, deviation to plan, emergencies (e.g child sick): Parents should notify program immediately.

Procedures to ensure child is supervised when being dropped off at the school before school start time. Staff makes sure that the children enters the school building and drop him/ her inside the office. The staff on supervision at school is notified when the children are dropped off.

Procedure to find out the whereabouts of the child if he/she does not show up at pre-determined location at pick up time: Program phone school office to have child get paged and school phone and notify program whether child is present in class or not. Program also phone parent to confirm.

Procedure in place if child is detained due to school activity: for instance should a second trip be made to pick up the child: parents should notify program with regards to the activity of the child after school and no other trip will be made after pick up schedule.

Procedure in place that centre vehicle is involved in an accident: school will be informed of that and alternate arrangement will be done, taxi will be called to pick the child which parent agrees to and they sign in advance of this service being used in case of any daycare van accident or van not getting started etc.

Parents Signatures \_\_\_\_\_

# Mini Friends Daycare

## Parent Orientation Checklist

*WHERE KIDS SIMPLY GROW*

Welcome to Mini Friends Daycare. We understand that the enrolment process can be a confusing time for new parents and children, so we have compiled a checklist to assist in the orientation process. This, we hope, will help you all to settle in and enjoy the Day Care and Out of School Care experience.

### Do you know?

- How to sign in & out of the “sign in sheets” in the reception area/ their respective rooms?
- The opening & closing times of the centres?
- The procedure when you arrange for someone else to pick up your child?
- What to do if your child is absent or running late?
- The centre’s phone, fax or email address?
- Where the centre policies are kept?
- Who to approach to find out details of your child’s progress?
- How to pay your monthly fees in advance to avoid a late fee?
- Where to find & how to fill out medication forms? Where to put medication?
- Where the menus are displayed?
- Where to park & where parking is not permitted?
- Where to find program information?
- Where to find any messages or notices?
- Who to see if the office is unattended?
- When rest / sleep times are & what the policy is?
- Where to find out about your child’s day?
- What is an accident / incident form? Who is going to inform you if one happens?
- Where all the policies, parents handbook are kept?
- Where all information relating to daycare are posted like reports from health and licensing etc?
- Winter vacation will be for two weeks, which will be according to school closing dates issued by Edmonton Public School Board.

### Centre specific information

Email of the centre is : info.minifriendsdaycare@gmail.com  
Phone number of the centre is : 780-478-4575  
Your Centre’s directors are : \_\_\_\_\_  
Your child’s Teacher is : \_\_\_\_\_  
Your child’s Room is : \_\_\_\_\_  
Age group within this room is : \_\_\_\_\_  
Parents Signatures : \_\_\_\_\_  
Date : \_\_\_\_\_  
Directors Signatures : \_\_\_\_\_  
Date : \_\_\_\_\_



# Mini Friends Daycare

## Information sharing consent with outside agency

(If parents want to and are required then only please fill this)

Dear Parent,

Sharing information among professionals involved in a child's day promotes positive and supportive educational, child care and family support experiences.

Your consent will give permission for the exchange of information between Mini Friends Daycare and (name of agency along with telephone number etc.)

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By signature, I hereby give permission Mini Friends Daycare & Out of School care for the reciprocal exchange of information about my

child. \_\_\_\_\_

Signature of Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

## Neighbourhood walks/park visits

**I hereby grant permission for my child..... to leave the premises under the supervision of staff members for neighbourhood park visits/walks (Caernarvon Park & St. Timothy park)**

**Parents/Guardian signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_