



# LEARNING HANDS DAYCARE & OSC (ELMWOOD)

16615 – 83 Ave, NW, Edmonton  
Ph. 780.758.6647/ info@elmwooddaycare.ca

## REGISTRATION FORM

2007715 Alberta LTD. DBA – Learning Hands Daycare & OSC (Elmwood)

(Please Print in Black)

Dear Parent(s), please fill out all the information in the form. It is very important that we have the correct information for any emergency at all the times.

### General Information:

Date of Registration: \_\_\_\_\_

Start Date: \_\_\_\_\_ Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (yyyy/mm/dd)

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Nickname: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Email (self): \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Email (self): \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian with legal custody: \_\_\_\_\_

### Parents are:

Married \_\_\_ Common Law \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single \_\_\_

Previous Care:

Has your child been in childcare before? YES / NO May we contact them for a reference? YES / NO

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_ Why are you changing providers? \_\_\_\_\_

Emergency Contacts:

Primary Emergency Contact (other than parents or guardian) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Person (s) NOT authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: \_\_\_\_\_

Comment \_\_\_\_\_

Medical & Emergency Information:

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Medicine allergic to: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any other Allergies: \_\_\_\_\_

Special instructions in case of an allergic reaction \_\_\_\_\_

Immunizations complete? YES/NO

**Any special health conditions:**

Does your child have any medical condition that needs ongoing care or attention: \_\_\_\_\_

**Development:**

- YES / NO                      The child has a hearing or visual problem (other than glasses).
- YES / NO                      The child has a developmental delay.
- YES / NO                      The child has a behavioral disorder (ADD, Autism, PDD, etc.).
- YES / NO                      The child has delays with gross and/or fine motor activities.
- YES / NO                      The child has strong separation anxiety.
- YES / NO                      The child has a speech delay.

If YES please explain:

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**Previous Experiences:**

- YES / NO    The child has had a past traumatic experience (i.e., family divorce, abuse, violent experiences).
- YES / NO    The child has been terminated from a childcare facility previously.
- YES / NO    The child requires one-on-one care in a childcare facility.
- YES / NO    The child is sensitive to loud noise or quick movements.

If YES please explain:

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If yes to any of the above, we will observe the child to determine the child’s transition into the new environment and if we can provide adequate care without enhanced support. We reserve the right to discontinue care with a 2 weeks notice, if we feel that we are not able to meet the child’s needs. If FSCD support is required, the care will be resumed after parents/caregiver gets all the required assessments/diagnosis done and gets FSCD approval. And we have hired the required staff.

Please note that withholding any information which results in difficulties in a child’s transition or in our ability to provide proper care will result in immediate termination of care for the child.

I have read the above and agree that all information provided is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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

All About My Child:

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters, their names and ages are: \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Favorite things \_\_\_\_\_

Favorite places... \_\_\_\_\_

Favorite foods... \_\_\_\_\_

Favorite activities... \_\_\_\_\_

Favorite books... \_\_\_\_\_

Favorite colors... \_\_\_\_\_

Any particular fears? ... \_\_\_\_\_

What comforts your child?... \_\_\_\_\_

What goals would you like your child to accomplish while at the Center? \_\_\_\_\_

Does your child have a regular bedtime schedule? YES / NO AM Wake up time: \_\_\_\_\_ PM Bedtime: \_\_\_\_\_

Does your child have a regular nap time? YES / NO

Naptime: \_\_\_\_\_ Wake up time: \_\_\_\_\_

How does your child sleep? STOMACH / SIDE / BACK

Are there any special dolls, blankets, etc. that your child needs to go to sleep? \_\_\_\_\_

What is your child's disposition upon waking up? Happy/Clingy/Grouchy/Sad/Energetic/Hungry/Confused/Scared/Other: \_\_\_\_\_

How did you hear about Learning Hands Daycare & Out of School? \_\_\_\_\_

How long are you planning on attending our facility? \_\_\_\_\_

Security Information:

Learning Hands Daycare & Out of School requires that all families to provide us with a copy of their photo ID, preferably driver's license. This will be used to verify identity for first time visits by parents as well as the emergency contacts or other people authorized by parents before releasing their child.

\_\_\_\_\_  
Parent Signature

Fees Agreement & Termination of Care:

Total Fee \$ \_\_\_\_\_ Less Subsidy & Grant \$ \_\_\_\_\_ Parent Portion \$ \_\_\_\_\_

Non-refundable registration fee of \$50.00: PAID / UNPAID \$ \_\_\_\_\_

I \_\_\_\_\_ agree to pay the above fees / parent portion on the 1st of every month.

I \_\_\_\_\_ agree that non-payment of fees for time used at daycare will result in notification to a collections agency to obtain any outstanding fees.

I \_\_\_\_\_ agree to inform the Center thirty (30) days before terminating care for my child. I understand that failure to do so will result in additional charges. Charges will be determined by the current monthly fee.

I \_\_\_\_\_ understand that the daycare can terminate care for my child after giving me a thirty (30) day notice, without any explanation to cause.

Person/s signing contract are responsible for payment:

I understand this is a legally binding contract and I have read it and understand it.

Parent/Guardian (Mother) signature \_\_\_\_\_

Parent/Guardian (Father) signature \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Registered by: \_\_\_\_\_

Terms and Conditions:

Please read through the following and initial beside if you agree to the terms and conditions:

\_\_\_\_\_ I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Learning Hands Daycare & Out of School. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment and agree to pay for any costs involved and hold Learning Hands Daycare & Out of School and its employees harmless.

\_\_\_\_\_ In the event that I cannot be contacted immediately, medical, or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Learning Hands Daycare & Out of School and its employees harmless.

\_\_\_\_\_ I understand that if due to any medical condition/prolonged behavioral/prolonged emotionally disturbed state, the staff is unable to meet child's needs without compromising the care for other children in the group/room; the centre can send my child home.

\_\_\_\_\_ I hereby request that my child, \_\_\_\_\_ be permitted to go to the nearby Elmwood Community League Grounds/other nearby park or for a walk around the block, that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

\_\_\_\_\_ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

\_\_\_\_\_ I understand that I must bring my child before 10:00 AM unless prior arrangements were made with the Director or Owner. I am aware that the Center may refuse my child after 10:00 AM if previous arrangements were not made.

\_\_\_\_\_ I am aware that Learning Hands Daycare & Out of School follows the Canada Food Guide and promotes healthy choices for children. Learning Hands Daycare & Out of School may choose not to serve an unhealthy item to my child. I will try to ensure lunches and snacks are healthy and nutritious.

\_\_\_\_\_ I understand that Learning Hands Daycare & Out of School may terminate my child from the facility immediately for the following: written, verbal or physical (hitting/biting etc.) abuse against staff by the child or parent; or towards the children in the Center; and/or non-payment of fees.

\_\_\_\_\_ I allow Learning Hands Daycare & Out of School to photograph my child. I am aware that these photographs may be used for art, bulletin boards and goodbye books for other children.

\_\_\_\_\_ I allow Learning Hands Daycare & Out of School to videotape my child. I am aware that these videos may be used around the Center.

\_\_\_\_\_ I allow Learning Hands Daycare & Out of School to use photographs (Faces blurred or covered with emoji's) and videos of my child on the website and for promotional materials. I understand that no names will be used, and all confidentiality will remain intact.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date