

Child Registration Form (all fields must be completed for children to be admitted)

Start date:		Termination date:	
Child's first name:		Child's last name:	
Child's address:		Postal code:	
Date of birth (mm/dd/yyyy):		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child lives with:	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/>

Subsidy information

I have applied for subsidy:	Yes No	I plan to apply for subsidy	<input type="checkbox"/>
Subsidy is approved:	Yes No	I do not plan to apply for subsidy	<input type="checkbox"/>
Parent is currently a:	NorQuest student <input type="checkbox"/>	NorQuest employee <input type="checkbox"/>	Community member <input type="checkbox"/>

Note: If you have a subsidy approved, you must attach a copy of your approval letter to your registration.

Parent/guardian contact information

Parent/guardian

First name:		Last name:	
Home phone #:		Cell phone #:	
Home address:		Postal code:	
Workplace:		Work phone #:	
Name of school:		School phone #:	
Email address:			

Parent/guardian

First name:		Last name:	
Home phone #:		Cell phone #:	
Home address:		Postal code:	
Workplace:		Work phone #:	
Name of school:		School phone #:	
Email address:			

Other

First name:		Last name:	
Home phone #:		Cell phone #:	
Home address:		Postal code:	
Workplace:		Work phone #:	
Name of school:		School phone #:	
Email address:			

Additional emergency contacts

First name:		Last name:	
Home phone #:		Cell phone #:	
Home address:			
Workplace:		Work phone #:	
Relationship to child:		Authorized pick-up:	Yes No

First name:		Last name:	
Home phone #:		Cell phone #:	
Home address:			
Workplace:		Work phone #:	
Relationship to child:		Authorized pick-up:	Yes No

First name:		Last name:	
Home phone #:		Cell phone #:	
Home address:			
Workplace:		Work phone #:	
Relationship to child:		Authorized pick-up:	Yes No

Child's medical information (complete all fields)

Health care number:			
Doctor's name:		Doctor's phone #:	
Medical concerns:			
Hospital:			
Allergies (list):			
Diet restrictions (list):			
Are your child's immunizations up to date?	Yes No		
Does your child take ongoing medication?	Yes No		
If yes, specify:			

Child's background information

Has your child had any of the following illnesses in the past?

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	Tonsils removed	Yes No

In the last year has your child experienced difficulties in any of the following areas of development?

Speech problem	Yes No	Three or more earaches	Yes No
Hearing problem	Yes No	Feeding or sleeping problems	Yes No
Eyesight problem	Yes No	Daytime or bedtime wetting	Yes No

List any other information we should know about your child.

Child's cultural background: _____

Country of origin: _____ Date of arrival in Canada: _____

Main language spoken at home which child understands: _____

Other children in the family:

Name: _____ Date of birth (MM/DD/YY): _____

Name: _____ Date of birth (MM/DD/YY): _____

Name: _____ Date of birth (MM/DD/YY): _____

Name: _____ Date of birth (MM/DD/YY): _____

Has the child had any previous childcare experiences? Yes | No

Family interests/holiday celebrations: _____

List any activities the child enjoys: _____

Child's fears: _____

Discipline at home: _____

Social and emotional

How does your child react to new environments? For example, does your child act scared, shy, or friendly?

What is your child's sleeping routine? Does he/she take naps?

Child's reaction to being tired: _____

Child's reaction to illness:

Child's reaction to stress:

Is your child toilet-trained? _____

If no, how can we support your child in this developmental area?

Consent forms

In the event that I cannot be reached and emergency medical treatment is required for my child, I hereby agree to allow the director or staff of the 1000 Women Child Care Centre to seek any medical treatment appropriate. I agree to be responsible for any costs incurred as a result of this medical treatment.

Pick-up authorization

I hereby authorize the following people to pick up my child at the 1000 Women Child Care Centre. If there are any changes in these arrangements, I will give the centre written notice in advance.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Parent/guardian signature: _____ Date: _____

The following authorizations are necessary for the centre's director and/or staff to act on your child's behalf at all times. Ensure that all requested information is completed in full.

Photography/video/media consent

At the 1000 Women Child Care Centre we take a lot of photos and sometimes videos for documentation and advertisement purposes. For this reason we ask all parents to consent or decline that we can take photos/video of their child/children and use them **internally** for childcare craft projects, documentation, learning stories and planning circle, as well as, **externally** for program promotions, brochures, advertising, etc.

Fill in your name and circle your request.

I, _____, hereby **Do / Do Not** provide the 1000 Women Child Care Centre consent for my child to be photographed/videotaped for the purpose of **internal** use.

Parent/guardian signature: _____ Date: _____

I, _____, hereby **Do / Do Not** provide the 1000 Women Child Care Centre consent for my child to be photographed/videotaped for the purpose of **external** use.

Parent/guardian signature: _____ Date: _____

Sunscreen and insect repellent consent

Fill in your name and circle your request.

I, _____, hereby **Do / Do Not** provide the 1000 Women Child Care Centre consent for staff to apply sunscreen and insect repellent (provided by parents) on my child in spring and summer as needed.

Parent/guardian signature: _____ Date: _____

Attendance (child care contract form)

My child will be dropped off and picked up at the 1000 Women Child Care Centre on the following days of the week (circle your requests):

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Start date: _____ Drop-off time: _____ Pick-up time: _____

Note: The maximum number of hours should not exceed 10 hours per day.

Age of child: _____

Hours of care

Initial each line that applies to you. Your initials mean that you fully understand the policies/procedures as outlined by the 1000 Women Child Care Centre.

_____ **Full-time child care:** Parents who register their child for full-time care will be charged a full-time rate regardless of their child's illness, holidays, vacation, or days off.

_____ If there is any change in the contracted days, we require **one month notice**. Parents will be required to complete another "1000 Women Child Care Centre Parent Contract and Agreement" form.

_____ I agree to notify the centre when my child will be absent or needs to be picked up by someone other than myself.

_____ Timesheets for each child in care must be signed by the parent or guardian monthly.

Initial each line after you have read and understand the following policies:

Fees

_____ Child care fees are paid through electronic funds transfer and will be withdrawn from my account on the fifth of each month.

_____ Full fees will be charged including weeks that have statutory holidays and for children who miss any part of the week due to illness or vacation time.

_____ Non-sufficient funds payments are subject to a \$25 administration charge.

_____ I agree to make sure that my child or children are picked up prior to the 5:30 PM closing time.

_____ A charge of \$1.00/per minute will be applied for any excessive or unexplained late pick-up. If there is an emergency and I will be late, I will call the child care centre to notify them.

_____ Three or more consecutive late pick-ups may result in an increase of late fees and may lead to discontinuation of my child care services.

_____ Parents/guardians are responsible for the full child care fee if a subsidy or bursary is not in place. Once a subsidy or bursary is in place, full payment will be forwarded to the monthly parent's portions.

Child care and emergency care

_____ I allow the child care centre staff to obtain medical aid for my child in the event of an emergency, realizing that this may involve the transportation of my child via ambulance.

_____ I authorize the child care centre to post information regarding my child's allergies and food restrictions.

Vacation/absences

_____ In order to hold my child's/children's space, payment is required while I or my child is on vacation. Child care fees will be withdrawn on the fifth day of the month for which care is provided.

_____ I agree to provide alternate care for my child on the days he/she is ill, or becomes ill while in the child care centre.

_____ I understand there is no reduction in payment for holidays or absences.

Tax receipts

_____ Child care fees are tax deductible. An official tax receipt will be given annually prior to federal tax deadlines. Retain this receipt for your records.

Leaving child care

_____ I agree to provide in writing **one month notice** in the event that I plan to leave the 1000 Women Child Care Centre. In the case that I am unable to provide a written notice of one month, I agree to make two weeks payment in lieu of insufficient notice.

Changes in contracted hours

_____ If at any time the contracted hours of care change, one month notice may be required to make changes, and a new contract will need to be completed.

Other

_____ I have read (or had verbally translated), understand, and accept the responsibilities and policies in regard to discipline, illness, administration of medication, arrival, and dismissing procedures and emergency evacuations.

I have received, read (or had verbally translated), and accept the policies written in the Parent Handbook and contract. I agree to meet the terms of these policies and this contract, and accept the responsibilities of myself as a parent/guardian.

Parent/guardian signature: _____ Date: _____

1000 Women Child Care Centre Membership Application Form

The 1000 Women Child Care Centre is operated by the Intercultural Child & Family Centre (ICFC) which is a charitable, non-profit organization that is governed by a Board of Directors. As a parent with a child registered with the 1000 Women Child Care Centre you automatically become a member of the ICFC organization. As a member you can vote for Board of Directors or put your name forward to become a board member.

Check the boxes that apply to you.

I am interested in contributing to the 1000 Women Child Care Centre in the following way:

- volunteering for the ICFC Board of Directors
- exploring other volunteer activities
- I have a talent that I would like to share with educators in the classroom, such as playing a musical instrument or special craft ideas. My talent is:

Signing below confirms your membership:

Parent/guardian name (print): _____

Thank you for registering your child with the 1000 Women Child Care Centre.

The personal information requested on the registration form is collected under the authority of section 11(1) of the Alberta Personal Information Protection Act. After you consent, the registrant information will be used in the admissions process, to help us understand and care for your child. For information about the collection and use of this information, contact the Intercultural Child & Family Centre, 9538 107 Avenue, Edmonton, AB, T5H 0T7, Tel. 780-441-1443.