

**SADDLEBACK**  
**Child Care Centre**

306 saddleback road

Phone -780-434-2773

Fax-780-439-4326

Email:saddlebackchildcare@hotmail.  
com

**Registration**  
**Book**

Director- Sukhdeep Sandhu

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The purpose in securing the following information is to help the staff better understand what to expect from your child. Answers to the questions and discussion of personal matters with the staff will be held in strict confidence. Your child's health, happiness and security are responsibilities we share with you the parent(s).

Start Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Child's full name \_\_\_\_\_

Birth Date Month/day/year \_\_\_\_\_ AHC \_\_\_\_\_

Child's address \_\_\_\_\_

Child's School Name: \_\_\_\_\_

IF your child is attending school, please fill our transportation policy.

### **PARENT INFORMATION**

**Mother's Name** \_\_\_\_\_

Home address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Work/school # \_\_\_\_\_ Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Home address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Employer \_\_\_\_\_

Work/school # \_\_\_\_\_ Address \_\_\_\_\_

In case of an EMERGENCY (when you the parent cannot be reached) who may we contact?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

List the people that we may release your child to other than you the parent. Please list: \_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

Please list your child`s brothers, sisters and their age: \_\_\_\_\_

\_\_\_\_\_

Has your child attended a daycare in the past? Yes / No

If yes, Please list the most recent daycare attended:

\_\_\_\_\_

If applicable, please offer any information regarding stepparents, custody or visitations that the daycare should be aware of. If there is special orders that are in place it is helpful if the centres has a copy on file, in case a situation arises at the centre.

\_\_\_\_\_

**DEVELOPMENTAL INFORMATION**

Does your child have any speech difficulties Yes / No

Does your child wear diaper Yes / No

Does your child use the bathroom with complete independence? Yes / No

1. Can he/she be relied on to indicate bathroom needs?

Yes/No

\_\_\_\_\_

2. Is any help needed with clothing? Yes / No

3. Is there any indication of fear of the bathroom? Yes / No

4. Is any diaper worn during napttime? Yes / No

5. Is a toy or blanket part of his routine? Yes / No

6. Is the rest time welcomed or resisted? \_\_\_\_\_

7. What foods may be refused: \_\_\_\_\_

**Please indicate foods not permitted due to allergies or religion:**

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**Please indicate any special formula and any other particular infant feeding procedures you use at home:** \_\_\_\_\_

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**HEALTH INFORMATION**

**Doctor's name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Are your child's immunizations up to date: Yes / No**

**Does your child have allergies?** \_\_\_\_\_

**If so, please explain the reaction-hives, rash, asthma, hay fever or others, the cause-food, insect bites, medication or others and what the treatment is:** \_\_\_\_\_

**Does your child take medications/home remedies on a day to day basis at home? Yes / no**

**Will your child require taking this medication at the centre?**

**Yes \_\_\_\_\_ no \_\_\_\_\_**

**No staff member will give any kind of health care to the child. If required, trained staffs (who have first aid) will administer first aid treatment during an emergency and staff will document it for the parent.**

**In case of sickness or an accident if an ambulance is necessary, it is parent's responsibility to pay for the cost of the ambulance.**

**GENERAL INFORMATION**

**Does your child know any other children or staff at the centre?**

**Yes/No**

**Please list the children or staff \_\_\_\_\_**

**How did you hear about this centre: \_\_\_\_\_**

**How do you think your child will adjust to the daycare atmosphere? \_\_\_\_\_**

**Please let us know about your birth place we will add experience from your cultural in our planning to teach your children about your roots: \_\_\_\_\_**

**In the following space please list any other information that you think would be helpful to the staff to know your child and to make the daycare an enjoyable experience for your child.**

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

**PERMISSION and SIGNATURES that we require**

**The Early Learning and Child Care Act and Regulation require that the daycare have your permission for the staff to take your child from the premises on excursions away from the centre. Such as going for walks, sweet Grass (11351 31 Ave NW, Edmonton) and St. Teresa (11350 25 Ave NW, Edmonton) playgrounds, Blue Quill plaza, daycare outdoor playground, Hills on the backside of the centre, Ravine by 119<sup>th</sup> street and Water Park by Greenfield school ( Greenfield Park, 3803 114 St NW, Edmonton).**

**I \_\_\_\_\_ give permission to Saddleback Child Care Centre permission to take my child \_\_\_\_\_ to above mentioned locations for learning and leisure activities.**

\_\_\_\_\_  
**(Parent's Signature)**

\_\_\_\_\_  
**Date**

**DECLARATION**

In order 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 you, the parents, understand all the information in the parent hand book. We ask for your signature as a means of us knowing that you understand that the information in this book is of great value to us at Saddleback Child Care Centre and that you will follow the guidelines we ask of you. This enables us to meet your needs to our fullest capability.

I/We understand that if my/our child/children are not at the daycare centre by 10:00am on any given day, I/We will contact the daycare no later than 10:00 am to inform the centre of when or if my child will be attending for the said day.

I/We understand that if a call is not made by 10:00am, a place for my child may not be available and I will be responsible for finding alternate care for the said day.

I/We understand that fees are due on or before the 1<sup>st</sup> of the month, no later than the 5<sup>th</sup> of each month. If these fees are not paid within the first 5 days of the month and no arrangements have been made with the owner, I will be charged a \$25.00 late fee. I/We understand that if payments become more than 2 months in arrears, my child's placement will be terminated.

I/We understand that the pickup time for a child is 5:30pm. The centre closes at 6:00pm and that if we are late picking up our child, we the parents will be charged \$1.00 per child/per minute. This money will be paid directly to the staff on shift at this time. I/we also need to make a phone call to the centre by 5:30pm that I will be late.

I/We understand that it is your responsibility to provide sunscreen for our child(ren) and also hats for summer months for sun protection. If you don't want your child to have sunscreen please initial no

Yes sunscreen \_\_\_\_\_ No sunscreen \_\_\_\_\_

**IF YOUR CHILD IS ALLERGIC FROM ANY SUNSCREEN PLEASE LET US KNOW**

Parents also need to provide insect repellent for their children. Please leave one water bottle in his/her cubby.

I/We understand that if there is ever a NSF cheque written to Saddleback Child Care Centre that I/We the parents will be charged a \$25.00 NSF charge and all check privileges will be lost.

I/We understand that a thirty days' notice is required before pulling my child/children from the centre. I/We understand that if a thirty days' notice is not given, I/We are responsible for paying the full month's fee for that month.

I/We \_\_\_\_\_, hear by consent and agree to the staff of Saddleback Child Care Centre & OSC, located at 306 Saddleback RD. NW, Edmonton, T6J4R7 to take or use photographs of my child \_\_\_\_\_ for internal use only. I understand and consent that photos will only be shared via email with the parents of the children attending Saddleback Child Care Centre & OSC and that these photographs will only be taken during Day Care hours, including off grounds field trips and only displayed on the premises of Saddleback Daycare.

I /We \_\_\_\_\_ understand that there will be absolutely no Social Media Sharing from myself or any of the staff or parents of saddleback Child Care Centre & OSC of the children, staff or parents included in these photos  
I give Saddleback childcare centre permission to release information TO SOCIAL AND HEALTH AUTHORITY.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Directors Signature