Circle Square Childcare Inc.

Circle Square Childcare Inc.
202-4901 46th St
Red Deer, AB T4N 1N2
403-986-8661 director@circlesquarecc.ca

**Registration Form**

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| **Full Name of Child:** |
| **Date of Birth (m/d/y):** | **Sex: M/F:**  |
| **Address:** |
| **City:** |
| **Postal Code:** | **Phone number:** |

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| **Mother’s Details:** |
| **Mother’s Name:** |
| **Address (if different from above):** |
| **City:** |
| **Postal Code:** | **Phone Number:** |
| **Occupation:** | **Employer:** |
| **Work number:** | **Employer Address:** |
| **Personal Email address:** |

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| **Father’s Details:** |
| **Father’s Name:** |
| **Address (if different from above):** |
| **City:** |
| **Postal Code:** | **Phone Number:** |
| **Occupation:** | **Employer:** |
| **Work number:** | **Employer Address:** |
| **Personal Email address:** |
| **Who has primary parental responsibility?**  |
| **Name:** | **Name:** |
| **Are there any contact restriction’s (if yes, give details below):**  | **Yes or No:** |
| **Details:** |

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| **Authorized Pick up:**  |
| **Name:** | **Relation to child:** |
| **Address:**  |
| **Phone number:**  |
| **Name:** | **Relation to Child:** |
| **Address:**  |
| **Phone Number:** |
| **Name:**  | **Relation to Child:** |
| **Address:** |
| **Phone Number:**  |

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| **Emergency Contacts:**  |
| **Name:** | **Relation to child:** |
| **Address:**  |
| **Phone number:**  |
| **Name:** | **Relation to Child:** |
| **Address: (physical address)** |
| **Phone Number:**  |
| **Name:**  | **Relation to Child:** |
| **Address: (physical address)** |
| **Phone Number:**  |

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| **Hours needed:**  | **Drop off:** | **Pick up:** |
| **Monday:** |  |  |
| **Tuesday:** |  |  |
| **Wednesday:** |  |  |
| **Thursday:** |  |  |
| **Friday:** |  |  |

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| **Doctor’s Details:** |
| **Doctor name:** |
| **Address:** |
| **Phone number:** |
| **Is your child’s immunizations up to date? Yes or No** |

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| **Medical Information:** |
| **Medical Details:Does your child have any medical concerns that we should be made aware of? Please give details below:** |
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| **Allergies:****Does your child have any allergies that we should be made aware of? Please list below:** |
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| **Emergency Medication:****Does your child have an epi-pen or other emergency medication? Please list below:** |
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| **Long term Medication:****Is your child taking any medication long term that we should be aware of? Please list below with any side affects that may occur while in care:** |
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| **Special Dietary Restrictions:****Does your child have any special dietary requirements? (Vegetarian, no pork) List below:** |
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| **Permissions: Please circle YES or NO and initial** |
| **Do you allow CSCC Inc. to take photographs of your child for developmental files? YES or NO** |
| **Do you allow CSCC Inc. to take photographs of your child for promotional purposes? YES or NO** |
| **Do you allow CSCC Inc.to apply sunscreen as needed (above 15 degrees)? YES or NO** |
| **Do you allow CSCC Inc. to administer first aid? YES or NO** |
| **Do you allow CSCC Inc. to take your child on walks to local parks? YES or NO** |
| **Do you allow CSCC Inc. to call an ambulance for your child if needed? (At parents’ expense)  YES or NO** |

I understand and acknowledge that the fee due to Circle Square Childcare Inc. is payable one month in advance, on the first day of each month, and is non refundable upon absence. I further agree to give one months notice of pulling my child from care, or agree to pay for the full month of fees in lieu of notice. I understand that failure to pay fees on time will result in childcare being suspended until payment is made, or complete termination with no refunds.

If assistance is needed with payment, please speak to the Program Director to set up a payment plan so that childcare is not interrupted.

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| **Approved Fee: Full time: $326.25 (4-5 days) Part time: $230.00 (2-3 days)** |
| **Parent Signature:** |
| **Date:** |
| **Program/ Assistant Director Signature:** |
| **Date:** |