Pumpkin Patch Out of School Care, Inc.

 PARENT REGISTRATION FORM Updated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13430 132A Street Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T5L 1S3**

**780-807-3090 Hours: 6:30am. to 6:00pm.**

Child will be dropped off before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am. daily & picked up before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pm. Daily

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M/F

 First Middle Last

Child’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City Postal Code

Child’s Address is the same as: Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth (month/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **PARENT/GUARDIAN INFORMATION #1** | **PARENT/GUARDIAN INFORMATION #2** |
| Relationship to Child: | Relationship to Child: |
| First and Last Name: | First and Last Name: |
| Address: | Address: |
| City/Postal Code: | City/Postal Code: |
| Email: | Email: |
| Phone (Home): | Phone (Home): |
| Phone (Cell): | Phone (Cell): |
| **EMPLOYER INFORMATION** | **EMPLOYER INFORMATION** |
| Company Name: | Company Name: |
| Address: | Address: |
| Phone (work): | Phone (work): |
| **EMERGENCY CONTACT PERSON** | **EMERGENCY CONTACT PERSON** |
| Name: | Name: |
| Address: | Address: |
| City/Postal Code: | City/Postal Code: |
| Relationship to Child: | Relationship to Child: |
| Phone # - Home: | Phone # - Home: |
|  Cell: Work: | Cell: Work:  |

**NOTE:** Parent/Guardian (s) agree to be responsible for and will advise each emergency contact person (s) that, in the event the Centre is unable to reach a parent/guardian within 30 minutes of a Critical Incident, the Centre may, at its discretion, contact the above emergency contact person (s) who will thereafter be responsible to act as the Child’s parent/guardian until the emergency contact person (s) is able to reach the parent/guardian, **THE CENTRE IS NOT RESPONSIBLE FOR FURTHER EFFORTS TO REACH A PARENT/GUARDIAN ONCE AN EMERGENCY CONTACT PERSON(S) HAS BEEN ADVISED OF A CRITICAL INCIDENT.**

**MEDICAL INFORMATION**

Does your child have any Allergies/Medical Conditions/Special Needs/Head Start/Diagnosis?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AHC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child’s immunizations up to date? YES NO

Does your child require an epi-pen? YES NO

Does your child use an inhaler? YES NO

Any Daily Medications? YES \_\_\_\_\_\_\_\_\_\_\_\_ NO

**ROOM INFORMATION - Please initial**

1. Ensure staff has acknowledged arrival of your child in their room each day before you leave. \_\_\_\_\_\_\_

2. Pleas label all personal items (we are not responsible for lost or stolen items) \_\_\_\_\_\_

3. Indoor shoes are required (suitable for outdoor wear in emergency – please no slippers or flip flops) \_\_\_\_\_\_\_\_

4. An extra change of clothing is required. \_\_\_\_\_\_\_\_

5. Know all policies and procedures and please ask questions \_\_\_\_\_\_\_\_

6. Cubby is to be tidied up daily and check for newsletters or other Center communication. \_\_\_\_\_\_\_\_

7. Notify of pick-up/drop off changes daily (late fees may be charged) \_\_\_\_\_\_\_

8. Provide appropriate seasonal items (i.e. coat, snow pants, toque, mitts, sunscreen, hat, water bottle) \_\_\_\_\_\_\_

9. Toys from home are not permitted, except on designated toy days. \_\_\_\_\_\_\_

10. Do not send a sick child to the centre. If you are called to pick up a sick child, be prompt in coming to get them. \_\_\_\_\_\_\_ Please Initial

**CHILD INFORMATION**

Eating Habits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Likes/Dislikes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction to being ill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favourite Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fears: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Method of Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS CHILDCARE EXPERIENCE**

Has your child attended childcare previously? YES NO

If yes, what centre (s) did your child attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you rate your previous childcare experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 1= poor 10=excellent

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES & CHARGES**

**REGISTRATION FEE** – I agree to pay the non-refundable registration fee of $50.00

**MONTHLY SERVICE FEE** – I agree to pay, in advance, the monthly service fee of $ \_\_\_\_\_\_\_ (amount is subject to change on 30 days prior notice) by way of post-dated cheques payable to Pumpkin Patch OSC. If I am unable to provide post-dated cheques, I agree to pay by cash by the last business day of the previous month for the month owing.

**SUBSIDIZED FEES** – I agree that subsidy is my responsibility and that I shall provide advance written evidence of have received prior approval for monthly subsidy fees, including renewals. If applicable, failing which I shall pay the entire Monthly Service Fee in advance until such time as the Centre receives satisfactory written evidence of said fee subsidy.

Monthly Fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_ - Estimated Subsidy $\_\_\_\_\_\_\_\_\_\_\_\_\_ = Estimated Monthly Parent Portion Due $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRATIVE CHARGES –** I agree to pay an administrative charge of $40.00 each time I am late paying any fee; and b) $10.00 fixed charge every 10 minutes passed 6:00pm. that I am late picking up my child; and c) $45.00 in the event of an NSF cheque.

\*If you would like a monthly receipt, please ask staff when you pay, otherwise we issue a yearly receipt at the end of the year.

**FIELD TRIPS, SPECIAL ACTIVITIES & SUPPLIES –** I agree to pay, in advance, fees charged by the Centre from time to time for off-site field trips, supplies and other special activities or events. I understand that I must sign permission slip (s) prior to my child attending off-site activities and that, in the event that my child does not attend a planned off-site activity, that I am responsible for arranging alternate care for the duration of the off-site activity.

**ACKNOWLDEGMENT & CONSENT**

**POLICIES AND PROCEDURES MANUAL (S)** – I, the undersigned, have read and understand the parent handbook and policies and procedures manual (s) given to me at the time of my child’s registration and agree to comply with the policies and procedures contained therein or as are communicated by the Center, from time to time. I will notify the Centre immediately of any changes in information. \_\_\_\_\_\_\_\_\_

**TERMINATION OF SERVICE** – I, the undersigned, acknowledge that the Center may terminate childcare services at any time without prior notice if the Center’s policies and procedures are violated. If you are withdrawing your child from the Center, we need one month in advance notice. Our monthly system runs from the 1st to the last day of the month. All notices must be made by the 1st of the month. Parents who fail to give one-month notice are responsible to pay for the next month’s fee or they will automatically be sent to collections. \_\_\_\_\_\_\_\_

**OFF PREMISE PERMISSION** – I, the undersigned give permission for the Center to take my child off the premises during the course of their daily activities. This includes neighborhood walks and visiting nearby playgrounds. \_\_\_\_\_\_\_\_

**FIRST AID PERMISSION** – I, the undersigned give my permission for the Center to administer any first aid they deem necessary. I also give the Centre permission to phone for an ambulance as the situation demands and I will be responsible for any costs incurred. (i.e. ambulance ride) \_\_\_\_\_\_

I, the undersigned, understand that my child must remain home when ill. If for any reason my child will not be attending the center, I will call the center and inform the staff. My child must be well before returning to the center. A doctor’s note may be required. \_\_\_\_\_

**TRANSPORTATION PERMISSION** – I, the undersigned, give permission for the Center to transport my child. \_\_\_\_\_

**PHOTOGRAPH PERMISSION** – I, the undersigned, give permission to the Center to take photographs of my child and post them, as well as their artwork inside St. Angela’s Catholic School, and also for our newsletter and scrapbooking purposes. \_\_\_\_\_\_

I, the undersigned, grant permission for my child to use all the play equipment and participate in all of the activities in the center. \_\_\_\_\_\_

I, the undersigned, acknowledge that Pumpkin Patch Out of School Care, Inc. assumes no liability concerning lost or damaged items such as articles of clothing and toys brought to the center by a child and/or legal guardian. \_\_\_\_\_\_

I, the undersigned, was offered/given a tour of the Center at the time of registration. \_\_\_\_\_\_

I, the undersigned, understand that Pumpkin Patch Out of School Care, Inc. will contact their collections agency when fees become overdue and there has been no attempt made by the parent to arrange payment. \_\_\_\_\_

I, the undersigned, allow Pumpkin Patch Out of School Care, Inc. to share information on this registration form in accordance with Pumpkin Patch`s Personal Information Protection Policy as detailed in the policy and procedure manual with local school, Child Services, and local Health and Policing officials. \_\_\_\_\_\_

I, the undersigned, have disclosed information to Pumpkin Patch Out of School Care, Inc. if a spouse or ex-spouse is not to pick up my child. I have provided a court order to them to enforce if necessary. \_\_\_\_\_\_\_\_\_\_

I, the undersigned, understand that my child will not be released to anyone other than those designated by myself and I will inform the staff of the center on that specific day. \_\_\_\_\_

I, the undersigned, understand that Pumpkin Patch Out of School Care, Inc. will not be responsible for anything that may happen as a result of false information given or pertinent to information withheld at time of enrolment. \_\_\_\_\_

I, the undersigned, will immediately notify the center of a change in contact information. \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother or Guardian Signature Date Father or Guardian Signature Date

**For office use only**

Date Registration Form Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Registration Fee Collected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Registration Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Subsidy Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Registration Form Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Written Notice Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Updated: December 2017