

# Bright Bees Day Care & OSC

## **CHILD PROFILE**

Please fill out the form for each child and ensure all fields are complete.

Last Name of Child:	First Name of Child:
Date of Birth(mm/dd/yyyy):	Gender:      Male      Female      Other:
Alberta Health Number:	
Street Address:	
City:	Postal Code:

Name of Guardian1:	Name of Guardian 2:		
Relationship to Child:	Relationship to Child:		
Street Address:	Street Address:		
City:	Postal Code:	City:	Postal Code:
Home Phone Number:	Home Phone Number:		
Cell Phone Number:	Cell Phone Number:		
Email Address:	Email Address:		
Work Address:	Work Address:		
Work Phone Number:	Work Phone Number:		

Who has Parental Responsibility/Custody:	<input type="checkbox"/> Both	<input type="checkbox"/> Guardian 1	<input type="checkbox"/> Guardian 2
Is there a custody agreement on file?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Is there anyone NOT allowed access to the child?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Please provide the name/names:			

EMERGENCY CONTACT PERSON: (List of individuals other than parents who will be willing to pick up the child and/or take responsibility for the child).	
Emergency Contact Person 1	Emergency Contact Person 2
Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:

### **Child's history and relevant information:**

1. Any allergies or recurring medical problems? \_\_\_\_\_  
a. Type of Allergies / medical conditions: \_\_\_\_\_  
b. Reaction: \_\_\_\_\_  
c. Recommendation to avoid: \_\_\_\_\_  
d. Emergency instructions: \_\_\_\_\_  
e. Doctor's name: \_\_\_\_\_
2. Does your child have an ongoing medication? (please specify) \_\_\_\_\_

3. Is your child's immunization up-to date? Yes [ ] No [ ]

(if yes, please provide details). \_\_\_\_\_

4. Any particular fears e.g. dark, thunder, etc.? \_\_\_\_\_

5. Favorite activities e.g. playing in sand, water, building blocks \_\_\_\_\_

6. Previous experience with daycare? Yes [ ] No [ ]

7. Child will arrive at the center at \_\_\_\_\_ and be picked up at \_\_\_\_\_

8. Authorized person(s) to whom child may be released: \_\_\_\_\_

9. Days your child will be attending the program (Monday – Friday) Please be reminded that **Saturday** care is offered as drop-in care only and is not included in regular weekly schedules. Families must book in advance to secure spot.  
\_\_\_\_\_

**Persons authorized to pick up child:** Please note that you are authorizing these persons(s) to pick up your child at any time and on any day, without the center prior parental consent. Please ensure that anyone coming to pick up your child has proper identification (government photo id) or the center will be unable to release your child. Also, the person picking up your child must be over the age of 16 years of age.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		
4.		
5.		

9. Is your child toilet trained? Yes [ ] No [ ]

10. Custody or access information regarding your child: \_\_\_\_\_

11. Child's typical reaction to stress: \_\_\_\_\_

12. Child's typical reaction to illness e.g. expressive or quiet: \_\_\_\_\_

13. Parent's method of discipline? \_\_\_\_\_

14. Is there any further information that will assist the staff at our center to take better care of your child?  
\_\_\_\_\_

15. Is there any dietary restriction? \_\_\_\_\_ Check if you need Halal food option [ ]

16. Child requires: Full-time care [ ] Part-time care [ ]

**Requirements for daycare:**

Each child needs the following personal items:

1. A complete change of clothing (this includes underwear and socks)
2. A hairbrush or comb whichever you prefer
3. Inside and outside footwear
4. A toothbrush

5. A bag to hold the above items
6. A sleeping toy or blanket if desired
7. A personal drinking cup for toddlers and pre-k
8. Bottles and eating utensils for infants

**Bright Bees regulation agreement**

1. Bright Bees hours of operation are from 6:30 A.M. till 6:00 P.M., Monday to Friday, 7:00 A.M – 5:30 P.M Saturday.
2. I agree to pay for a non-refundable registration fee of \$50.00
3. Childcare fees are due on the first day of each month. There is no holding fee for your time away from the center. Part-time services are required to pay for their designated days regardless of if they have been sick or away. The program charges a late fee of \$20 each week, per child if you don't pay on the first day of the month.
4. I agree that obtaining and maintaining subsidy/grants for my child / children is my responsibility. If at any time my fees are not subsidized for whatever reason I will be responsible for the full center fee and other fees.
5. I agree that the maximum care for children are 10 hours and that the program closes at 6:00 P.M on weekdays and 5:30 P.M on Saturdays. An additional fee of \$15.00 per hour will be applied for excess hours. If I arrive after the program's daily closing time, it is my responsibility to pay the late fee of \$5.00 for every 5 minutes (or part thereof) per child to cover care giver's overtime pay and other miscellaneous expenses. Also, I am aware that failure to pick up my child (ren) from program after closing hours without notification to center and after the program has tried without success to communicate to all emergency contacts will result in the center contacting child services to collect my child.
6. I agree to pay for program's fieldtrips, special activities and supplies if a fee is charge for these activities. I understand that I will need to sign a permission slip and have fees paid prior to my child attending off-site activities. I am aware that I am responsible for arranging alternate care for the duration of the off-site activity if I have not paid the fee or signed permission slip.
7. The program agrees to use all due care in caring for all children & their belongings left within however, the program will not be liable for any loss of, damage to, clothing or other belonging of children while in center care.
8. The program should be informed immediately if the child is going to be absent or late from center.

### **Acknowledgement & Consent**

**Termination of services** - acknowledge that the center reserves the right to terminate childcare services at any time if the center policies or procedures are violated.

**Off premise permission** - I gave permission for the center to take my child off the premises during the course of daily activities. This includes neighbourhood walks and walking to visiting nearby parks and playgrounds.

**First aid permission** - I give permission for the center to administer any first aid they deem necessary following center medical policies and procedures. I also give the center permission to phone for an ambulance as the situation demands, and I will be responsible for any cost incurred.

**Photograph permission** - I give permission or the center to display in center children's pictures, art and craft, allergy/dietary restrictions list, birthday boards etc. I also allow the center staff to take pictures (camera, video camera, etc.) of my child for the purpose of display around the center. The center will use these items in the center accreditation processes as well.

**Transport permission** - I give permission for the center to transport my child.

**Child safety** - I understand that the center will take every precaution and care to ensure my child's safety. Center staff will provide proper supervision and will exercise every precaution to avoid accidents or incidents. In understanding this I do not hold the center liable for any accident, incident or illnesses that occur while in center.

**I agree and am bound by the terms stated in this registration form and I realize that I can talk to the center If I have any concerns before signing the registration form.**

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

Signature: \_\_\_\_\_

### **For office use only**

Date of registration: \_\_\_\_\_

Tour of center: \_\_\_\_\_

First attendance date: \_\_\_\_\_

Parent handbook: \_\_\_\_\_

Subsidy: \_\_\_\_\_

Legal Custody/Court order: \_\_\_\_\_