



The Blossoms Daycare
Preschool Registration Form

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

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

Other Children in the Family

- | | | | | | |
|---------|-------|------------|-------|------|--------|
| 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	
Registration Fee (non-refundable)	\$ 50
Full time (5 days)	\$ 400/month
3 days	\$ 325/month
2 days	\$ 275/month

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.

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. The parents will be informed about the change (if any), later in the month or the next month.

I have received the orientation and a copy of the Parent Handbook. 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. I have received the orientation and parent handbook.

Parent's Signature: _____

Date: _____

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: _____

For Office Use Only

Fee Rate _____

Subsidy Approved ___Yes_ ___No_

Director's Signature _____



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:
