LIME LIGHT FAMILY DAY HOME AGENCY

CHILD REGISTRATION FORM

FAMILY INFORMATION

Family Name: _____

Child Care Fee – Method of Payment:

☐ Credit Card ☐ EFT ☐ E-Transfer

FIRST PARENT / GUARDIAN

Relation to Child: _____

First Name: _____

Last Name: _____

Cell Phone: _____

Home Phone: _____

Address: _____

City: _____

Province: ☐ AB

Postal Code: _____

Personal Email: _____

Work Name: _____

Work Phone: _____

Work Address: _____

Birthdate: _____

SECOND PARENT / GUARDIAN

Relation to Child: _____

First Name: _____

Last Name: _____

Cell Phone: _____

Home Phone: _____

Address: _____

City: _____

Province: ☐ AB

Postal Code: _____

Personal Email: _____

Work Name: _____

Work Phone: _____

Work Address: _____

Birthdate: _____

CHILD INFORMATION

Given Name: _____

Last Name: _____

Goes By: _____

Birthdate: _____

Sex: ☐ Male ☐ Female

Child Lives With: ☐ Mother ☐ Father ☐ Other _____

Custody Agreement: ☐ No ☐ Yes

School:

☐ Not in School ☐ Kindergarten ☐ Grade 1–6

Desired Start Date: _____

Frequency: ☐ Full-Time ☐ Part-Time ☐ Drop-In

MEDICAL INFORMATION

Health Care #: _____

Physician's Name: _____

Physician's Phone: _____

Diet Restrictions: _____

Allergies: _____

Other Medical Concerns: _____

Immunizations up to date? ☐ Yes ☐ No

Emergency medication required? ☐ Yes ☐ No

Questions or Comments: _____

EMERGENCY CONTACTS (Other than Parents)

Contact 1

Relation: _____

First Name: _____

Last Name: _____

Cell Phone: _____

Home Phone: _____

Address: _____

City: _____

Province: ☐ AB

Postal Code: _____

Authorized for Pickup: ☐ Yes ☐ No

(Additional contacts can be added)

AGREEMENTS

Child Care Fees

Child care fees are due on the 1st of each month. Late payments may result in penalty fees.

Backup Care

Backup care may be provided when your educator is unavailable.

Termination

Two weeks' written notice is required by the Agency, the day home, and the family to end child care services.

Newsletter Subscription

☐ I agree to receive Lime Light Family Day Home Agency updates by email.

Photograph Release

☐ I allow Lime Light Family Day Home Agency to share photos in newsletters distributed only to enrolled families.

Educator Preliminary Agreement

☐ I confirm I have signed the Preliminary Agreement with my day home educator.

Sunscreen / Insect Repellent

☐ I authorize my educator to apply sunscreen and/or insect repellent as needed.

Sharing of Parent & Child Information

☐ I consent to sharing required information with the Alberta Government for licensed childcare and grant purposes.

Neighbourhood Walks & Local Excursions

☐ I give permission for my child to participate in neighbourhood walks and local outings.

(A separate waiver will be provided for field trips outside the neighbourhood.)

Medical Authorization

☐ If I cannot be reached, I authorize emergency medical treatment for my child and accept responsibility for related costs.

PARENT SIGNATURE

Parent/Guardian Name: _____

Signature: _____Date: _____