



“The Blossoms Daycare”

Daycare Registration Form

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

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

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

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 | \$1,200 | \$865 | \$720 |
| 19 months - 3 years | \$1,050 | \$785 | \$660 |
| 3 years - 5 years | \$1,000 | \$770 | \$645 |
| | | | |

Registration Fee \$50 (One time, non-refundable) - Drop-in Fee : \$ 75/day (for Babies \$85/day)

Important Note: Complete Fee Policy is mentioned in parent handbook. Please make sure you are familiar with that policy. Please bring cash/check 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, fee policy 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 _____

Child's Portable Record

Child's information:

| | | | |
|-------------------|--------------------------------|-----------------------------------|---|
| Child Name | Date of Birth(yy-mm-dd) | Age | Gender Male : Female |
| Street Address | City | Postal Code | |
| Allergies | Special Medical needs | Special Physical, Emotional needs | |

Mother's information

| | | | | | |
|------------------------|------------|------------|-----------|----------|-------|
| Full Name | Occupation | Phone #(w) | Phone(c) | Phone(H) | Email |
| | | | | | |
| Mailing Address | | | | | |

Father's information

| | | | | | |
|------------------------|------------|-----------|-----------|-----------|-------|
| Full Name | Occupation | Phone#(w) | Phone#(c) | Phone#(H) | Email |
| | | | | | |
| Mailing Address | | | | | |

Emergency Contact #1

| | | | | | |
|------------------------|------------|-----------|-----------|-----------|-------|
| Full Name | Occupation | Phone#(w) | Phone#(c) | Phone#(H) | Email |
| | | | | | |
| Mailing Address | | | | | |

Emergency Contact #2

| | | | | | |
|------------------------|------------|-----------|-----------|-----------|-------|
| Full Name | Occupation | Phone#(w) | Phone#(c) | Phone#(H) | Email |
| | | | | | |
| Mailing Address | | | | | |

Is custody and access an issue that the teacher should be aware of YES ____ NO ____

Family Doctor's Information

| Doctor's Name | Address/Phone# | Alberta Health Card # |
|---------------|----------------|-----------------------|
| | | |

| | |
|--|------------------|
| Please list your Child allergies | |
| If your child has allergies, does he/she need Epi-pen? | |
| Does your child have special needs? | |
| Is your child's immunization up to date? | YES ____ NO ____ |
| Is your child on continuous medication? Please list (if yes) | |

Emergency Treatment:

I/We _____ Parent/guardian acknowledge that "***The Blossoms***" staff will seek appropriate Medical Treatment/Attention (call an ambulance....) 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: _____

Director Signature: _____

Date: _____



Participation Agreement

To: Parent / Legal Guardian,

To establish a partnership and effective communication with families, The Blossoms will send daily indoor/outdoor activity reports of the child (ren) to all parents, by using a computer app. These reports will include food, mood, washroom, and other activities performed during the day etc. along with photos and videos wherever required.

To receive these reports, all parents/guardians must complete the following, and sign and return to The Blossoms.

CONSENT (please read carefully)

- a. I agree to grant permission for The Blossoms to photograph or video my child, which will be shared with me through these reports.
- b. I agree to receive updates and information about my child, through email/text via the Hi Mama app.
- c. I agree to share the group pictures with other parents whose children are a part of the same group activities (indoor and outdoor.)
- d. I agree to grant permission to use images of my child on The Blossoms website.

1. Name of Child Date of Birth.....

2. Name of Child Date of Birth.....

Cell Phone: e-mail:

Parent/Guardian/ (Name)

Signature Date

Note: Email information is very important. Please provide your updated email address and return this form to the teacher/director.

About me and my family

My name is: _____

I am from: _____

I live in: _____

My birthday is: _____

I can speak: _____

I like to play: _____

In my family I have: _____

About my mother: _____

About my father: _____

I want to be a: _____

My hobby is: _____

I do not like: _____

My favorite food is: _____

My favorite drink is: _____

I use my free time: _____

Why do I like to go to THE BLOSSOMS DAYCARE:
