

Little Einsteins Childcare @ St. Charles Inc.

Rm 105, 10423 – 172 Avenue, Edmonton, AB T5X 4X4 Ph: 780-472-1936 Fx: 780-486-6736

REGISTRATION FORM

____ KINDER ____ OUT OF SCHOOL CARE

FLORENCE HALLOCK SCHOOL STUDENT Yes No

(Fill out form on your computer, print, sign and initial where necessary, and bring in to centre or fax to 780-486-6736)

REGISTRATION / DEPOSIT FEE

Please send all deposits and registration forms to:

202, 10479 – 184 Street, Edmonton, AB T5S 2L1

Fax: 780-486-6736

I _____, understand and acknowledge that I must pay a **\$300.00 deposit** plus a **\$40.00 registration fee** to Little Einsteins Childcare @ St. Charles Inc.

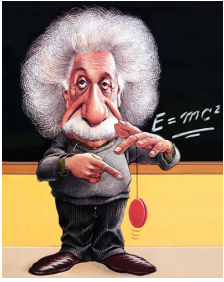
I further understand that these amounts are **non-refundable** and the deposit will be used towards first month's childcare fee.

Print Name:

Signature:

Date:

(This form must be completed, signed, dated and returned with registration.)



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(Fill out form on your computer, print, sign and initial where necessary, and bring in to centre or fax to 780-486-6736)

Child's Name: _____

Date of Registration: _____

Starting Date: _____

Child's Age: _____ Male Female

Child's Date of Birth: _____

Legal Guardian: _____

Mother's Name: _____ Email Address: _____

Mother's Home Phone: _____ Cell #: _____

Mother's Place of Work: _____ Phone: _____

Is mother allowed to pick up child? Yes No

Father's Name: _____ Email Address: _____

Father's Home Phone: _____ Cell #: _____

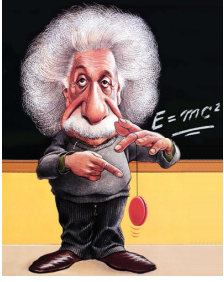
Father's Place of Work: _____ Phone: _____

Is father allowed to pick up child? Yes No

Child's Home Phone: _____

Child's Home Address: _____

Edmonton, Alberta Postal Code: _____



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(Fill out form on your computer, print, sign and initial where necessary, and bring in to centre or fax to 780-486-6736)

Parent to be Contacted in Emergency: _____

Emergency Contact Person #1: _____ Relationship to Child: _____

Emergency Contact Address: _____

Emergency Person Place of Work: _____

Work Phone: _____ Home Phone: _____ Cell #: _____

Emergency Contact Person #2: _____ Relationship to Child: _____

Emergency Contact Address: _____

Emergency Person Place of Work: _____

Work Phone: _____ Home Phone: _____ Cell #: _____

Family Physician: _____ Phone: _____

Child's Alberta Healthcare Number: _____

Is the child on daily medications? Yes No

If yes, what name? _____

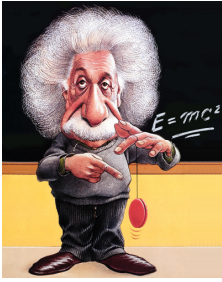
What dosage? _____ How many times a day? _____

Any allergies or medical problems? Yes No

If yes, please describe: _____

Is child's immunization up to date? Yes No

Any other information the staff should be aware of? Yes No If yes, please specify: _____



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Is anyone PROHIBITED (not allowed) to pick up the child? : Yes No

If yes, name of person(s): _____

Relationship to Child: _____

- Children **WILL NOT** be released to anyone who is not authorized in writing by the parent / legal guardian.
- **NO TELEPHONE CALLS** are acceptable to change authority for pick-up authorization (**MUST BE IN WRITING**).
- All persons picking up the child **MUST** provide picture identification.
- Little Einsteins Childcare reserves the right to refuse **ANYONE** picking up a child who does not appear to be in a responsible condition.

BESIDES THE PARENTS, LIST BELOW THE ONLY OTHER PERSONS THAT YOU AUTHORIZE TO PICK UP YOUR CHILD:

Name: _____ Phone: _____ Cell #: _____

Address: _____

Relationship to Child: _____

Name: _____ Phone: _____ Cell #: _____

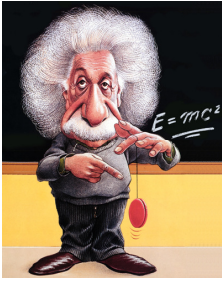
Address: _____

Relationship to Child: _____

Name: _____ Phone: _____ Cell #: _____

Address: _____

Relationship to Child: _____



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(Fill out form on your computer, print, sign and initial where necessary, and bring in to centre or fax to 780-486-6736)

Has child been in childcare before? Yes No

If yes, name of centre: _____

Child will arrive at centre at what time? _____

Child will be picked up at what time? _____

**CHILDREN MUST BE PICKED UP NO LATER THAN: 5:45 P.M.
\$20.00 “LATE FEE” FOR EACH 15 MINUTES LATE.**

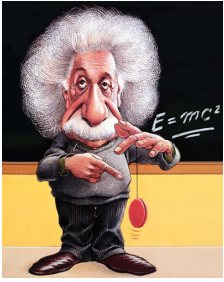
INITIAL _____

I understand that the monthly fee for my child is due and payable on the day the child starts and that monthly fees are due on the first day of each month. If the first is a holiday, then the fees are due on the next business day that the centre is open. If monthly fees are not received on the 1st of the month, a late fee will be due in the amount of \$40.00 unless previous arrangements have been made. Parents are encouraged to pay by post-dated cheques.

INITIAL _____

I understand that **I AM REQUIRED TO GIVE LITTLE EINSTEINS CHILDCARE @ ST. CHARLES INC. ONE (1) FULL MONTH “WRITTEN” NOTICE PRIOR TO REMOVING MY CHILD.** If I fail to provide that “Written” notice, I will be required to pay one additional month’s fees.

INITIAL _____



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I, _____ hereby give permission for **Little Einsteins Childcare @ St. Charles Inc.** to photograph _____ (name of child) in his/her daily activities and special events and understand that they may be displayed on the picture board. No pictures will be used for publication or telecast.

I hereby grant permission for my child to leave the centre premises under the supervision of the staff members of **Little Einsteins Childcare @ St. Charles Inc.** for outdoor walks, field trips (i.e. Sledding, or going to play in the nearby playground), and other such related activities.

I also grant permission for the Owner, Administrator, Director, or Acting Charge Staff to take whatever steps are necessary to obtain emergency medical treatment if warranted. I will also be responsible for any ambulance expenses. These steps may include, but are not limited to: **a.** Attempt to contact a parent or guardian **b.** Attempt to contact the child’s physician **c.** Have the child transported to an emergency facility/hospital in the company of a staff member.

I grant permission for and give consent to medical or surgical treatment by a licensed physician and/or hospital, and further consent to the administration of any necessary anesthetics, medical treatments including tests, transfusions, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable in the event of an emergency.

I/We acknowledge that **Little Einsteins Childcare @ St. Charles Inc.** endeavors to provide the finest care possible for all children enrolled in its program. Accordingly, I/We acknowledge that **Little Einsteins Childcare @ St. Charles Inc.** reserves the right to refuse enrollment or the continued enrollment of my child, should the management of **Little Einsteins Childcare @ St. Charles Inc.** in its sole discretion, determine that my child poses a health, behavioral or management problem to its childcare, operation or staff.

I/We acknowledge that we have read the contents of the PARENT HANDBOOK and agree to be bound and abide by the rules and regulations set forth therein. However, I/we acknowledge that the PARENT HANDBOOK is set up to regulate the day to day activities and long range plans of the centre, as well as to inform parents of the goals and working of the Child Care Centre, and as such, the contents thereof may be subject to change by **Little Einsteins Childcare @ St. Charles Inc.** in its sole discretion. I/We hereby agree to abide to any new rules or regulations established by **Little Einsteins Childcare @ St. Charles Inc.** and communicated to me/us.

Should legal action be necessary, I understand that all legal fees will be at my cost.

Parent Signature _____

I understand all of the details of the “Registration Form” including the “Late Fee” structure and the “Notice when leaving” requirements. I have received a copy of “**Little Einsteins Childcare’s** information and policies” outline and I acknowledge same.

SIGNED: _____

PRINT NAME: _____ DATE: _____