



Manning Childcare Centre

Registration Form



Manning Childcare

Name Of Child: _____

Start Date: _____

Note:

Please complete all the sections with required information. Reach out to Center Director if you have any question while completing this form. You will be required to complete other supplementary forms as a part of enrollment.



Personal Information:

Child's Name: _____ Birth Date: _____
Child's Home Address: _____
Proposed Start Date: _____
Mother's Name: _____ Father's Name: _____
Home Address: _____ Home Address: _____
Home Phone: _____ Home Phone: _____
Place of Work: _____ Place of Work: _____
Work Address: _____ Work Address: _____
Work Phone: _____ Work Phone: _____
Cell Phone _____ Cell Phone: _____
Email: _____ Email: _____

Manning Childcare

Emergency Contact (Other than parents/guardian)

Name: _____ Phone Number _____
Address: _____
Relationship to Child: _____

Name: _____ Phone Number _____
Address: _____

Relationship to Child: _____



Authorized Person(s) to whom child may be released (if different):

Name: _____ Phone Number _____

Address: _____

Relationship to Child: _____

Name: _____ Phone Number _____

Address: _____

Relationship to Child: _____

Any Custody arrangement for the child?

Enrollment Information

Enrollment Schedule: Full Time _____ Three Days a Week _____ Two Days a Week _____

Eligible for Subsidy: Yes _____ No _____ Amount \$ _____

Any Previous Day Care experience:

Program Name _____ Years: _____

Meal Schedule at Home: Breakfast _____ Lunch _____ Snacks _____

Things that comfort your child:

Least Comfort: _____

Cultural Celebration at Home: _____

Child's Primary Language at home: _____

Child Guidance Strategies at Home: _____



Medical Information

Alberta Health Number _____

Is your child's immunization records up to date? Yes ___ No ___ (Please explain if immunization is not up to date)

Child's Physician Name: _____ Phone #: _____

Any preferred hospital for emergency medical attention?

Does your child have any disability or special needs? (Medications, treatments, allergies, food intolerance, conditions, behaviors, etc.) No ___ Yes _____

If 'Yes', please provide more information:

Any food restriction other than the health concern?

Is your child using any medication on an ongoing basis? Please explain.

Do you have any concerns about your child's development?

Consent for Emergency Medical Treatment:

• I understand that Manning childcare centre policy is to notify parents if a child is involved in any kind of serious illness or injuries while getting care at the center. The program will follow the instructions provided by parents.

• I hereby provide consent to Manning childcare centre to contact my family physician or emergency medical service for my child if ever requires emergency medical attention.

• I hereby provide consent to release my child's health record to emergency medical personnel while my child is getting medical attention.

Parent's Name: _____

Signature: _____

Parent's Name: _____

Signature: _____



Enrollment and Policy Agreement

- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the childcare center.
- I understand that children must be dropped off no later than 10:00 AM. This is for staffing and programming purposes. In the event of special circumstances, I will notify in advance.
- I will inform center staff when my child will be absent from the program or an alternate adult will be picking up my child(ren).
- I will notify the daycare staff immediately when there are any changes with current address, telephone numbers, change of employer, emergency contacts or custody.
- I understand that refunds or discounts are not provided if my child is away from the center for vacation, illness, or for any other reason etc.
- I understand that my child will not be released to anyone who is not authorized in writing by me. Any changes to authorized pick up person will be in writing
- I understand that Manning childcare centre staff reserves the right to refuse anyone picking up my child who does not appear to be in a responsible condition.
- I understand that children must be picked up by 6:00 PM. A late pick up fee of \$15.00 will be charged for each 15 minutes late.
- I agree to give one month's (30 days) written notice for termination of care.
- I understand that Manning childcare centre may terminate services immediately should any members of my family harass, bully or otherwise abuse another child, adult or staff.
- I agree to always inform the staff or management when a concern about another child arises and never to directly speak to any child aside from my own in such situations.
- I understand that monthly fees are payable on the first day of each month in full using the methods approved by program.
- I hereby grant permission for my child to leave the center premises under the supervision of their staff for outdoor walks/playground, neighborhood parks, and other such related regular occurring activities.
- I hereby grant permission to the center to apply sunscreen, Insect repellent on my child, whenever necessary.
- I allow center to use the Nipping District Developmental Screen (a developmental screening checklist for infants and children up to 6 years of age) on my child while s/he is attending the program.
- I hereby grant permission for staff with their first aid certification to administer first aid treatment to my child.



PORTABLE EMERGENCY FORM

Child's Name: _____
First Name Last Name

Birth Date: _____
YY/MM/DD

Address: _____

Alberta Health Number _____

Allergies: Yes: _____ No: _____

If yes, explain: _____

Medication on an ongoing basis: Yes: _____ No: _____

If yes explain: _____

Dietary restriction: _____

Medical condition: _____

Immunization: Yes: __ No: __ If no explain: _____

Parents' Information

Parent/Guardian-1

Parent/Guardian-2

Name: _____

Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Emergency Contact:

1. Name _____ Phone: _____

Address: _____

2. Name _____ Phone: _____

Address: _____



Parent/Legal Guardian Consent and Agreement for Emergencies

- I understand that Manning childcare policy is to notify parents if a child is involved in any kind of serious illness or injuries while getting care at the center. The program will follow the instructions provided by parents.
- I hereby provide consent to Manning childcare to contact my family physician or emergency medical service for my child if ever requires emergency medical attention.
- I hereby provide consent to release my child's health record to emergency medical personnel while my child is getting medical attention.

Parent's Name: _____ Signature: _____

Parent's Name: _____ Signature: _____