



REGISTRATION PACKAGE

Registration fee (non-refundable) - \$100.00

Name of Child: _____

Start Date: _____

Parent's Email I.D.: _____

Daycare Email I.D : Leducstarsacademy@gmail.com

Daycare Phone number : 587 -453-0887

Registration Form

Child's Information

Child's Name: _____ Age: _____ D.O. B: _____

Address: _____

Parent Information

1. Mother's Name: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Work Ph Number: _____

2. Father's Name: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Work Ph Number: _____

Emergency Contact Information (mandatory Beside Parents)

1. Name: _____

Phone # (H): _____ (W) _____ (C)

Address: _____

Relationship to Child: _____

2. Name: _____

Phone#(H): _____ (W) _____ (C)

Address: _____

Relationship to Child: _____

Any allergies, regular medication, chronic condition, etc.: _____

Alberta Health Care #: Date of last _____ Immunization up to Date: Yes, _____ No _____

Immunization: _____

Authorized People to whom the child may be released:

Name: _____ **Phone#:** _____

Relationship to the child: _____

Parents with custody of the child, please list any agreements: _____

Name of Physician: _____ **Phone#:** _____

Time of Arrival: _____ **Pick-up Time:** _____

Bus Service Required: Yes _____ **No** _____

Child's Personality

Please answer the following questions to help us understand your child's needs and interests.

1. **Favorite Activities:** _____

2. **Fears (if any):** _____

3. **Dislikes:** _____

4. **Reaction to stress:**

5. **Previous Daycare/Day home (if any):** _____

6. **Sleep pattern:** _____

7. **Physical Goal:** _____

8. **Personal Goal:** _____

9. **Pets (if any Yes or No** _____

10. **Food Allergies: Any: Yes or No** _____

10. **Anything else that you would like us to know about your child/children:**

MEDICAL CONSENT FORM

In case of an accident and/or illness and unavailability of the parent, we need permission to be able to:

- Yes/No _____ Contact the child's physician or if the physician is not available either, to be able to contact another physician for the purpose of administering the necessary treatment to your child and Release of necessary information for care.
- Yes/No _____ Be transported by ambulance, if required and ready to pay the ambulance fee. Parent/Guardian Signature

.

.

Dated

.

Program Director Signature

_____ (Dated)

PERMISSION TO TRANSPORT TO SCHOOL

I, _____ authorize the LEDUC STARS ACADEMY, to transport my child/children to and from _____ school by the authorized daycare vehicle or walking if weather permits.

Parent/Guardian

Signature Dated: _____

USE OF PHOTO CONSENT

I/We _____ hereby give LEDUC STARS ACADEMY permission to take and use my child/children's or family photographs and/or videos. I/We understand that these photographs will be used for displays.

- for use of our website.
- for use in local newspaper
- for our Facebook Page

Parent/Guardian Signature

Dated

Observation & Assessment Consent

I/We, _____, hereby give consent to LEDUC STARS ACADEMY for me _____ child, to be a part of

- Internal (room staff)
- External (FCSS-Family & Community Support Services & Other agencies) Observations and Assessments, done for Developmental and Physical Environment success.

Fees Agreement:

Total Fee \$ _____

Subsidy \$ _____

Parent Portion \$ _____

Non-refundable registration fee of \$100.00: 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.

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 LEDUC STARS ACADEMY. 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 hold LEDUC STARS ACADEMY 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 its employees harmless.

_____ I hereby request that my child, _____ be permitted to participate in field trips, to the park or any other activities 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. Exceptions accepted when help is required.

_____ I understand that I must bring my child before 09.30 AM unless prior arrangements were made with the Director or Owner. I am aware that the Center may refuse my child after 09.30 AM if previous arrangements were not made.

_____ I am aware LEDUC STARS ACADEMY follows the Canada Food Guide and promotes healthy choices for children. LEDUC STARS ACADEMY 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 LEDUC STARS ACADEMY may terminate my child from the facility immediately for the following written, verbal or physical abuse against staff or children in the Center and/or non-payment of fees.

_____ I allow LEDUC STARS ACADEMY 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 LEDUC STARS ACADEMY to videotape my child. I am aware that these videos may be used around the Center.

_____ I allow LEDUC STARS ACADEMY to use photographs and videos of my child on the website and for promotional materials. I understand that only my child's first name will be used, and all confidentiality will remain intact.

_____ I understand that once I leave the program, I will be provided with a tax receipt.

_____ I have read and understand the parent handbook. I agree to abide by the policies and procedures outlined in the parent handbook.

Name

Signature

Date(yyyy/mm/dd)

Two-Week Trial Period

The first two weeks of a child's enrollment is a trial period for both the parents and the center. During the two-week trial, the parent or the provider can terminate the childcare contract without reason or notice as listed below in the termination of childcare agreement. No childcare payments are reimbursed in the event of termination.

Payment is due for those two weeks regardless of if the child attends or not. In the event that payment is not made, late fees will be charged in accordance with the above policy for a total of thirty days. Anyone who terminates childcare and has a balance that is outstanding will need to have the account settled within 30 days. All accounts not settled within 30 days, legal actions will be pursued such as but not limited to turning the account over to a collections agency regardless of amount owed and reporting account to all credit reporting agencies. Daycare reserves the right to terminate a childcare agreement at any time. We will give two weeks' notice of termination for which full tuition is due, whether or not the child is in attendance. The provider reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the provider or other children in attendance. In the event that your care is terminated immediately, there are NO REFUNDS.

Reasons for the termination can include but are not limited to

- Violation of contract or policy and procedures by the parent
- Failure to complete the required forms
- Failure to pay fees in accordance with the contract
- Monthly Fees not Paid within 1st week
- Child Behavior
- Inability to meet the child's needs
- Lack of Parental Cooperation
- Physical or verbal abuse of any person or property
- Habitual tardiness

Trial Period Fees: The trial period fees are non-refundable. This means that parents or guardians are expected to pay a fee for the initial trial period, regardless of whether they decide to continue with the childcare center or not. This fee is typically meant to cover administrative costs and secure the child's spot during the trial.

* **Observation Time Frame:** During the first 1-2 weeks of enrollment, there will be an observation period. This is a time when staff will closely monitor and assess the child's behavior, needs, and adaptability to the group setting.

* **Unknown Challenges or Behaviors:** If any unknown challenges or behaviors arise during the initial weeks, such as difficulty adapting to the group setting or special needs that were previously unacknowledged or undiagnosed, the daycare center will address them promptly.

* **Discussion and Finding Solutions:** The daycare center is committed to finding solutions for any challenges that may arise. This could include providing additional support, such as a teacher's aide, if necessary. There will be a discussion with the parents or guardians to explore possible solutions.

* Alternate Care Arrangements: If it's determined that the daycare center does not have the necessary resources to support a child's specific needs, and finding a solution within the center is not feasible, alternative care arrangements will be discussed. This may involve helping parents find a more suitable childcare provider that can meet the child's needs.

* Open Communication: Parents or guardians are encouraged to communicate any concerns or questions they may have regarding this policy. The daycare center values open communication to ensure the best possible care for the children.

Name

Signature

Date(yyyy/mm/dd)