

St Albert Montessori Day Care

Child Information

Child's Legal Last Name:

Child's Legal First Name:

Child's Legal Middle Name:

Gender: ☐ male ☐ female

Birth date: _____
 month / day / year

Child's Birth Country:

Address: _____ (P.O. Box/Street)

_____ (City)

_____ (Postal Code)

Telephone Number: _____

Alberta Health Care Number: _____

Parent/Guardian Information

Mother's Name _____

Place of Employment _____

Home Address _____

Phone home work cell

E-mail address

Father's name _____

Place of Employment _____

Home Address

Phone home work cell

E-mail address _____

If you cannot pick up your child, please give the names, contact information (telephone number and address) and relationship of person to whom the child can be released:

**Person to contact in case of emergency other than
parents/guardians:**

FIRST EMERGENCY CONTACT

Name _____

Relationship to child _____

Telephone _____

Address _____

SECOND EMERGENCY CONTACT

Name _____

Relationship to child _____

Telephone _____

Address _____

Signature of Parent/Guardian: _____

Date Signed: _____

FOR DAY CARE USE ONLY: Date received: _____

Signature: _____

Medical Alert Information

Child's Name : _____

Child's Physician: _____

Address: _____

Telephone Number: _____

Does the child have annual medical checkups?

☐

YES

☐

NO

Are your child's immunizations up to date?

☐

YES

☐

NO

Does your child have any allergies?

☐

YES

☐

NO

If YES please describe _____

Does your child have any ongoing medication?

☐

YES

☐

NO

If YES please describe _____

Please indicate any concerns about your child _____

Signature of Parent/Guardian

Date

Daycare Fees:

All registration forms must be completed and accompanied by:

\$50.00 non refundable registration fee

Fees are subject to change.

Daycare Program per Month:

\$ 326.25 Monthly Fee

\$ 100.00 Meal fee, if food option is selected

\$ 426.25

Meal Program Participation Agreement

Please select one of the following options regarding your child's participation in the optional meal program at St. Albert Montessori School Ltd.

☐ **My child, _____, will participate in the optional meal program.**

I understand that I will have \$100 added to my fees payable at the beginning of each month, commencing on April 1st, 2025.

OR

☐ **My child, _____, will NOT participate in the optional meal program.**

I understand that I will be responsible for providing the following daily:

- All snacks (AM & PM)
- A healthy lunch

I agree to send either a cold lunch with ice packs or a hot lunch in a thermos. I understand that there is no refrigerator space or microwave usage for these lunches and snacks.

Payments and Penalty Policies:

- Initial fees include registration fee and one month fee in advance are due before your child can start attending the day care.
- Payment can be paid by cheque or cash and is due by the 1st day of each month. In case that cheque is returned due to NSF the child will be allowed to attend the day care once an NSF fee (\$30.00) cash has been paid.
- Late fee will be subject to \$10.00/day penalty and your child will not be allowed to return until all fees and penalties are paid.
- Vacations are non-refundable
Late pick-up penalty is \$1.00 for each minute after 5:30pm. This penalty must be paid by the end of the month.

Withdrawal Information:

A written notice must be given two months in advance if your child will be withdrawing or two months tuition will be due.

I hereby accept the terms as set out by St. Albert Montessori School

Signature of Parent/Guardian

Date

Short Outings Permission

Alberta Social Services regulations require parent signature on a general permission form stating that we (St. Albert Montessori Day Care) have permission to take your child to the park or on a short outing such as a nature walk during the day. This is not a permission form for field trips to any specific location away from the day care, only a general form meant to last the entire calendar year.

I _____, give permission for my child, pertaining to St. Albert Montessori Day Care in the vicinity, nearby parks or surrounding nature areas.

Signature of Parent/Guardian

Date

Medical Emergency Transportation Permission

Name of child: _____
If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I _____ authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that this may involve contacting a doctor and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. St. Albert Montessori Day Care permission to call and give permission to an ambulance services to transport your child/children to the appropriate medical facility in case of a medical emergency. This is a general form meant to last the entire school year.

I _____, give permission for my child (child's name)

_____ to be transported by an ambulance services.
I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility. St. Albert Montessori Day Care will not be held responsible for any payment of ambulance services needed by your child while in our care.

Signature of Parent/Guardian

Date

**St Albert Montessori Day Care
2014 – 2015
6 Bernard Drive
St. Albert, Alberta T8N 0B4**

Media Release Form

I _____ (please print your name in full), hereby consent and authorize St. Albert Montessori Day Care to use photographs taken of my child for internal newsletter, news releases, and St Albert Montessori Day Care promotional materials, including online, printed documents, posters and a Facebook page created for and controlled by St. Albert Montessori Day Care for our families only. My child's name will not be used. I will make no monetary or other claim against St. Albert Montessori Day Care for the use my child's photograph in the above-mentioned media.

Student (print full name) _____

Parent/Guardian (print full name) _____

Address _____

City, Province, Postal code _____

Telephone _____

E-mail _____

Signature of Parent/Guardian

Date

The information that you provide to St. Albert Montessori Day Care is collected under the authority of the Alberta Personal Information and Privacy Act. The information will be used for contact purposes only.

**St Albert Montessori Day Care
Registration Document
6 Bernard Drive
St. Albert, Alberta T8N 0B4**

**Parental Waiver, Release of Liability
Consent Form**

I, the undersigned, as the parent or legal guardian of _____, do hereby give my full consent and approval for my child to participate in activities at the St Albert Montessori School/Day Care.

I understand that there are certain risks of damages and injuries inherent in the participation of my child in these activities and I hereby accept these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in classroom and playground activities and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict his/her full participation in such activities.

I understand that it is my child's responsibility to abide by the rules and regulations imposed on the children by the teacher and/or the teacher's aide for the safe conduct of activities in the classroom and on the playground.

I hereby, for myself and on behalf of my child, agree to save and hold harmless and fully indemnify St Albert Montessori School/Day Care management and staff from any and all liability for any personal injury or injury to any third party child resulting from my child's participation in the above mentioned activities.

I hereby release St Albert Montessori School/Day Care and its entire staff from any and all liability for any injuries that my child may sustain as a result of any activities that take place at St Albert Montessori School/Day Care classroom and playground during designated daycare hours.

Signed this _____ day of _____

SIGNATURE OF PARENT OF GUARDIAN

Of _____
(Name of child)

(Director)