# REGISTRATION FORM – ASPEN AFTER SCHOOL CARE

Child's Name: _____ Starting date: _____

Date of Birth: _____ Alberta Health Care number: _____

Child's address: _____

Father's Name: _____ Address: _____

Home Ph number: _____ Cell number: _____

Email: _____

Place of work: _____ Employers name: _____

Work Ph number: _____ Work hours: _____

Mother's Name: _____ Address: _____

Home Ph number: _____ Cell number: _____

Email: _____

Place of work: _____ Employers name: _____

Work Ph number: _____ Work hours: _____

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

Primary emergency contact person: _____

Home phone: _____ Cell phone: _____

Address: _____

Relationship to the child: _____

(Is this person allowed to pick up the child? Yes ☐ No ☐

**Allergies:** Food ☐ Medicine ☐ Dietary restriction ☐

Others or Explain : _____

**Medication**: Indicate if your child is on regular medication: _____

Is your child's immunization up to date? Yes ☐ No ☐

(if no please 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: _____
4. Name: _____ Age: _____ relationship to child: _____
5. Name: _____ Age: _____ relationship to child: _____
6. 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.**

Name: _____ Comment: _____

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: _____

Relationship to the child: _____ Phone: _____

**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 to his/her needs better)

_____

_____

_____

_____

What are your long-term goals for your child:

_____

_____

_____

**(Note: Parents are asked to update their children's goals at the time Nipsing is completed and shared with families)**

Does your child have any special behavior, or needs which you may want us to know and please tell us how to assist him/her on this: _____

_____

Does your child have any fear or scared of things such as loud noise, dark etc.

No ☐ Yes ☐ if yes, Explain: _____

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

If yes, Explain: _____

What is your child's regular care arrangement: _____

Has your child been enrolled in any group settings: _____

How would you describe your child's daily mood (check all that applies)

Always happy ☐ Difficult ☐ Shy ☐ Depressed ☐ Easy going ☐

Slow warm up ☐ Sociable ☐ Sad ☐ Sensitive ☐ Moody ☐

What is your child's favorite activities: _____

What is the primary language spoken at home: _____

Is there any pertinent information about your child's 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 attends: _____

**Sharing Child Specific Information Policy**

**(Fill this part only if your child get supports from other agencies or attend playschool/ preschool)**

To help ensure the safety, well-being, and development of the children at our centre, we work with other service providers, such as schools, therapists, and other organizations. Open communication between these parties is important to the children and the families in our care. Centre require the permission from parents if we can do this for child's benefits. We therefore ask parents/guardians to sign permission to discuss items which are related to your 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 the consent form is included in your child's registration form, and parents are required 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 this centre to share information with schools and /or agencies/organizations.

**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 notauthorize the Aspen After 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 Aspen After School Care; or when the child is not getting assistance from the above-mentioned agencies/school, whichever occurs sooner.

Parent name: _____ Signature _____ Date _____
(DD/MM/YYYY)

**Childcare Philosophy**

Aspen After School Care have an open-door policy, learning through play is the base of our program. The routine is balanced between independent, and staff directed times allowing children to decide on the activities freely and comfortably they wish to pursue that time as well to learn in the group setting. Learning through play provides the children opportunities to grow and enhance their creative, intellectual, social, physical, and emotional development. Language will strive to foster a positive self-image and respect for all the children and adults. Building positive relationships is the core of our practice. Families play the most important role in children's lives, keeping close communication with families is important for the optimal care of the children.

**Permission and Policies**

At the daycare we have different activities for children for 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 these activities:

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

I give ☐ / do not give ☐ permission to staff to take mini videos or still photos of my child when at play (both indoors and outdoors) and display it in the classroom or post the child's (Individual/group) photos for parents to see. (**Please note: group pictures are strictly prohibited to post on any other sort of social media for e.g. Facebook, Twitter, what's app, Instagram etc.) (Updated 2025)**

I give ☐ / do not give ☐ permission for my child _____ 's developmental screening at the daycare by staff.

I give ☐ / do not give ☐ permission to the daycare staff to apply First Aid to my child and call 911 in case of an emergency. The parents will be responsible for the ambulance charges.

**Holiday policy**

Daycare and after school care will be closed from Christmas Eve and will reopen on the first working day of January. The center will also remain closed for all the statutory holidays Easter Monday, Truth and Reconciliation Day. Please initial to acknowledge that the director explained regarding closing dates.

(Parent initial )

**Payment policy:**

**New families:** the fee is due the first day of the month for three months, after that families will follow the five working days policy (Parent initial )

Children who have been in the centre **more than three months,** all the payments are due the first week of the month (5 working days), after that, a charge of $5 per day will be charged as late fee. (Parent initial )

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

**Key Fob charges** (if applicable): A deposit of $ 30.00 (refundable) is required for each key fob. (Parent initial )

**Medication Policy:** Parents are required to fill out a medication form if your child needs 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 is or has been vomiting, has a 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 an 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. Daycare 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 a 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 children of the limits daily 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 / emotions of others; also, the impact of their behavior on themselves and others. Parents will be notified verbally and or in writing if there were issues during the day.

**Snacks and Mealtimes**: We serve breakfast from 7:15am till 8:15am. If you are planning to come after that time, please feed your child at home. Lunch time is from 11:00am to 12:00pm, afternoon snacks are served from 2:30pm to 3:45pm. If your child stays at the daycare after 4:00pm we encourage the parents to pack some light snacks (extra), to give to the room staff so they can serve the child when there are no daycare snacks available, which is after 3:45pm.

**Allergies and food restriction:** 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 hasemergency medication such as an EpiPen, or puffer. Due to many children having nuts allergies, we are 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 their day was.

**Parents' involvement is encouraged.**

We welcome the parents to join us in the following activities:

1. Field trips.
2. Donate art items like paper.
3. Sharing special skills/talent you may have with children.
4. Reading books with children.
5. Cultural events with children and other families.
6. Share cultural recipes with children and families.
7. Others

**Parents responsibilities policy: Please make sure you:**

- Keep aware of anything that may cause change in your child's behavior.

- Notify us via email or the app provided if someone else is picking up your child.

- Pay the fee during the first week of every month.

- Notify us if your phone number and address change.

- Call or text on the app by 8:00 am if your child is not coming that day.

- Take off your shoes at the front entrance before entering your child's room to maintain hygiene.

**Hours of operation and late pick up policy:** We open from 7:00am -6:00 pm Monday to Friday. Please pick up your child no later than 6:00pm, or else a late pickup charge will be applicable and paid directly to the staff as follows: 5 minutes late=**$5**; 10 minutes=**$10**; 15 minutes=**$20**; 15-30 minutes = **$50**. More than 30 minutes is not acceptable. Staff may call social services if parents do not notify the centre that they are on their way to pick up their child. Please sign to acknowledge that you understand the late pick-up policy.

Parent's signature _____ Date _____

**Termination policy**

**Termination of childcare is based on the following reasons:**

**Parent decision:** When a parent/guardian decides to remove the child from our care, the daycare requires a one-month notice. This will allow the centre to enroll other children who are on wait list. Failure to do that will result in the daycare charging the parent a full monthly fee including the subsidy and the grant.

**Monthly fee:** The centre requires the parents to pay their fee in full/parent's portion fee on the first week of the month. If the full fee is not paid on time, the centre will discuss this with parents verbally, followed by a written notice. If fee is not paid after the notice is given and effort to receive payments fail, the centre will terminate the child from the program.

**Behavior of the child:** The centre will terminate your child if there is a concern about behavior issues: bullying other children or when your child becomes a threat to the staff and/or other children or if the child's own safety is a concern. If abuse of any kind against staff or other children in the centre doesn't stop after all the effort is made, the child will be terminated from the centre.

**Inability to meet the child's need:** The centre will do it's best to meet child's need, however if your child has severe disabilities and the centre does not have special facility or specialized staff to meet your child's needs, the centre will advise you to seek assistance from special facilities that offer services needed by the child. The centre has the right to **terminate your child** if we cannot meet the needs of your child, or if your child's behaviour is causing safety issues to him/her and other children or staff. In case of termination due to any of the above reasons, once the fees are paid, they will not be refunded.

Parent's signature _____ Date _____

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

(Parent initial )

**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 theguidelines in this registration form. This will enable us to meet your needs to our fullest capability.

Parent/guardian signature _____ Date _____

**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 informationprovided in the parent handbook. We therefore ask for your signature to acknowledge that you understand this handbook is of great value to you and us at daycare, 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 _____

Director signature _____ Date _____

**Parent Orientation Checklist**

When a child is enrolled at our daycare, we give parents an orientation, before the child starts attending.

( ☐ ) Registration Form, we make sure all information on both sides is completed.
( ☐ ) Special instructions regarding: *Medical history or *Pick up authorization.
( ☐ ) Emergency record (photocopy of the registration form.
( ☐ ) Family photo
( ☐ ) Information on Payment (registration fee is non-refundable, monthly fee is due in first five working days of the month for children who are at the centre more than three months, and new families the fee is due the first day of the month for three months.
( ☐ ) Food charges and/or key fob (if applicable).
( ☐ ) Parent handbook

**Policies:**

( ☐ ) Child guidance policy reviewed.
( ☐ ) Monthly fee payment procedures (due first five working days after that there is late fee)
( ☐ ) Parking
( ☐ ) Notice of absence: call the centre or text on app if the child is not coming or will come late.
( ☐ ) the hours of operation are from 7:00 am-6:00 pm. There is a late pick-up fee after 6:00pm.

**Philosophy**

( ☐ ) The importance of parent involvement.
( ☐ ) Importance of communication: Parent & Staff communication app available.
( ☐ ) Tour to the designated room and playground.
( ☐ ) Are made aware at registration time that there is no space available to store strollers or car seats in the facility.

Parent's signature _____ Date _____

**Acknowledgement**

Please Acknowledge that you have read the parent handbook, policies, and procedures.

I_____, have read and understand the policies and procedures outlined by Aspen After School Care, and will follow them. I do agree that the policies and procedures listed in this handbook and policy manual will assist the staff to care for my child to the best of their abilities.

Parent Signature _____

Child's name: _____ Date _____

Any suggestions regarding the policies and procedures outlined in the handbook, please don't hesitate to share with us.

_____

_____

_____

_____

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_____