



Childcare Registration Form

Child's Legal Surname:

First Name: _____

Middle Name: _____

Child's Preferred Name: _____ Date of Birth _____

Sex: _____

Cultural Background: _____

(Example: Canadian, Aboriginal, French, or any other)

What is the primary language spoken in your home? _____

Additional languages spoken _____

Do you have immigrant status? Yes _____ No _____

Do you have refugee status? Yes _____ No _____

When did you arrive in Canada: Born Here _____ Date of immigration _____

Parent/Guardian Information:

Mother's Name: _____ Home Phone: _____

Legal Address: _____



Mailing Address (if different from above) _____

Place of Work: _____ Work Phone: _____

Work Legal Address: _____

Father's Name: _____ Home Phone: _____

Legal Address: _____

Mailing Address (if different from above) _____

Place of Work: _____ Work Phone: _____

Work Legal Address: _____

IS THERE A RESTRAINING OR CUSTODY OR ACCESS ORDER?

YOU ARE REQUIRED TO PROVIDE A COPY OF THE ORDER (S)



Emergency Contacts

Names of people who can be contacted in an emergency:

*Parent(s) will be contacted first. Those listed below cannot be parents.

1. Full Name: _____

Relationship to the child: _____

Legal Home Address (not box #): _____

Home Phone: _____ Cell: _____

Other: _____

2. Full Name: _____

Relationship to the child: _____

Legal Home Address (not box #): _____

Home Phone: _____ Cell: _____

Other: _____

*To be updated yearly.



Child Release Consent

Names of ALL people to whom your child can be released to

Full Name: _____

Home Phone: _____ Cell: _____

Full Name: _____

Home Phone: _____ Cell: _____

Full Name: _____

Home Phone: _____ Cell: _____

Full Name: _____

Home Phone: _____ Cell: _____

Full Name: _____

Home Phone: _____ Cell: _____

Full Name: _____

Home Phone: _____ Cell: _____



Medical & Personal Information

Is immunization up to date? _____ Initial: _____

Parents must fill out a Medical Authorization Form prior to care, if providers will be required to administer medication or herbal remedies, and/or to inform providers of any medication or herbal remedies given to child each day prior to care. If providers require special training in order to administer medication, this must be obtained prior to care.

Alberta Health Care #: _____

Please describe medical history (including any special needs that your child may require help with, or that the provider may need training for):

Allergies (food, drug, other) & feeding instruction if child is infant:

Please list favorite foods:



Please list any dislikes:

Special toys, songs or other comfort:

List any developmental goals we may be able to assist your child with:

List any cultural information and/or activities that may positively impact children's play experience or developmental growth:

Other individual needs/background information:

All the above mentioned information is true, to the best of my knowledge:

Date

Parent/Guardian Signature



Administration of Medication

Family Day Home Policy

In all cases where medications are administered:

1. Parents must fill out and sign a Medication Authorization Form prior to bringing their child into the day home.
2. Providers must provide a copy of the signed Medication Authorization Form to the FDH Coordinator.
3. Providers must record all information as required on the Medication Authorization Form and provide this form to the FDH Coordinator at the month's end.
4. All medications must be returned after authorized period has ended.

'Providers must consult with the parent about special handling of children with medical conditions (e.g., allergies, diabetes, asthma, eczema, epilepsy); and may require special instruction or training from medical personnel on how to handle certain conditions or medical emergencies (e.g., asthma attack, administering insulin).' (FDH Standard 10E) This training must be obtained prior to providing care to a child requiring this type of service. Providers must administer medication according to the label directions.

The reason these rules have been put into place is to protect your child against accidental overdose of any medication, which could easily occur when times are not directed.

Permission for Emergency Medical Treatment

I hereby give authorization for _____, to obtain emergency medical treatment for my child. I understand that I will be notified immediately of any situation that requires such treatment.

Date

Parent /Guardian Signature



Transportation Release

I/we authorize _____, Provider, to transport my/our child during the course of outings which may have been arranged by the Provider.

The children must be transported in accordance with safety and operating requirements of Alberta Motor Vehicle and Highway Traffic Acts, and must be in enclosed vehicles.

I agree to supply a car seat, if necessary, as long as there is a tether strap installed in the vehicle so safety requirements will be met. The provider will maintain child restraints appropriate to the ages of the children and these restraints will be installed according to the manufacturer's instructions. At no time are the children to be left unattended in the provider's vehicle. The provider will inform the agency and the parents of any field trips.

I/we release the Family Day Home Provider and Lamont County (the agency) from any liability related to accidents or injuries incurred by my child during the course of such field trips or outings.

Date

Parent/Guardian Signature

Local Field Trip Permission

Providers are expected to provide a variety of programming for the children in their care. Field Trips/outings may include going to the local park, community events, and local businesses. Providers will ensure the proper supervision and safety of the children while on a field trip. Out of town field trips require additional permission to this form.

I hereby give permission for my child to accompany their provider on local field trips.

Check: if by foot only.

Date

Parent/Guardian Signature





Photo Permission

Occasionally, the provider may want to take pictures of the children at the day home.

From time to time, photos will be used for promotional reasons and news releases.

You have the right to say whether you want your child picture to be taken and used for publication in any medium or not.

I hereby release for publication or telecast, in any medium, the photograph of my child.

Date

Parent/Guardian Signature

I **DO NOT** want my child's name or photograph to be released in any news medium.

Date

Parent/Guardian Signature



Application of Sunscreen and Bug Repellant

Providers are expected to put the safety of your child first. To ensure your child is protected from insect bites and sunburn, providers will administer bug repellent and sunscreen to your child. It is the responsibility of the parent to provide insect repellent and sunscreen for the provider to use on your child.

I hereby give permission for the provider to administer bug repellent and sunscreen to my child. I will supply the sunscreen and bug repellent to the provider.

Date

Parent/Guardian Signature



Lamont County Regional Day Home Program

Child Guidance Policy

It is important that appropriate discipline techniques be used within the program. The Provider is required to ensure that the discipline used is reasonable and suitable to the circumstances. The agency believes that children depend on adults to provide safe and nurturing early learning and care that meets their individual developmental needs. It is our belief that children develop to their fullest potential in environments that are true to life experiences. We aim to provide a program that supports, strengthens and supplements the role of the family. A part of promoting the role of family in the day home program is through consistency in child guidance.

Acceptable approaches to discipline include: setting limits, setting standards of behavior, providing explanations and choices, making sure that the child understands the limits, and consequences to actions. Consistency is important. Distraction, removing the child from the situation, and using logical and natural consequences are acceptable. A time out or time away from an activity is acceptable, as long as the child decides when he or she is ready to return to the activity.

Limits will be set taking into consideration differences in age, temperament and experience.

It is unacceptable for physical or emotional punishment to be used. It is also unacceptable to manage a child's behavior by slapping, spanking, shaking, ridiculing or threatening. Use of these techniques may result in immediate termination from the program.

Parents, please take the time to discuss discipline techniques with your Provider. It will help create consistency if parents and providers practice the same guidance techniques.



I have read, understood, and agree with the Child Guidance Policy of Lamont County Regional Day Home Program.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Provider signature: _____ Date: _____

Coordinator Signature: _____ Date: _____



Permission to Share Personal Information

Lamont County Family Day Home Agency is accountable to Alberta Child and Family Services. By being held accountable the CFS needs to have access to your child's files. The CFSA and Lamont County Family Day Home Agency go to great lengths to keep your child's files confidential. The information in these files will not be shared with any other agency or outside source. Your child's files are only looked at to ensure that your child is receiving the best care possible.

I hereby give permission for Alberta Child and Family Services to look at my child's files.

Date

Parent/Guardian Signature