



Riverview Daycare & OSC Phone 780-422-1964
8204 Jasper Ave (NW)
Edmonton, AB, T5H 3S2
Email: info.riverviewdaycare@gmail.com

Registration Form

Date of Admission _____

Child's name _____

Address _____

Birthdate (YYYY/MM/DD) _____

Mother's Name _____

Phone _____

Address _____

Bus/Cell # _____

Employment _____

Hours _____

Father's Name _____

Phone _____

Address _____

Bus/Cell# _____

Employment _____

Hours _____

Emergency Contact Persons

Name _____

Name _____

Address _____

Address _____

Phone home. _____

Phone home. _____

Phone work. _____

Phone work. _____

Child's Doctor

Name _____ Address _____

Phone _____ Alberta Health Care # _____

Child on any medication at home: Yes _____ No _____

If yes then what type _____ and what for _____

Allergies _____

Special Needs or medical concerns (operations) _____

IS YOUR CHILD'S IMMUNIZATION UP TO DATE?



Riverview Daycare & OSC Phone 780-422-1964
 8204 Jasper Ave (NW)
 Edmonton, AB, T5H 3S2
 Email: info.riverviewdaycare@gmail.com

Immunization Record

Is your child's immunization up to date?

Background of Child

Had the child had any of the following illnesses?

Red measles	YES/ NO	convulsions (not epilepsy)	YES/ NO
German measles	YES/ NO	epilepsy	YES/ NO
Chicken pox	YES/ NO	head injury	YES/NO
Whooping cough	YES/ NO	accidental poisoning	YES/NO
Mumps	YES/ NO	removal of tonsils	YES/ NO
Heart trouble	YES/ NO	eye surgery	YES/NO

In the last year had the child had any of the following?

Difficulties with speech	YES/NO	3 or more earaches	YES/NO
Difficulty with hearing	YES/NO	feeding/sleep problems	YES/NO
Difficulty with eyesight	YES/NO	daytime or bedwetting	YES/NO

Please list any other information that you considered is or will be relevant:

Culture/ Country/language etc.

Language _____ Culture _____

Country _____

National festival of your country & when celebrated _____

Previous experience in day-care describe in words _____

Family interests/activities involving child _____

How you can involve yourself in our daycare _____

Social and Emotional

Brothers _____ Age _____ Sisters _____ Age _____

Characteristics of child's personality _____

Signs of child's tiredness _____ Child's fears _____

Discipline at home _____



Riverview Daycare & OSC Phone 780-422-1964
 8204 Jasper Ave (NW)
 Edmonton, AB, T5H 3S2
 Email: info.riverviewdaycare@gmail.com

Child reaction to illness: Will child tell staff? _____

Child's reaction to stress _____ is the child toilet trained _____

Authorized persons to whom the child may be released:

Child will not be released to anyone that is not listed on the authorization form, if you want to name anybody please fill the name address and telephone number of those additional pickup authorized personal;

1. _____ 2. _____ 3. _____

Parent's Signature _____ Staff Signature _____ Date _____

Field Trip

I hereby grant permission for my child _____ to accompany his/her group on field trips and neighborhood walks, which staff plans as part of the program. I also understand that I will be informed in advance, verbally, by letter, or by poster on the parent's board, of any field trip.

* Note- This includes transportation to and from school, walking, and vehicle transportation.

Parent's signature _____ Date _____

Immunization Record

Is your child's immunization up to date? Yes _____ No _____

(If it's No then what's the reason? Also if required you have to provide the detail of immunization to the daycare authorities)

Medical Attention

I release Riverview Daycare & OSC of liability for accidents or illnesses occurring to my child while he is in their care at their centre. In the event of an emergency when I cannot be reached, I give my permission for any medical procedure deemed necessary by my doctor or by another doctor/ physician selected by the centre. I understand that I remain responsible for expenses incurred by this attention and I also give them permission to transport my child to emergency if required in their daycare van.

Parent's Signature _____ Date _____

Transportation agreement (For picking kids to and from home)I release my child for morning pickup and the drop off schedule, I agree and understand that the transportation will be on site at plus or minus five minutes of the time agreed and maintain the time mutually agreed, I will make my child ready so that the pickup is done flawlessly. I understand that daycare staff driving van waiting time will be five minutes, and if he/ she do not see any indication he/she will leave, which means I have to make my own arrangements for the child to get to the daycare, I also understand that it's my responsibility to make my child sit in van tie seat/ car seat belt as required. The pickup service can be disrupted if the weather conditions are extreme, should this ever happen you will be informed as soon as possible, and this is not a mandatory service provided by the centre. By signing this you agree and understand that the daycare van stops at different stops to pick up and drop off children to and from home before it reaches home / daycare, also you relieve daycare of any liability in case of any eventuality/ accident which may occurs while transporting children, and assure that you will not fight against daycare/ their insurance company or driver of the van in any court of law in Canada. You are signing this without any undue pressure.



Riverview Daycare & OSC Phone 780-422-1964
 8204 Jasper Ave (NW)
 Edmonton, AB, T5H 3S2
 Email: info.riverviewdaycare@gmail.com

I know that the daycare van has INTRA-PROVIINCIAL OPERATING AUTHORITY CERTIFICATE, SAFETY FITNESS CERTIFICATE AND HALF YEARLY INSPECTION OF THE VAN IS ALSO DONE and is insured for transportation of children, I also know that if I require any further information I can contact day care number which is forwarded to one of director 24x7.

Parent's Signature: _____ Date _____

Policy on Child Development

When children are lacking on some area in developmental areas, the teacher talk to the parent and provide them with resources that can be helpful to them or ask to see their doctor for help. The Daycare center uses nipssing as one of the tool to assess child development. Please provide any child development assessment or interest if you have in particular in your mind to the director or to the staff concerned.

Parent's Signature: _____ Date _____

All Parents Please Note the Following:

1. All fees must be paid one month in advance by the 5th day of the month.
2. One month's notice must be given for children leaving day-care.
3. Hours of daycare are from 7:00a.m. To 6:00p.m. Only. Please phone the daycare if you know you will be delayed in picking up your child. Also there will be an extra charge of five dollars for every 5 minutes late after 6:00p.m. Which should be paid to the staff that stays late?
4. A charge of \$25.00 will be charged for N.S.F. cheques.
5. A sick child must not be brought to daycare. It is unfair to your child and the other children. If your child shows symptoms of an illness that we are uncertain of, we will request that you bring a doctor's note stating that your child is able to attend daycare.
6. Children, who are on subsidy and miss a day due to an illness, must have doctors note. This is for your subsidy officer.
7. Holiday parents are allowed twenty dollars off their regular fee per week. Maximum three weeks.
8. There is portfolio of child which you can go through if you have time while picking or dropping your child to the centre.

I hereby agree to abide with all the daycare rules and to inform staff of any of my child's problems that may arise in future.

Note: That center has open door policy for any suggestions and inputs.

Parent's Signature _____
 Staff Signature _____
 Date _____



Riverview Daycare & OSC Phone 780-422-1964
8204 Jasper Ave (NW)
Edmonton, AB, T5H 3S2
Email: info.riverviewdaycare@gmail.com

Please fill the time the child will be dropped off, and picked up from day care. This will help the center for staff planning.

Drop off place and time: _____

Pick off place and time: _____

Name, address & phone # of the school the child is attending _____

School start time regular days: _____

School finish time regular days: _____

School finish time early dismissals days: _____

Please keep this email and phone number handy all time for any type of correspondence with director relating to daycare.

Email: **info.riverviewdaycare@gmail.com**

Phone: 780-422-1964



Riverview Daycare & OSC Phone 780-422-1964
8204 Jasper Ave (NW)
Edmonton, AB, T5H 3S2
Email: info.riverviewdaycare@gmail.com

Information Release Agreement

I _____, give permission to display my child's name on the following:

- My child's cubby and coat hook
- My child's pictures on posters showing various activities in daycare
- Any artwork
- Any birthday related activities
- Allergies list
- Field Trip Permission List
- School list i.e., Listing name, phone # parent name, teacher name, school name etc
- Materials brought from home
- Medication Information
- Or any other place as may be suited by the room staff or director of the daycare for which I have no objection at all.

Comments if any you would like to give or share with us _____

Policies and parent hand book are read and understood by us

Child's Name: _____

Parent's Signatures: _____

Dated: _____

Name of Child: _____



Riverview Daycare & OSC Phone 780-422-1964
8204 Jasper Ave (NW)
Edmonton, AB, T5H 3S2
Email: info.riverviewdaycare@gmail.com

Sunscreen and Insect Repellent (Bug Spray) Permission Form

As part of the childcare's daily routine, children spend a great deal of time outside. Our belief is that exposure to the outdoors is essential in all areas of a child's development.

During the seasons when UV becomes evident, the staff will apply sunscreen before going outside to protect their skin from the damaging rays of the sun.

Depending on the year, mosquitoes can also hinder the enjoyment factor of outdoor play and have the potential to carry disease. For children to achieve the fullest potential of outdoor play, the staff can apply mosquito spray to your child, with your consent.

Riverview Daycare & OSC provides an SPF of 30 - 60, but if you wish to have your child use his/her own, please indicates below.

Riverview Daycare & OSC provides insect repellent (bug spray) that is sensitive to children, with low DEET content, but if you would rather not have insect repellent applied to your child, please indicates below.

Please check off which applies to you:

_____ I authorize Riverview Daycare & OSC to use the sunscreen provided by the center to my son/daughter.

Name of sunscreen : _____

SPF : _____

I would like my son/daughter to use the sunscreen I provide.

Name of sunscreen : _____

SPF : _____

Parent's signature

Date

Please check off which applies to you:

_____ I authorize Riverview Daycare & OSC to apply insect repellent with low DEET (N, N-diethyl-3-methylbenzamide) content provided by the center to my son/daughter.

_____ I do not want my child to have insect repellent with low DEET content applied to my child.

_____ I authorize Riverview Daycare & OSC to apply insect repellent provided by me.

Parent's signature

Date

Guidelines for transportation of children to and from school:



Riverview Daycare & OSC Phone 780-422-1964
8204 Jasper Ave (NW)
Edmonton, AB, T5H 3S2
Email: info.riverviewdaycare@gmail.com

Name of Child: _____

Name, address and phone number of school which child is attending or going to attend _____

Who is responsible for transporting the child? Please tick appropriate one:

Program: _____ Parent: _____ School bus: _____

Any other means (please specify what that means of transportation is) _____.

If the mode of transportation is Program Vehicle (DAY CARE VAN)

Please note that Day Care Van is semiannually inspected and is passed by operating authority for “Safety Fitness Certificate” and “Intra Provincial Operating Authority Certificate”

Time and location for drop off and pick up: (meeting place to be specified, e.g. inside the main school door, outside) have to describe in details of both normal days and days where there is early dismissal. _____

Pick up @ _____ at the main entrance inside the school building or have to pick from inside the class room _____.

Responsibilities of the parent and the license holder regarding the transportation.

Parents responsibility to inform the child care facility of any change, deviation to plan, emergencies (e,g child sick): Parents should notify program immediately.

Procedures to ensure child is supervised when being dropped off at the school before school start time. Staff makes sure that the children enters the school building and drop him/ her inside the office. The staff on supervision at school is notified when the children are dropped off.

Procedure to find out the whereabouts of the child if he/she does not show up at pre-determined location at pick up time: Program phone school office to have child get paged and school phone and notify program whether child is present in class or not. Program also phone parent to confirm.

Procedure in place if child is detained due to school activity: for instance should a second trip be made to pick up the child: parents should notify program with regards to the activity of the child after school and no other trip will be made after pick up schedule.

Procedure in place that centre vehicle is involved in an accident: school will be informed of that and alternate arrangement will be done, taxi will be called to pick the child which parent agrees to and they sign in advance of this service being used in case of any daycare van accident or van not getting started etc.

Parents Signatures _____



Riverview Daycare & OSC Phone 780-422-1964
8204 Jasper Ave (NW)
Edmonton, AB, T5H 3S2
Email: info.riverviewdaycare@gmail.com

Information sharing consent with outside agency

(If parents want to and are required then only, please fill this)

Dear Parent,

Sharing information among professionals involved in a child's day promotes positive and supportive educational, childcare, and family support experiences.

Your consent will give permission for the exchange of information between

Riverview Daycare & OSC and (name of agency along with telephone number etc.)

By signature, I hereby give permission to Riverview Daycare & OSC for the reciprocal exchange of information about my child.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



Riverview Daycare & OSC Phone 780-422-1964
8204 Jasper Ave (NW)
Edmonton, AB, T5H 3S2
Email: info.riverviewdaycare@gmail.com

Welcome to Riverview Daycare & OSC. We understand that the enrolment process can be a confusing time for new parents and children, so we have compiled a checklist to assist in the orientation process. This, we hope, will help you all to settle in and enjoy the Day Care and Out of School Care experience.

Do you know?

- How to sign in & out of the “sign in sheets” in the reception area/ their respective rooms?
- The opening & closing times of the centres?
- The procedure when you arrange for someone else to pick up your child?
- What to do if your child is absent or running late?
- The centre’s phone, fax or email address?
- Where the centre policies are kept?
- Who to approach to find out details of your child’s progress?
- How to pay your monthly fees in advance to avoid a late fee?
- Where to find & how to fill out medication forms? Where to put medication?
- Where the menus are displayed?
- Where to park & where parking is not permitted?
- Where to find program information?
- Where to find any messages or notices?
- Who to see if the office is unattended?
- When rest / sleep times are & what the policy is?
- Where to find out about your child’s day?
- What is an accident / incident form? Who is going to inform you if one happens?
- Where all the policies, parents handbook are kept?
- Where all information relating to daycare are posted like reports from health and licensing etc?
- Winter vacation will be for two weeks, which will be according to school closing dates issued by Edmonton Public School Board.

Centre specific information

Email of the centre is : info.riverviewdaycare@gmail.com
Phone number of the centre is : 780-422-1964
Your Centre’s directors are : _____
Your child’s Teacher is : _____
Your child’s Room is : _____
Age group within this room is : _____
Parents Signatures : _____
Date : _____
Directors Signatures : _____
Date : _____