

Early Learning Inclusive Childcare @ York Elementary School 13915-61 St NW T5A 1P3
email: earlylearning@telus.net phone: 780-473-0277 / 780-499-9243

Starting Date: _____ Age: _____

Child's Name: _____

Age: _____ Sex: M F Date of Birth: M _____ D _____ Y _____
Last First Middle

Child's Current Address: _____ Personal Health Care #: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone# _____ Home Phone # _____

Work Phone # _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Email: _____ Email: _____

Where Employed _____ Where Employed _____

Doctor's Name _____ Address _____ Phone# _____

EMERGENCY CONTACT:

Name _____ Address: _____

Phone #: Home: _____ Work : _____ Cell#: _____

List two people who are authorized to pick up your child other than your self

Name: _____ Home Phone: _____ Wk Phone: _____

Name: _____ Home Phone: _____ Wk Phone: _____

Allergies (if any please list): _____

Does your child have any medical / developmental concerns? If so, please explain:

Does your child have any of the following concerns? Physical: vision, hearing, speech, nutrition, clumsiness or sleep.
Behavior: over activity, aggressiveness, shyness, unhappiness or any other (please specify)

Is your child on any ongoing treatment/medication? If so, please explain: _____

Is your child's immunization up to date? Yes No If no State why _____

My child will be dropped off at _____ and picked up at _____

I give consent for this daycare to take my child out on regular scheduled activities that occur off the Day Care premises such as walks and transportation to and from school if needed. I am aware of the child guidance methods used at this facility. I attended an orientation at the centre and reviewed the parent handbook. I have read and accept the policy of this Day Care and I/we are satisfied and release it from any and all liability for injury and illness resulting from conditions and circumstances beyond its control.

I give consent to the Day Care to administer any health care needed by my child. Having entrusted the care of my child to this Day Care, I hereby authorize them to obtain any emergency care required.

Mother's Signature: _____ Father's Signature: _____

(Both Parents Must Sign Unless the Courts Have Given Custody to Only One)

PARENTAL CONSENT

1. Neighborhood Walks

I hereby give permission for my child/ren to enjoy the parks and neighborhood in and around the area of *Early Learning Inclusive Childcare @ York Elementary School*. I understand that I am giving permission to the staff at *Early Learning Inclusive Childcare @ York Elementary School* to take my child/ren to and from these areas.

2. Emergency Situations

I understand that in the event of an emergency when I cannot be reached I give permission for medical procedures necessary by a Doctor selected by the centre. I also give permission, in emergency situations only for my child/ren to be transported to and from a medi-centre/hospital by staff at the *Early Learning Inclusive Childcare @ York Elementary School* or by ambulance. I understand that I will remain responsible for expenses incurred by this attention.

3. Photography Consent

I hereby give permission for *Early Learning Inclusive Childcare @ York Elementary School* to photograph or videotape my child/ren while in attendance at *Early Learning Inclusive Childcare @ York Elementary School*. I understand that these photos and videos may be shared with children and families, posted in the centre and/or used in advertisements, centre's website or promotional materials only to promote *Early Learning Inclusive Childcare @ York Elementary School*.

4. Consent to Document

I hereby give permission for *Early Learning Inclusive Childcare @ York Elementary School* to collect documentation based on my child's development, interest, comments and issues while in attendance at *Early Learning Inclusive Childcare @ York Elementary School*. I understand that this documentation may be used to track my child's development as well as assist with program planning and strategies used by the staff.

5. Application of Bug Spray and Sunscreen

I give permission to *Early Learning Inclusive Childcare @ York Elementary School* staff to help and monitor my child in applying bug spray and sunscreen brought in from home as needed. I am aware that it is my responsibility to supply these items for my child/ren.

6. Information Sharing *Information will only be shared with Parental consent*

In regards to information sharing on all stakeholders of the *Early Learning Inclusive Childcare @ York Elementary School*, we will adhere to the FOIP act and regulations. In the event that you require more information please contact the Privacy Commissioner for Alberta by phoning 1-888-878-4044. (A note is required for any exceptions).

As planning and family in an integral part of our programming we ask that you let us know what makes your family special (e.g. cultural information, language, child's interest etc.) as we would like to in-cooperate some of your ideas and home life into our programming.

Please share with us any other relevant information about your child (e.g. dislikes, fears, special interest)

We understand that families are the primary caregivers for their children and would like to build a positive relationship with you: we ask that you feel free to visit and spend time with us at the program whenever you feel the need.

*We encourage **parents to join us on field trips, walks, sharing of: interest, career information, recipes cultural or special events and celebrations at anytime. We will be happy to include your ideas and suggestions in programming and possibly in the revision of policies and procedures.** Please bring ideas and suggestions forward.*

*I / we are aware that it is my responsibility to provide **my child with a nutritious lunch and snacks that are ready to serve for their daily intake requirements. A refrigerator is on site for food storage and a microwave oven is also on site for warm-ups.***

*I feel satisfied with the orientation and all my questions have been answered by a staff member of **Early Learning Inclusive Childcare @ York Elementary School.***

*By signing this document I / we understand and give permission to all conditions stated. I / we are aware that it is my / our responsibility to ensure that they are followed and maintained while my child / children is in the care of **Early Learning Inclusive Childcare @ York Elementary School.***

Parent / Guardian Signature

Print Child's Name

Date

Updated on: (y)____(m)____(y)____(m)____(y)____(m)____(y)____(m)____(y)____(m)____

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