



## PARENT/CAREGIVER REGISTRATION PACKAGE

Full Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Child resides with: Mom  Dad  Other  (If Other, Who) \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Marital status: Single  Married  Common-Law  Separated  Widowed  Divorced

**Emergency Contact Person 1:** (Must be local and someone other than the Parent/Caregiver)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Emergency Contact Person 2:** (Must be local and someone other than the Parent/Caregiver)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Who can CORE Child Care Society release the child to (other than Parent/Caregiver):**

\_\_\_\_\_

**Name of anyone NOT allowed access to the child:** \_\_\_\_\_

**Other children in the family:**

1. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Day home/Daycare: \_\_\_\_\_ Other: \_\_\_\_\_

2. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Day home/Daycare: \_\_\_\_\_ Other: \_\_\_\_\_

3. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Day home/Daycare: \_\_\_\_\_ Other: \_\_\_\_\_



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Health Record

Alberta Health Care Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Immunizations up-to-date: Yes  No  If **No**, please complete Immunization Waiver Form

On any Medication: Yes  No  If Yes, what Medications:

\_\_\_\_\_

\_\_\_\_\_

Have a Medical Condition: Yes  No  If Yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with any special needs: Yes  No  If Yes, please list:

\_\_\_\_\_

\_\_\_\_\_

### History of Illness

Mumps Yes  No  Measles (Red) Yes  No  Measles (German) Yes  No

Convulsions Yes  No  Croup Yes  No  Skin Problems Yes  No

Pneumonia Yes  No  Bronchitis Yes  No  Asthma Yes  No

Thrush Yes  No  Tonsillitis Yes  No  Hearing Problems Yes  No

Eye Problems Yes  No  Rheumatic Fever Yes  No  Scarlet Fever Yes  No

Chicken Pox Yes  No  Frequent Colds Yes  No  Fractures Yes  No

Epilepsy Yes  No  Hepatitis Yes  No  Congenital Problems Yes  No

Surgery Yes  No  If so what Surgery:

\_\_\_\_\_

\_\_\_\_\_

Allergies: Yes  No  If Yes, please list all allergies and type of reaction:

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Special Diet: \_\_\_\_\_

\_\_\_\_\_



## PARENT/CAREGIVER REGISTRATION PACKAGE

### **Illness and/or injuries can happen at anytime.**

In the event you are not available, the CORE Child Care Society asks that you give their Staff permission to contact and comply with the instructions of a Physician, Health Care Professional or Emergency Treatment Centre on behalf of your child.

If an ambulance is deemed necessary, all costs will be the responsibility of the Parent/Caregiver.

Childcare providers are not allowed to administer ANY medication to your child without your written consent. You may give this permission each time your child requires medication.

---

**Signature of Parent/Caregiver**

---

**Date**

---

**Signature of Parent/Caregiver**

---

**Date**



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Child Emergency Card

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Does Child Live with you: Y N Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Does Child Live with you: Y N Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Person(s) approved for child pick up:

Person(s) not approved for child pick up:

Poison Control: 1-800-332-1414

Emergency Response: 911

Child Abuse Hotline: 1-800-387-5437

Alberta Health Care #: \_\_\_\_\_ Family Doctor's Name: \_\_\_\_\_

Family Doctor's Phone #: \_\_\_\_\_

Allergies/Special Diet: \_\_\_\_\_

On-going medication(s): \_\_\_\_\_

Immunizations up to date: \_\_\_\_\_

Accidents or illness can happen anytime. In case you are not available, the Child Care Program asks that you give the staff permission to contact and comply with the instructions of a physician or emergency treatment centre on behalf of your child.

If an ambulance is deemed necessary, all costs will be the responsibility of the parent.

Childcare providers are not allowed to administer ANY medication to your child without your written consent. You may give this permission each time your child requires medication.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## PARENT/CAREGIVER REGISTRATION PACKAGE

### General Consents

I hereby give consent for my child \_\_\_\_\_ (Child's Name) to:

Have their artwork displayed inside the childcare premises.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have my child's photo to be taken for daycare events and be used in newsletters and our social media page.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participate in field trips. I understand that every precaution will be taken for the safety of my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participate in swimming at Repsol Place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow CORE Child Care Society Staff to apply sunscreen to my child when required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow CORE Child Care Society Staff to apply bug spray to my child when required.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Walking Consent

I \_\_\_\_\_ (Parent/Caregiver Name) give consent to CORE Child Care Society to take my/our child \_\_\_\_\_ (Child's Name) on a walk off site of the Childcare Facility, within a four block radius of the Facility. I understand that the Facility will have the required supervision present and follow all licensing regulations as well as the Facilities policies and procedures.

Are there any special requirements or knowledge that Staff should have about your child that we will require when we go on our walks? (If there are none, please indicate *none*).

---



---



---



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Immunization Waiver

I/We \_\_\_\_\_ (Parent/Guardian print Name) understand that it is My/Our right to make the decision not to have \_\_\_\_\_ (child's name) Immunized. As part of accessing this right I/we agree not to hold Core Child Care society liable in any way if our child should come in contact and/or develop any illness to which immunization would have protected them against. I/We wave any rights to proceed in any legal proceedings against Core Child Care Society if this should happen.

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Child Profile

Child's play habits (I.e.) Shares, plays well with others, etc.

---

---

---

Special concerns or comments:

---

---

---

Child's sleeping habits:

---

---

---

Child's eating habits (likes and dislikes):

---

---

---

Self-help skills (I.e.) dresses themselves, etc.

---

---

---

Does your child have any fears?

---

---

---

What discipline techniques do you use at home?

---

---

---

Any other information affecting the care of your child?

---

---

---



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Family History Questionnaire

This questionnaire is part of the Family History Multicultural Project. Please work with your child to fill in the answers. (Answers reflect the child's family history)

- 1) I was born in \_\_\_\_\_ City/Province/Country
- 2) My mother's name is \_\_\_\_\_  
She was born in \_\_\_\_\_ City/Province/Country
- 3) My father's name is \_\_\_\_\_  
He was born in \_\_\_\_\_ City/Province/Country
- 4) My mother's parents live or lived in \_\_\_\_\_  
\_\_\_\_\_ City/Province/Country
- 5) They were born in \_\_\_\_\_ City/Province/Country &  
\_\_\_\_\_ City/Province/Country
- 6) My father's parents live or lived in \_\_\_\_\_  
\_\_\_\_\_ City/Province/Country
- 7) They were born in \_\_\_\_\_ City/Province/Country &  
\_\_\_\_\_ City/Province/Country
- 8) Did my great-grandparents come from another country?  
Which grandparent? \_\_\_\_\_  
Which country? \_\_\_\_\_
- 9) What is my family's cultural/ethnic heritage?  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Does my family have any special customs or traditions? What are they?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## PARENT/CAREGIVER REGISTRATION PACKAGE

11) Tell a story about a special relative who is important to your family.


12) Additional family history information you would like to share.




## PARENT/CAREGIVER REGISTRATION PACKAGE

### Membership Form

All Parents/Guardians, Staff, and Board Members are required to become a Member of CORE Child Care Society. As such, a Membership Fee of \$20.00 will be included in your first invoice. All subsequent Annual Membership Fees will be included on your December 31<sup>st</sup> statement, regardless of the month your child began attending. Annual Membership Fees are not pro-rated.

Parent/Caregiver and Board Member involvement is extremely important to us as it helps to ensure we are providing the best possible care for your child.

A schedule of Parent/Caregiver meetings will be handed out to all Parents/Caregivers. Participation is encouraged.

We value Parent/Caregiver and Board Member involvement. Accompanying us on field trips and other outings are just a couple of the fun ways you can participate!

We also encourage Parents/Caregivers and Board Members to come into our Facility as a Guest Speaker, sharing about their cultural background, stories or pictures from holidays. Maybe you would like to read a book to the children or lead an art activity. If you are interested, please speak to one of our Staff to arrange a time.

Board Meetings are set for the Board. There may be some meetings which Parent/Caregiver and Staff will be invited to attend.

Staff meetings are set once a month. Parent/Caregiver and Board Members may be invited to attend some of these meetings.

**I have read, understand, and agree to become a member of CORE Child Care Society.**

---

**Signature of Parent/Caregiver**

---

**Date**

---

**Signature of Parent/Caregiver**

---

**Date**



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Parent/Caregiver Contract

This contract will serve as an agreement between CORE Child Care Society and

\_\_\_\_\_ (Parent/Caregiver's Name)

as a binding agreement concerning the care of

\_\_\_\_\_ (Child's Name)

My typical hours needed for childcare are as follows:

Monday	AM <input type="checkbox"/> PM <input type="checkbox"/>	To:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Tuesday	AM <input type="checkbox"/> PM <input type="checkbox"/>	To:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Wednesday	AM <input type="checkbox"/> PM <input type="checkbox"/>	To:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Thursday	AM <input type="checkbox"/> PM <input type="checkbox"/>	To:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Friday	AM <input type="checkbox"/> PM <input type="checkbox"/>	To:	AM <input type="checkbox"/> PM <input type="checkbox"/>

Average monthly hours: \_\_\_\_\_

**CORE Child Care Society opens at 5:30 AM and closes at 6:00 PM**

**\*Please pick up your child promptly at your scheduled pick up time\***

It is the duty of every Parent/Caregiver to ensure a schedule for the following week has been provided to the Facility by the Friday prior to the week of attendance.

You can provide this schedule to the Facility by:

- Text: (780) 517-1331
- Email: admin@core-care.ca
- Message on the Lillio App

**Please Note:** If a schedule has not provided there may not be a space available for your child.

### The Hour After Rule

If your child is scheduled to attend CORE Child Care Society and you wish to bring them in later than your scheduled drop off time, you are expected to call and let us know. This is to ensure we have the appropriate Staff scheduled.

If you bring your child in later than one hour after your child was scheduled to attend, and we have not received a phone call from you, you may be refused childcare, and/or a late fee of \$25.00 will be added to your monthly statement.

If we do not receive a phone call, we will assume your child will not be coming that day.



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Financial Agreement

It is my desire to enroll my child at the CORE Child Care Society, and I agree to pay the current fees for the program as indicated.

I understand that I will be charged for all days my child is scheduled to attend.

Invoices will be issued at the end of each month and are due upon receipt.

Fees can be paid by:

- Email Money Transfer to: *admin@core-care.ca*
- Credit Card
- Debit

Receipts will be issued upon payment. *Please keep your receipts for income tax purposes.*

I understand that my daily fees may change based on subsidy approval and/or change in the Government Regulations regarding fees.

Should my account become outstanding, child care services may be terminated immediately until the balance is paid in full. Overdue accounts will be sent to Small Claims Court and/or may be referred to a Collection Agency.

I understand and agree that I am required to give one months notice to CORE Child Care Society when terminating my contract and/or childcare. Failure to do so will result in my being charged the full rate of childcare to which I would have normally paid.

---

**Signature of Parent/Caregiver**

---

**Date**

---

**Signature of Parent/Caregiver**

---

**Date**



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Personal Information Consent Form

By signing below, I hereby give consent to CORE Child Care Society to:

- 1) Collect all of the personal information included in any Application/Enrolment/Registration Form (a "Registration Form") that I may complete and give to CORE Child Care Society about the child(ren), myself, and any other individual whose personal information is included in the Registration Form, and
  - a) Any additional personal information regarding the child(ren), myself, and/or any such other individual that CORE Child Care Society may reasonably require and collect by way of additional documents and/or interviews/meetings;
  - b) Any additional personal information included in any other document that I may complete and/or give to the CORE Child Care Society about child(ren), myself and any other individual whose personal information is included in that document.
  
- 2) Collect, on an ongoing basis, additional personal information about the child(ren), myself, and any other individual who is referred to in any Form (a "Named Individual"), as reasonably required at any time by CORE Child Care Society in order to provide for:
  - a) The physical, emotional, social and intellectual wellbeing and safety of the child(ren), or
  - b) The general administration and operation of CORE Child Care Society (which includes record keeping, debt collection, and fundraising activities).
  - c) All personal information included in any Form and all other personal information included in any Form and all other personal information previously or subsequently collected by CORE Child Care Society regarding the child(ren), myself, and/or any other named individual, as reasonably required by CORE Child Care Society to provide for:
    - i. The physical, emotional, social and intellectual wellbeing and safety of the child(ren), or
    - ii. The general administration and operation of CORE Child Care Society (which includes record keeping, debt collection, and fundraising activities)
  
- 3) Disclose on a "need to know" and, where applicable, on a confidential basis, any personal information about the child(ren), myself, and/or any named individual
  - a) To CORE Childcare Society Employees, Independent Contractors (i.e. People who regularly work at CORE Child Care Society, but who are not paid as Employees), Directors, Therapists, Volunteers (which may include Parents, and/or Legal Guardians of other children attending CORE Child Care Society), Work Experience Students and Educational or Regulatory Observers; or
  - b) To any third party who requires such information in order to:
    - i. Provide (or assist CORE Child Care Society in providing) for the physical, emotional, social and/or intellectual wellbeing and/or safety of the child(ren); or
    - ii. Assist CORE Child Care Society in its general administration and/or operations (which includes record keeping, debt collecting, and fundraising activities); or



## PARENT/CAREGIVER REGISTRATION PACKAGE

- iii. Assist CORE Child Care Society in providing products and/or services to the child(ren) and/or to myself; or
  - c) To a public authority or an agent of public authority if, in the Society's reasonable judgment, it appears that there is imminent danger to life or property which could be avoided or minimized by the disclosure of that information; or
  - d) To any third party with whom CORE Child Care Society is negotiating for the purpose of that third party taking over some, or all the Society's services and/or other activities; or
  - e) To representatives of other licensed childcare facilities if I have not promptly satisfied my debts to the Society;
- 4) Disclose the names of the child(ren) in any class list produced by CORE Child Care Society for the child(ren)'s class(es) at CORE Child Care Society and make available to families of children in each class/time slot;
- 5) Disclose the child(ren)'s first name and the first initial of the child(ren)'s surname on a name tag (whenever other children in CORE Child Care Society are given name tags) on the child(ren)'s clothing on various items throughout the Facility. (I.e) a sign in/sign out sheet, an allergy sheet, a cubical, a locker, a notebook, or a scrapbook;
- 6) Disclose (and celebrate) the child(ren)'s birthday(s)  
 Please check this box if you do not want your child(ren)'s birthday(s) disclosed or celebrated.
- 7) Allow appropriate photographs and/or videos of the child(ren) to be taken by Therapists, by Work Experience Students and by Educational or Regulatory Observers while they are at the CORE Child Care Facility;
- 8) Allow the taking of appropriate photographs or videos of the child(ren) and allow the use of any such photographs and/or videos in CORE Child Care Facility program activities, archives and/or promotional materials;  
 Check this box if you do not want your child(ren)'s picture to be taken for this purpose.
- 9) Allowing appropriate photographs and/or videos of the child(ren) to be taken by:
- a) Employees of CORE Child Care Society for their personal records; or  
 Check this box if you do not want your child(ren)'s picture to be taken for this purpose.
  - b) Representatives of the media or of any granting organization, for use in any media coverage, article or promotional materials; or  
 Check this box if you do not want your child(ren)'s picture to be taken for this purpose.
  - c) Parents of children at CORE Child Care Society at special events or field trips organized by the Facility.  
 Check this box if you do not want your child(ren)'s picture to be taken for this purpose.



## PARENT/CAREGIVER REGISTRATION PACKAGE

- 10) By signing below, I acknowledge that CORE Child Care Society may collect and disclose personal information regarding the child(ren), myself and/or any Named Individual, without the consent of the child(ren), myself and/or Named Individual where;
- a) CORE Child Care Society is required by law to make any such disclosure (i.e) to the Alberta Daycare Program in order to comply with licensing conditions; or
  - b) A Staff member of CORE Child Care Society suspects abuse, neglect, or endangerment involving the child(ren) for example, to the Director or Child Welfare, Alberta Child and Family Services or to a Law Enforcement Agency.
- 11) Also, by signing below, I acknowledge that I have completed the application for CORE Child Care Society services to the best of my knowledge and have reviewed this information with the Director.

---

**Signature of Parent/Caregiver**

---

**Date**

---

**Signature of Parent/Caregiver**

---

**Date**

---

**Signature of CORE Childcare Society Director**

---

**Date**



## PARENT/CAREGIVER REGISTRATION PACKAGE

### Dress Code & Additional Items to Bring (Please keep for your records)

I agree to provide the following items each day for use by my child.

Failure to do so will result in a phone call to myself to bring the missing items to the Facility within one hour of the phone call.

The items are as follows:

2 sets of extra clothes - seasonally appropriate
Indoor & outdoor shoes - all shoes must have a back on them
Unless it is pajama day, pajama bottoms are not considered acceptable attire
Summer - sun hat, bug spray & sunscreen
Winter - winter jacket, snow pants, winter boots, gloves and toque
<b><i>Please keep in mind to always dress for the weather as we do go outside every day.</i></b>
Back pack
Diapers or Pull-Up's if your child is not fully potty-trained
Nap time blanket
Own food – Breakfast, AM Snack, Lunch, PM Snack