

# Future Scholars Daycare & OSC

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[www.futurescholars.ca](http://www.futurescholars.ca)

## **Orientation for New Parents**

- Welcome
- Introduction
- Room tours
- Introduction with the staff
- Explaining room schedules, food menus, Allergy lists
- Tour to washrooms
- Tour to playground
- Talk about Parent Handbook, Registration Handbook
- Information about subsidy (if needed)
- Answering parents questions & concerns

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Registration Form

Please fill out the form as completely as possible, sign or initial where necessary.  
Bring your completed form to the centre or fax us. If you have any questions, please feel free to ask.

| <u>Child's General Information</u> |   |
|------------------------------------|---|
| Last Name:                         | First Name:   |
| Middle Name:                       | Nickname:   |
| Birth Date:                        | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date Applied:                      | Start Date:   |
| Drop-Off Time:                     | Pick-Up Time:   |
| Number of Siblings:                | Legal Guardian:   |
| Child's Home Phone:                | Child's Home Address:   |
| Been in child-care before?         | Name of centre:   |

### Drop off Policy

Children **MUST** be dropped off no later than 10:30 A.M.

Please initial \_\_\_\_\_

### Late Pick-Up Policy

Children **MUST** be picked up no later than 6 p.m. Our late fee is \$1 each minute you are late, minimum 15 minute charge.

Please initial \_\_\_\_\_

### Registration Fee

I understand that there is a **non-refundable** registration fee of \$35.00 to be applicable on account.

Please initial \_\_\_\_\_

### Termination Notice

I understand that there is a **30 day termination notice** is required to withdraw your child from Daycare & OSC. We also reserve the right to refuse care of your child. This includes any reason the Director and or license holder deems necessary. This could either be late fees, not meeting child's needs, illness, etc. In such case, you will be given a termination notice from the center.

Please initial \_\_\_\_\_

## Parents or Guardians Information

|  |                                    |             |
|--|------------------------------------|-------------|
| <b>Parents or Guardians Information</b>      |                                    |             |
| <b>Mother/Guardian Last Name:</b>            | <b>Mother/Guardian First Name:</b> |             |
| Relationship to Child:                       | Marital Status:                    |             |
| Home Address:                                |                                    |             |
| City:  | Postal Code:                       |             |
| Home Phone:                                  | Work/School Phone:                 | Cell Phone: |
| Email Address:                               |                                    |             |
| Employer:                                    |                                    |             |
| Is mother/guardian allowed to pick up child? |                                    |             |
| <b>Father/Guardian Last Name:</b>            | <b>Father/Guardian First Name:</b> |             |
| Relationship to Child:                       | Marital Status:                    |             |
| Home Address:                                |                                    |             |
| City:  | Postal Code:                       |             |
| Home Phone:                                  | Work Phone:                        | Cell Phone: |
| Email Address:                               |                                    |             |
| Employer:                                    |                                    |             |
| Is Father/guardian allowed to pick up child? |                                    |             |
| Parent to be contacted in an emergency:      |                                    |             |

## EMERGENCY CONTACT INFORMATION

**Alternate Contact #1 Name:**

**Relationship to Child:**

Home Address:

City:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Authorized to Pick Up: Yes or No

**Alternate Contact #2 Name:**

**Relationship to Child:**

Home Address:

City:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Authorized Pick Up:  Yes or  No

Please list the full name, relationship, and phone number of any additional people you wish to authorize for pick-up:

Please list the full name, and relationship of any people that **DO NOT** have authorization to pick up your child:

## Child's Medical Information

Family Doctor:

Office Phone:

Address:

City:

Postal Code:

Alberta Health Care Number:

Immunizations Up-to-Date:

Yes

No

**Allergies:**

**Medical Problems, past surgeries, or serious illness:**

**On-going Medication: (Please include name of drug and dosage)**

**Allergies Diagnosed:**

**Medication Required: (will need to fill out a medication form for any emergency medications)**

Is child toilet trained?

Child's typical reaction to stress:

Child's typical reaction to illness:

Parents method of discipline:

Are there health, behavioural, developmental or other concerns that we should know about your child:

## EMERGENCY CONSENT

It is our policy of notifying a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE  
STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO  
AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER  
AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

|                           |                           |
|---------------------------|---------------------------|
| Parent/Guardian Signature | Parent/Guardian Signature |
|                           |                           |
| Date:                     | Date:                     |

## Off-Site Activity Permission

I understand that field trips and walks to neighbourhood areas and parks are part of the programming at Future Scholars and I hereby give consent for my child to participate in these activities.

Parent Initial \_\_\_\_\_

## Parent Handbook Agreement

I have carefully read the Future Scholars Parent Handbook (available online at [www.futurescholars.ca](http://www.futurescholars.ca)) and understand that it is my responsibility to be aware of all the procedures and expectations set forth by the centre in this document.

Parent Initial \_\_\_\_\_

## Subsidy Privacy Allowance

I hereby allow the staff of Future Scholars to be able to inquire about the status and details of my subsidy application.

Parent Initial \_\_\_\_\_

## Biting Policy

I have read the Biting Policy as outlined in the Parent Handbook, and understand that if my child is sent home for severe biting incidents three times a week for two consecutive weeks, it may become necessary for the daycare to terminate our childcare agreement. If the biting appears to target another child specifically, or causes serious damage to the other child's body (possible scarring, loss of skin or tissue), it will be grounds for immediate termination of care.

Parent Initial \_\_\_\_\_

## Male Staff Permission

I consent to having a male caregiver take my child to the bathroom and/or change my child's diapers, clothing, or training pants while they are in the care of Future Scholars.

Parent Initial \_\_\_\_\_

## Developmental Screening Permission

I give permission to Future Scholars to monitor my child's development via the Nipissing Developmental Screening Tool, and include it in my child's portfolio and administrative records.

Parent Initial \_\_\_\_\_

## Technology, Visual, and Video Permission Form

At our centre we try to give a variety of learning experiences. This may include the use of a computer, a video, the television, or taped recordings of their own voices, etc. as a means of an activity. All activities, including the use of the computer, will be of appropriate age and content. We require your written consent on the form below to signify your permission for these types of activities. In regards to the use of computers, television, video, and taped recording, I give the staff at Future Scholars Daycare & OSC permission to include my child in such related activities.

Parent Initial \_\_\_\_\_

## Telephone Release Permission

Other parents sometimes request a family's phone number so they can phone to invite your child to a birthday party or some other social event. Please sign below if you have no objections to the release of your phone number for this purpose.

Parent Initial \_\_\_\_\_

# Permission to Photograph

I give permission for Future Scholars to photograph my child, \_\_\_\_\_, for the following purposes:

| Type of Use:  | (Please check one) |                    |
|---|--------------------|--------------------|
|   | Grant Permission   | Decline Permission |
| <b>Still Photographs:</b>   |                    |                    |
| Display in centre scrapbook   |                    |                    |
| Give photographs possibly containing your child to current clients, classroom, group pictures       |                    |                    |
| Display in facility's scrapbook or bulletin boards, shown to current and prospective clients        |                    |                    |
| Display still photos on my daycare website *  |                    |                    |
| To use in a power point or slide show<br>As a keepsake for the child and family                     |                    |                    |
| To use in my child's portfolio to document my child's development                                   |                    |                    |
| <b>Videos:</b>  |                    |                    |
| For children watching themselves  |                    |                    |
| making movies, pretending to be a weather person, news reporter, etc....<br>dramatic play purposes. |                    |                    |

\* No names at any time will be posted without consent of the parent.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrolment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## Future Scholars Sunscreen and Insect Repellent Permission Form

During outdoor play on sunny days, especially those during the months of April through September, it is necessary that children wear sunscreen to protect their skin from the sun's damaging rays. **Therefore, we require that YOU provide your children with a sunscreen of SPF 30 or higher.** All sunscreen will be applied to the child's face (not near eyes), ears, nose, arms, legs, or any other exposed skin before going outside and reapplied when necessary. Future Scholars will apply sunscreen **ONLY** if provided by parents.

Because there are periods during the year where mosquitoes and other biting insects are present, you may also want to send your child with a bottle of insect repellent. Repellent will be applied at the same time as sunscreen, but it is not a requirement of the centre. Please chose a bug spray with low DEET content and that is sensitive to a child's skin. In the absence of repellent, the centre will not provide any.

All sunscreen and insect repellents must be marked with the child's name and be in the original packaging with an appropriate expiration date. Anything that is past the expiration date will not be used. Parents will be notified when these products expire or are running low.

Please fill out the following information and place a checkmark next to the appropriate statements.

I, \_\_\_\_\_, understand the above and give Future Scholars Daycare staff permission to apply sunscreen that I have provided and labelled to my child/ren, \_\_\_\_\_.

I do not know of any allergies that my child has to sunscreen.

I do not want my child to have sunscreen applied to him/her because of an allergy or other medical condition.

Please specify: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the centre staff to apply insect repellent that I have provided and labelled to my child/ren, \_\_\_\_\_.

I do not know of any allergies my child has to insect repellent.

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

# TRANSPORTATION AGREEMENT

Parent/Legal Guardian is responsible for transporting your child to and from the childcare facility. The childcare facility (Future Scholars Daycare & OSC) will transport your child to and from school by walking, Van, and or waiting at bus stop.

Occasionally we may need to transport your child by moving vehicle. All children under 40 lbs. or 4 years will be placed in a safety-approved car seat with will be provided by the Daycare. All other children will be required to wear a seat belt at all times.

We carry a notebook with copies of all Emergency Contact Information, and record of pick up and drop off times. If a child does not show up when expected then the school is first to be checked, daycare contacted and then parents. If the child is still not located, then the appropriate authorities are contacted. A Critical/Serious incident report is filed and the licensing officer is notified immediately.

Future Scholars is in partnership with the schools and checks each schools protocol. When being transported in our company vehicle, children are only to be released to the outside supervisors on the school grounds. Future Scholars keeps records regarding who goes to which school, where does the child get picked up, start time and end time, days off, and emergency information for each child. School Calendars are kept to establish Pd days, Staff Meeting holidays.etc .Parents are aware of supervision policies from, the Parent handbook.

I give permission for my child to travel in a moving vehicle or walked to and from school / Taken/Pick up at the designated Bus Stop with Future Scholars Daycare and OSC

Child's name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**In case of emergency**, for example, our company vehicle breaks down, or the school bus is late or doesn't show up, we give permission to Future Scholars staff to transport my child in their own personal vehicle.

**Yes**     **No** (please tick)

\*If NO, then parents will be called to transport their child to their school

Guardian Initial \_\_\_\_\_