



*“The Blossoms Daycare”*  
**Daycare Registration Form**

Unit 102, 112 - 28 Street S E  
T2A 6J9  
Calgary, Alberta

# The Blossoms Daycare

## Registration Form

Please fill out Registration Form (**IN CAPITAL LETTERS**) for each child you are registering and drop off to **The Blossoms**.

**Documents Required with this form!**

1. Parents Photo ID (copy)
2. Cheque/Cash for one-month fee and registration fee (Registration will not be accepted without full payment)

### Child's Personal Information

Male \_\_\_\_\_

Female \_\_\_\_\_

First Name

Last Name

\_\_\_\_\_

\_\_\_\_\_

Birth Date

\_\_\_\_\_

(dd/mm/yyyy)

Child's Address

City

\_\_\_\_\_

\_\_\_\_\_

Province

Zip Code

\_\_\_\_\_

\_\_\_\_\_

### Child's Medical Information

Health Care Card #

\_\_\_\_\_

Medical Concerns (if any)

\_\_\_\_\_

Diet Restrictions (if any)

\_\_\_\_\_

Allergies (if any)

\_\_\_\_\_

Special Medical Needs (if any)

\_\_\_\_\_

Special Physical/Emotional Needs (if any)

\_\_\_\_\_

\_\_\_\_\_

Is the child's immunization up-to-date?

Yes \_\_\_\_\_

No \_\_\_\_\_

Does child receive medication on regular basis?

Yes \_\_\_\_\_

No \_\_\_\_\_

Family Doctor's Name

Doctor's Phone #

Doctor's Phone #

\_\_\_\_\_

\_\_\_\_\_

### Child Lives with

Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_

### Type of Program (please check one)

- \_\_\_\_\_ Full Time (Monday to Friday)
- \_\_\_\_\_ Part Time (specify days and hours-subject to availability of space) \_\_\_\_\_
- \_\_\_\_\_ Drop-In (Unscheduled and Unpredictable) – subject to availability of space

**Desired Start Date** \_\_\_\_\_

### Parents Information

#### Mother`s Information

First Name  
\_\_\_\_\_

Last Name  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address  
\_\_\_\_\_

City  
\_\_\_\_\_

Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Profession  
\_\_\_\_\_

Email  
\_\_\_\_\_

#### Father`s Information

First Name  
\_\_\_\_\_

Last Name  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from Mother`s address)  
\_\_\_\_\_

City  
\_\_\_\_\_

Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Profession  
\_\_\_\_\_

Email  
\_\_\_\_\_

### Other Children in the Family under 5 years of age

- |         |       |            |       |        |          |
|---------|-------|------------|-------|--------|----------|
| 1. Name | _____ | Birth Date | _____ | Male__ | Female__ |
| 2. Name | _____ | Birth Date | _____ | Male__ | Female__ |
| 3. Name | _____ | Birth Date | _____ | Male__ | Female__ |

## Emergency Contacts

### Emergency Contact # 1

First Name  
\_\_\_\_\_Last Name  
\_\_\_\_\_Home Phone  
\_\_\_\_\_Cell Phone  
\_\_\_\_\_Address  
\_\_\_\_\_City  
\_\_\_\_\_Province  
\_\_\_\_\_Zip Code  
\_\_\_\_\_

### Emergency Contact # 2

First Name  
\_\_\_\_\_Last Name  
\_\_\_\_\_Home Phone  
\_\_\_\_\_Cell Phone  
\_\_\_\_\_Address  
\_\_\_\_\_City  
\_\_\_\_\_Province  
\_\_\_\_\_Zip Code  
\_\_\_\_\_

*Is custody and access an issue that the teacher should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_*

## Important Information

*(Please read carefully and sign)*

Fee Schedule			
Daycare Program			
Age Group	5 Days	3 Days (subject to availability of space)	2 Days (subject to availability of space)
12 months - 19 months	\$1,050	\$805	\$660
19 months - 3 years	\$950	\$725	\$600
3 years - 5 years	\$890	\$690	\$575

**Drop-in Fee :**

**\$ 55/day (for Babies \$65/day)**

**Important Note:** Complete Fee Policy is mentioned in parent handbook. Please make sure you are familiar with that policy. Please bring cash/cheque for fee in advance at the time of registration. No registration will be accepted without full fee.

**SUBSIDY PROGRAM**

For families that require subsidized care, please talk to the Director to complete the process. The subsidy approval depends on the household income level. Any information given is confidential and private. For more information, please visit childcare subsidy website [www.child.gov.ab.ca/childcaresubsidy](http://www.child.gov.ab.ca/childcaresubsidy).

It is important to remember that it is the parent’s responsibility to have subsidy and any information regarding it, before the child starts the program. It is also their responsibility to renew, prior to expiration date. If subsidy amount changes, the parent portion will be changed accordingly. Parents are responsible to pay their portion of fee which is equal to total fee minus subsidy received.

***I have received the orientation and a copy of the Parent Handbook/Fee Policy. By signing here under, I agree with all the policies/procedures/processes mentioned in parent’s handbook and in this registration form.***

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

E-Mail address: \_\_\_\_\_ (Must Required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Treatment:**

I/we \_\_\_\_\_, the parent(s)/guardian(s) acknowledge that ***“The Blossoms”*** staff will seek appropriate medical treatment/attention (call an ambulance etc – on my/our expense) for my child. In the event of an emergency, \_\_\_\_\_ (Child’s name), requiring medical treatment, every effort will be made to contact me, if the teacher determines that it is necessary to seek emergency medical treatment.

*Parent’s Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Sunscreen and Insect Repellent Authorization**

I/we, \_\_\_\_\_, authorize ***“The Blossoms”*** to use the insect repellent/sunscreen, which I will provide in its original container and labeled with my child’s name.

*Parent’s Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Walk and Mini Excursion Policy**

I/we, \_\_\_\_\_, understand that my/our child will be going on mini excursion/outdoor play and short walks while attending the daycare.

*Parent’s Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Email Authorization:**

I/we, \_\_\_\_\_, authorize **"The Blossoms"** to contact me at my email address below. Yes No

Email address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Art Work**

I/we, \_\_\_\_\_, give permission for \_\_\_\_\_, (child's name) art work to be displayed outside of the classroom.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Authorization**

I/we, \_\_\_\_\_, hereby give consent and authorization to **"The Blossoms"** the use and reproduction of any and all photographs/videos that have been taken of the above registrant, a minor child in my custody as parent or guardian, for any purpose, without compensation to me, the child or assignees. **"The Blossoms"** reserve the right to use these photographs and/or videos for online publication and display at **"The Blossoms"** events such as graduation etc. I understand any photos provided to me by **"The Blossoms"** for my personal use and display only. Reproduction or publication for commercial purposes in any form is strictly prohibited.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about The Blossoms Daycare?

Google	Words of mouth	Website
Facebook	Other social media	Friend's reference

Others: Please specify:

**Understanding of Parental Responsibilities:**

I/we, \_\_\_\_\_, understand that by enrolling my child in **"The Blossoms"**, I agree to all program policies/procedures including discipline and fee policies. I have received the orientation and parent handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Fee Rate \_\_\_\_\_ Subsidy Approved \_\_Yes\_\_ \_\_No\_\_

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