



“The Blossoms Daycare”
Preschool Registration Form

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

The Blossoms Daycare

Preschool 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)

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 _____

Is your child on continuous medication?

Yes _____

No _____

Family Doctor's Name

Doctor's Phone #

Child Lives With:

Both Parents _____

Mother _____

Father _____

Type of Program

Please indicate your class preference by ranking the class below. Please note that all classes run from September to June

AM Program (08:30AM – 11:45AM)

Select Days

Mon to Fri (Full Time) OR

Mon – Tue – Wed – Thu – Fri

PM Program (12:15PM – 03:30PM)

Circle Days

Mon to Fri (Full Time) OR

Mon – Tue – Wed – Thu – Fri

Desired Start Date

Parents Information

Mother's Information

Father's Information

First Name

First Name

Last Name

Last Name

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address (if different from Mother's address)

City

City

Province

Zip Code

Province

Zip Code

Profession

Profession

Email

Email

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 _____

Other Children in the Family

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

Important Information

(Please read carefully and sign)

| Fee Schedule | |
|-----------------------------------|--------------|
| Registration Fee (non-refundable) | \$ 35 |
| Full time (5 days) | \$ 310/month |
| 3 days | \$ 260/month |
| 2 days | \$ 210/month |

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. 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: _____

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 Blossoms.

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?

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 _____