

D. FAMILY BACKGROUND

Mother’s Home Country: _____ Mother’s Home Language: _____

Father’s Home Country: _____ Father’s Home Language: _____

Child’s Home Country: _____ Child’s Home Language: _____

If parents are divorced or separated, how long? _____ Child’s adjustment to this: _____

Please indicate the individual responsible for payments and fees: _____

Custody arrangements (provide court orders): _____

Person not allowed to pick up child: _____

E. EMERGENCY CONTACT INFORMATION

1. First Name: _____ Last Name: _____ Relation to child: _____

Address: _____ Phone (H): (____) _____ Phone (W): (____) _____

Relation to child: _____ Can pick all children in the family: Yes No

2. First Name: _____ Last Name: _____ Relation to child: _____

Address: _____ Phone (H): (____) _____ Phone (W): (____) _____

Relation to child: _____ Can pick all children in the family: Yes No

Safe word for authorized individuals picking up your child: _____

F. FAMILY LIVING AT HOME OTHER THAN PARENTS AND SIBLINGS

Name: _____ Age: _____ Relation to Child: _____

Name: _____ Age: _____ Relation to Child: _____

G. EATING HABITS

Describe general appetite of your child: _____

Is there anything we should know about what or how he/she eats? _____

Please attach a separate letter-size sheet detailing feeding schedule, food already introduced, food to be introduced, special instructions and habit.

H. SOCIAL DEVELOPMENT

How would you describe your child’s personality? _____

Does your child sleep? Yes No Previous Daycare: _____

Does your child have any mental health conditions or concerns? _____

I. HEALTH INFORMATION

Attach a copy of your current Alberta Health Care Card with the application.

Alberta Health Care Number: _____

Doctor's Name: _____ Phone: (____) _____ Address: _____

Is your child's immunization up to date? Please attach a copy of your child's immunization. Yes No

J. CHILDHOOD ILLNESS

Allergies (specify): _____

Other dietary restrictions: _____

Childhood illness (if any): _____

Hospitalization (date and diagnosis): _____

Has your child had any medical condition requiring or receiving treatment or supervision? Yes No

If yes, please describe: _____

Is your child on ongoing medication: Yes No If yes, what kind? _____

Section 2

A. PERMISSIONS AND ACKNOWLEDGEMENTS

1. I hereby agree:

- a) to grant permission, in the event of accident or illness, for emergency care to be administered, including emergency transportation if deemed necessary by Good Start Daycare, at my own expense.
- b) to provide one month's notice in advance of withdrawing my child from the daycare.
- c) to paying daycare fees in advance on or before the 1st working day of each month. I understand that late payments are subject to a late payment penalty of \$50.00.
- d) that it is my responsibility to ensure my child is picked up by 6:00 P.M each evening. Any late pick-ups will incur a **late pick up charge** of \$1.00 per minute, per child, for the duration that my child or children remain in the center's care after 6:00 P.M.

2. I authorize Saddleridge Daycare to take my child on supervised field trips.

3. I confirm that I have thoroughly read and comprehended all information provided in the parent handbook, and that I have been given a tour of the facility.

4. The orientation process, including the explanation of all policies and procedures by the director and a tour of the facility, has been successfully completed.

I have read and hereby agree to all the terms and conditions listed above. _____
Signature

B. FOR OFFICE USE ONLY

Today's Date

Commencement Date

Withdrawal Date

Saddleridge Daycare Consent Form

Consent Form

A. Sunscreen Authorization

- I/we hereby grant permission to Saddleridge Daycare to utilize the insect repellent/sunscreen that I will supply, ensuring it is in its original container and labeled with my child's name.
- I/we do not hereby grant permission to Saddleridge Daycare to utilize insect repellent/sunscreen.

Print Name

Signature

Today's Date

B. Email Authorization

- I/we hereby authorize Saddleridge Daycare to contact me using my provided email address.

Print Name

Signature

Today's Date

C. Art Work Authorization

- I/we hereby grant Saddleridge Daycare permission to display my child's artwork outside of the classroom.
- I/we do not hereby grant Saddleridge Daycare permission to display my child's artwork outside of the classroom.

Print Name

Signature

Today's Date

D. Photograph Authorization

- I/we hereby grant consent to Saddleridge Daycare for the use and reproduction of any and all photographs/videos taken of the above registrant(s) for any purpose, without compensation. Saddleridge Daycare reserves the right to utilize these photographs and/or videos for online publication and display at Saddleridge Daycare events. I understand that any photos provided to me by Saddleridge Daycare are for my personal use and display only. Reproduction or publication for commercial purposes in any form is strictly prohibited.
- I/we do not hereby grant Saddleridge Daycare this permission.

Print Name

Signature

Today's Date

E. Understanding of Parental Responsibilities

- I/we acknowledge that by enrolling my child in "Saddleridge Daycare," I agree to adhere to all program policies and procedures, including discipline and fee policies. I have received the orientation and parent handbook.

Print Name

Signature

Today's Date

Saddleridge Daycare Release Form

Release Form (Off-Site Activities)

A. Release for Off-Site Activities

I/we hereby grant Saddleridge Daycare permission to allow my child to participate in any off-site activity planned by the center, such as outside play on the playground, walks in the neighbourhood, including:

- Century Garden Park.

I/we do not hereby grant Saddleridge Daycare permission to allow my child to participate in any off-site activity planned by the center.

Print Name

Signature

Today's Date

Saddleridge Daycare Observation Consent

Student Observation Consent

Saddleridge Daycare is partners with colleges and universities who assist future child care workers in their studies. This is done by allowing students to observe children in the daycare for study purposes. This may also applied in job shadowing where a teacher is followed by a student to learn daily schedules.

A. Student Observation Consent

I/we hereby give permission to Saddleridge Daycare for observations by students on my child.

I/we do not hereby give permission to Saddleridge Daycare for observations by students on my child.

Print Name

Signature

Today's Date

Saddleridge Daycare Child Development Surveys

Child Development Surveys Consent

I/we hereby give Saddleridge Daycare permission to use my name for Nippissing Developmental Screening Process for my child. I understand that the Good Start Daycare will only be using this process to survey my child's development every 6 months and has permission to give the survey to the school if I request it to be given when my child leaves the centre.

I/we hereby do not give Saddleridge Daycare permission to use my name for Nippissing Developmental Screening Process for my child.

Print Name

Signature

Today's Date

Saddleridge Daycare Guidance Policy

Guidance Policy

Our goal is to help children develop self-control and learn appropriate social behaviours.

Methods of guidance:

- Use of Positive Reinforcement
- Support positive behaviour by praising the child at all time
- Encourage self-control and self-respect and respect for others
- Guide the children in a positive and gentle way
- Interact positively in response to conflict and inappropriate behaviours in order to help the children to make proper choices
- Redirection
- Give the child the time to calm down
- Set clear and simple limits
- Time away is used only if the child loses control and tries to harm him/her or others.

If behaviour concerns arise, staff will speak to the manager who will try to deal with the situation before addressing the issue to the parents. We believe that talking and listening to the children are also the most reliable ways to dealing with the behaviour.

A major influence that could affect the child self-esteem is not feeling the support from the most important people that surround them. Experiencing negative feedback from peers can be very negative on the child's self-esteem. As a result consequences occur such as:

- Low social interaction skills
- Little or no efforts towards realizing their projects or goals
- Irresponsible, shy
- Might become aggressive/hostile
- Unsure/anxious
- Lack of confidence on goals they achieve
- Poor performance
- Increase of the risk of depression

By communicating positively with the children, they will be able to deal with positive and negative emotions, act independently, assume responsibility of their acts, take pride in their accomplishments and have a high self-esteem.

I/we hereby have read and understand Saddleridge Daycare's Guidance Policy.

Print Name

Signature

Today's Date