

# ASPEN AFTER SCHOOL CARE

## REGISTRATION FORM

### CHILD INFORMATION

Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Child's address \_\_\_\_\_

Alberta Health Care number \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Home phone number (     ) \_\_\_\_\_ Home phone number (     ) \_\_\_\_\_

Cellular phone (     ) \_\_\_\_\_ Cellular phone (     ) \_\_\_\_\_

Father's email address: \_\_\_\_\_ Mother's email address : \_\_\_\_\_

Father's place of work \_\_\_\_\_ Mother's place of work \_\_\_\_\_

Work phone number (     ) \_\_\_\_\_ Work phone number (     ) \_\_\_\_\_

Employer's name \_\_\_\_\_ Employer's name \_\_\_\_\_

Business address \_\_\_\_\_ Business address \_\_\_\_\_

Work Hours \_\_\_\_\_ Work hours \_\_\_\_\_

### **Emergency contact persons other than parents/Guardians**

Primary emergency contact person \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Work phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

Relationship to the child \_\_\_\_\_ (is this person allowed to pick up the child? Yes \_\_\_ No \_\_\_)

Allergies: Food \_\_\_\_\_ Medicine \_\_\_\_\_ Other \_\_\_\_\_

Medication: Indicate if your child is on regular medication: \_\_\_\_\_

Is your child's immunization up to date? Yes \_\_\_ No \_\_\_ (explain) \_\_\_\_\_

## Household Information

Name of Parents/Guardian with legal custody to the child

Mother \_\_\_\_\_

Father \_\_\_\_\_

Both Parents \_\_\_\_\_

Others \_\_\_\_\_

Who will bring the child to the daycare \_\_\_\_\_

Who will pick up the child from daycare \_\_\_\_\_

## Marital status of parents

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

## Other household members (include siblings, grandparents, nanny, etc)

1. Name \_\_\_\_\_ Age \_\_\_\_\_ relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ relationship to child \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ relationship to child \_\_\_\_\_

## Authorized to Pick Up

Person(s) authorized to pick up the child (besides parents, guardians or emergency contact persons)

Name \_\_\_\_\_ Comment \_\_\_\_\_

Name \_\_\_\_\_ Comment \_\_\_\_\_

Please provide us a Password if you need to address unusual situation \_\_\_\_\_

Person(s) not authorized to pick up the child (beside parents, guardians)

Name \_\_\_\_\_ Comment \_\_\_\_\_

## Medical Information

Child's physician \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Preferred hospital \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Any health condition of the child which you may need us to know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of illness who should we contact first \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Relationship to the child \_\_\_\_\_

## Tell us about your child

(Please be detailed in your responses as this will allow us to get to know your child and allow us to accommodate his/her needs better)

What are your short-term goals for your child

\_\_\_\_\_

\_\_\_\_\_

What are your long-term goals for your child \_\_\_\_\_

\_\_\_\_\_

Does your child have any special behavior, or needs which you may want us to know, if yes please tell us how to assist him/her on this \_\_\_\_\_

Does your child have any fear and or scared of some things like loud noise, dark; Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Do you have any concern about your child's development? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

**How would you describe your child's daily mood (check appropriate, you may check more than one)**

Comments

Always happy ( ) \_\_\_\_\_

Difficult ( ) \_\_\_\_\_

Shy ( ) \_\_\_\_\_

Depressed ( ) \_\_\_\_\_

Easy going ( ) \_\_\_\_\_

Moody ( ) \_\_\_\_\_

Sad ( ) \_\_\_\_\_

Sensitive ( ) \_\_\_\_\_

Slow warm up ( ) \_\_\_\_\_

Sociable ( ) \_\_\_\_\_

What is your child's favorite activities \_\_\_\_\_

What is the primary language spoken at home \_\_\_\_\_

Is there any pertinent information about your child general health or personal history that we should

know: Yes \_\_\_ No \_\_\_ if yes please explain \_\_\_\_\_

Is your child enrolled in any other extra-curricular activities? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes what are those activities and when does he/she attend \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Sharing Child Specific Information Policy:

To help ensure safety, well-being and development of the children in our centre, Aspen works with other services providers, such as schools, therapists and other organizations. Open communications between these parties are important to the children and families in our care. The centre needs the permission from parents in the event that we are in a position to do this for the benefit of the child. We therefore ask parents/guardians to sign permission to discuss items which are related to their child's time with us and in turn to seek information from the service partners which would help our centre to meet your child's needs. A copy of consent form is included in your child's registration form, and parents need to sign the consent.

All the information regarding individual children will be communicated in a formal and confidential manner. The following is the parent permission form to allow the centre to share information with schools and /or agencies/organization:

### Authorization to share child specific information with schools/agencies

I, \_\_\_\_\_, the parent, guardian, or legally authorized representative of \_\_\_\_\_ (child's first and last names), authorize/do not authorize the Aspen Out of School Care to share the information and/or records about the above mentioned child with the school \_\_\_\_\_ (Name your child school); or the organization / agency \_\_\_\_\_ (Name of the organization/agency); for the purpose of planning and providing services together.

This release consent automatically expires when the above-mentioned child is no longer attending the Aspen Out of School Care; or when the child is not getting assistance from the above-mentioned agencies/school, whichever occurs sooner.

Printed name of parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of staff \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of School/Agency \_\_\_\_\_

## Permission to participate in different activities

At the daycare we have different activities for our kids which we need parents/guardians to give us permission to do that. Please indicate below whether you allow/not allow your child to participate in those activities:

I give / do not give permission for my child \_\_\_\_\_ to participate in spontaneous walking trips to the nearby Schools /city park.

I give/do not give permission to staff to take photos of my child \_\_\_\_\_ when at play both (indoors and outdoors), and those photos can be displayed inside the classroom.

I give/do not give permission to the day care staff to apply First Aid or additional health care to my child (name \_\_\_\_\_) if it is required.

I give/do not give permission to Aspen After School Care to call the Ambulance for my child \_\_\_\_\_ in the emergency and I understand that the parent is responsible for the ambulance charges. Parent will always be contacted in case of the emergency.

### Parents are welcome to join in the following activities:

1. Field trips
2. Donate items they don't need from home, like art papers, traditional outfits or jewelry's
3. Sharing special skills, professions and or talent you may have with children.
4. Others \_\_\_\_\_

**Holiday policy:** The centre will be closed from Christmas Eve and will open on first working day in New Year. Center will remain closed for all the statutory holidays.

**Payment policy:** All the payments are due the first week of the month (5 working days), after that the charge of \$5 per day will be charged as late fee.

**Registration fee policy:** Parents must pay registration fee of \$100. The fee is non-refundable and won't apply in the monthly fee.

**Medication Policy:** Parents are required to fill out a medication form if your child needs a medication during the day. Medication must be in the original container. The prescribed medication must have the child's name.

**Illness policy:** If your child has been or is vomiting, has fever, diarrhea or extreme cough, he/she should stay home until recovery. In case it happens when the child is at the center the staff will call the parent to pick up the child immediately.

**Field trips:** Every summer in the months of July and August we will have field trips for preschool and after school children. There will be extra charge during summer to cover the cost of the field trips.

**Release of your child:** Please inform staff, if someone else will pick up your child even if these people are already on authorized release, we cannot release your child to anyone without your prior consent. Photo identification will also be required.

**Toys policy:** We encourage parents to keep their child's toy at home to minimize frustration among other children. These toys can be misplaced or get lost at the daycare and the child will be upset. Day care will not be responsible for lost or broken toys brought from home. However, parents can bring comfort items from home to ease the transition from home to day care. Item should be only one and the same daily, like special blanket or toy!

**Child guidance policy:** All our staff understand the importance of establishing and being consistent with limits set for our centre. Our policy is to guide and remind the children the limits on daily basis and being consistent, by redirecting, acknowledging feelings, giving choices, stating rules and expectations. We encourage children to solve their own conflicts with others with staff support. We also encourage cooperation. Staff will help children understand their own feelings and emotions and feelings and emotions of others; also, the impact of their behavior on themselves and others. Parents will be notified verbally or in writing if there were issues during the day.

**Hours of operation and late pick up policy:** The Aspen Out of School Care opens from 7:00am -6:00 pm. Please pick your child no later than 6:00pm. Otherwise, pay the late fee directly to the staff as follow: 5 minutes late=\$5; 10 minutes=\$10; 15 minutes=\$20; 15-30 minutes=\$50. More than 30 minutes is not acceptable, and staff may need to call social services if parents do not notify the centre that they are on their way to pick up their child. You will need to sign to acknowledge that you understand the late pick-up policy.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

**Snacks and mealtime:** We serve breakfast from 7am till 8:00am. If you are planning to come after that time, please let your child have breakfast at home. Lunch time is at 12:00 for kindergarten only. The first grade and up will have lunch at the centre at 12:00 noon only on non-school days and the parents must provide lunch to their children. Afternoon snack is served at 3:45pm, and the daycare will provide snacks. If your child stays to the daycare after 4:00pm, we encourage the parents to pack some extra snacks.

**Allergies:** if your child has allergies, parents must indicate in the registration form, stating what types of allergies their child has. Also indicate if your child has emergency medication such as EpiPen, or puffer. Due to many children having nuts allergies Aspen After School is not serving any nuts or nuts products to the children. Also, parents are not allowed to bring nuts or nuts products to the centre.

**Parents/staff relationships:** We encourage positive relationships between staff and parents this will ease the communication and feedback about your child and how his /her day was.

### **Parents involvement is encouraged**

We welcome parents to join us in the following activities:

1. Field trips
2. Donate items like papers, pencils, books
3. Sharing special talent/skill you may have with our children.
4. Cultural events with children and other families
5. Reading books with children
6. Share cultural recipes with children and families.
7. Anything else \_\_\_\_\_

**Termination policy:** The daycare needs a one month notice when parents/guardians decide to remove the child from the daycare. This will allow the centre to enroll other children who are in the waiting list. For that reason, we would like you to sign below that you agree to give the centre a one-month notice. please note that one month notice would be considered from beginning of that last month.

I agree to give one month notice in case my child is not going to attend the daycare, or I will have to pay one month fee.

I understand that charge of \$25 for the NSF checks will be levied.

I understand that Registration fee \$100 is non-refundable.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



## Parent's responsibilities

- Parents must: - sign your child in and out every day on children's attendance sheet.
- Keep the centre aware of anything that may cause change in your child's behavior.
  - Notify us if someone else is picking up your child, call, or say it verbally and write in the parent communication book.
  - Notify the centre if the child is not in school or will be picked from school at the end of the day
  - Pay fee the first week of every month. (Five working days)
  - Notify the centre if the phone number and address changes
  - Call by 8 am if your child is not coming that day.
  - Take your shoes off in the front entrance

## Parent orientation checklist

When child is enrolled at the Aspen after school care, we give an orientation to the parents before child starts attending the centre

- ( ) Registration form, we make sure all the information on both sides are completed
- ( ) Special instruction regarding Medical history or authorization to pick up
- ( ) Emergency records
- ( ) Parent Handbook
- ( ) Information on payment
- ( ) Family photo

## Policies

- ( ) Monthly fee payment procedure
- ( ) Parking
- ( ) Child guidance policy reviewed
- ( ) Notice of absence : call the daycare if child is not coming or will be coming late
- ( ) Hours of operation : 7 am to 6 pm. late fee charges will be applied after 6 pm

## Philosophy

- ( ) The importance of parents involvement
- ( ) The quality of staff (staff qualification is posted on the parents information board)
- ( ) Importance of communication: Parents and staff communication book available
- ( ) Children's place where to hang jackets and where to put shoes
- ( ) Sign in/out children on the attendance sheet

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

## Declaration form 1

For us to run a great daycare program and serve the parents and children to the best of our ability, we need to know that parents/guardians understand all the information in the registration form. We therefore ask for your signature to acknowledge that you will follow the guidelines in this registration form. This will enable us to meet your needs to our fullest capability.

Parent/guardian signature \_\_\_\_\_ Date signed \_\_\_\_\_

## Declaration form 2

For us to run a great daycare program and serve the parents and children to the best of our ability, we need to know that parents/guardians understand all the information provided in the parent handbook and also provided the complete parent orientation at the time of registration. We therefore ask for your signature to acknowledge that you understand this handbook and parent orientation checklist is great value to you and us at Aspen Out of School Care, and that you will follow the guidelines we ask you. This will enable us to meet your needs to our fullest capability.

Parent/Guardian signature \_\_\_\_\_ Date signed \_\_\_\_\_

Director signature \_\_\_\_\_ Date signed \_\_\_\_\_

## Acknowledgement

Acknowledging that you have read the parent handbook, policies and procedure I \_\_\_\_\_ have read and understand the policies and procedure outlined in aspen after school care and will follow them. I do agree that policies and procedure listed in this handbook will assist the staff to care for my child to the best of their abilities.

Parent's signature \_\_\_\_\_ Date signed \_\_\_\_\_

If you have any suggestions regarding policies and procedure outlined in handbook, please feel free to share with us:

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