



6823 43rd Ave NE, Calgary AB T1Y 5N9

Phone: 403-293-9293 Fax: 587-296-3293 childway@telus.net

Registration Form

(Please write clearly)

Admission Date: _____

Discharge Date: _____

Child's Information

Child's Name: _____

Child's Address: _____

Child's Birth Date: _____ Male Female

Child Lives With: Mother Father Other (relationship) _____

OR alternates week by week

Parent's Information

(All the information MUST be filled in)

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

Phone Number: _____ Phone Number: _____

Cell Number: _____ Cell Number: _____

Place of work: _____ Place of work: _____

School program/
Occupation: _____ School program/
Occupation: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Hours of work: _____ Hours of work: _____

E-mail Address: _____ E-mail Address: _____

Emergency Contact Information

Emergency contacts must be someone local other than you and your spouse and who are able to pick your child up from the daycare if we cannot reach you.

1st Emergency Contact: _____

Address: _____ Home #: _____

Cell #: _____ Work #: _____

2nd Emergency Contact: _____

Address: _____ Home #: _____

Cell #: _____ Work #: _____

Authorized person/s to whom the child may be released (names): _____

Persons NOT authorized to pick up the child: _____

Eating Habits

How does the child eat (check all that apply)

Bottle _____ Cup _____ Spoon _____ Fork _____

Who feeds the child: Adult _____ Child _____

What are the child's favourite foods: _____

What does he/she not like: _____

Are there any religious or dietary restrictions: yes no

Describe: _____

Toilet Habits

Is the child toilet trained: yes no working on it

Term used for bowel movement: _____ Urine: _____

Does the child wear diapers: _____

Medical Conditions/Allergies

Child's Personal Health Number: _____

Are there any recurring medical problems: _____

Is your child on any on-going medication: yes no

Name of medication: _____

Is your child's immunisation up to date: yes no

Are there any allergies (please be specific) _____

Are there any developmental/behavioural/emotional disorders diagnosed:

No Yes

Describe: _____

Name of last medical clinic attended _____

Where was the clinic located (city/province) _____

Name of last daycare attended and location _____

Attendance schedule

Monday Tuesday Wednesday Thursday Friday

Are you applying for subsidy? YES NO

Additional Information

Child will arrive at the center at _____ and will leave at _____

Names and ages of brothers and sisters _____

Is the child friendly with: Adults _____

Children _____

What are the languages spoken at home _____

Are there any Canadian holiday celebrations your child does not participate in? (Christmas, Halloween) _____

What celebrations do you observe _____

Does your child have a pet (name and type) _____

Does your child have any fears _____

Is your child involved in any sports or organized activities _____

Have any changes occurred in the child's environment recently (birth of a sibling, recent move, family changes)

Is there anything else we should know to help the transition into our child care program



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Off-Site Activity Release Form

I _____ give permission for _____
Name of parent/guardian Name of child

To participate in a walk in the neighbourhood or to play at the nearby park. I understand that this is part of the community awareness and involvement that the daycare does and that all safety precautions will be taken. I agree to release Temple Child's Way and its staff from liability for illness or unpreventable accident occurring during this time.

Signature of Parent/Guardian

Date

Signature of Management

Date

Unusual Circumstance

I _____ give Temple Child's Way permission to
Name of Parent/guardian

transport _____ under supervised care using
Name of Child

staff vehicles, taxi or transit when unusual circumstances and/or emergency situations warrant their use and agree to release Temple Child's Way and any staff, drivers or supervisors from liability for any illness or preventable accident occurring during this time.

Signature of Parent/Guardian

Date

Signature of Management

Date



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Permission and Release Form
Emergency Care

I _____ give Temple Child's Way permission to
Name of Parent/guardian
provide emergency care to _____ in case of an accident
Name of child
or illness and agree to release Temple Child's Way Daycare and its staff from liability for any circumstances arising from providing emergency care that is not due to gross negligence on the part of any staff member. Any staff giving emergency care will hold a current First Aid certificate. I understand that if emergency care is required that I will be notified as soon as possible and that I will receive a complete report regarding the incident.

I understand that if my child needs to be transported to the hospital via ambulance I am responsible for the cost of the ambulance.

Signature of Parent/Guardian

Date

Signature of Management

Date



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Policy Agreement and Understanding

I, _____ have read, understand and will adhere to the policies contained in the enrolment package provided by Temple Child's Way Child Care Facility.

This includes (Please check mark)

- Parent Handbook
- Admission Requirements, including fees, subsidy, arrival/departure procedures
- Health, Safety & Nutrition Policies, including Preventing the Spread of Illness, and Personal Safety
- Child Guidance Policy
- Parent Handbook Policies

I understand that I can discuss these policies at any time with the Director and that these policies have been created and implemented to aid in providing the best care to meet the needs of my child, family and community.

Signature _____ Date _____

I have also received, completed and returned the following additional release forms

- Registration Form
- Emergency Care Release Form
- Off-Site Activity
- Unusual Circumstances
- Driving & Walking to School Permission

Signature _____ Date _____



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Parent Orientation Checklist

During your orientation visit did we discuss:

- ☐ hours of operation
- ☐ daily routines
- ☐ meals/allergies/restrictions
- ☐ what you need to bring
- ☐ reviewed the parent package
- ☐ open door policy (call or drop in anytime)
- ☐ show you your child's room
- ☐ introduce the staff
- ☐ review emergency contact requirements
- ☐ fee expectations

I will pay my monthly child care fees on _____, by
Cash, debit, cheque, e-mail transfer (please circle one)

Please check mark beside what we discussed.

Parent signature _____ Date _____

Management signature _____ Date _____



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Acknowledgment Form

I _____ have read the Parent handbook and the Child Guidance Policy and agree to abide by the policies and procedures outlined in them.

I understand and agree that if my child has a medical emergency while in our care that the daycare will act in the best interest of my child and will call an ambulance if necessary. I further agree that I am responsible for paying any costs incurred.

I am aware that Temple Child's Way is closed on all Statutory Holidays.

I agree to pay my fees promptly each month.

I agree to record the times of the child's arrival and departure each day and to sign at the same time.

I will call the daycare before 9:00 am if my child will be absent from the daycare on any given day.

Signature of Parent/Guardian

Date

Signature of Management

Date