VALLEY DAYCARE GROUP
REGISTRATION PACKAGE
Registration fee (non-refundable): $100

Child's name: _____

Date of birth (dd/mm/yyyy): _____

Start Date: _____

Center Registered At: _____

Suntree Daycare & OSC – suntreedaycare@gmail.com | 825-466-9187

Kids Valley Daycare & OSC – kidsvalleydaycare@gmail.com | 780-980-2063

Leduc Stars Academy & OSC – leducstarsacademy@gmail.com | 587-453-0887

Drayton Valley Daycare & OSC – draytonvalleydaycare@gmail.com | 825-420-2500

Beaumont Stars Academy & OSC – beaumontstarsacademy@gmail.com | 780-737-9500

SUNTREE DAYCARE & OSC · Learn · Share · Laugh · Grow | KIDS VALLEY DAYCARE & OSC · Learn · Share · Laugh · Grow | Leduc Stars ACADEMY | Beaumont Stars Academy & OSC · Learn · Share · Laugh · Grow | DRAYTON VALLEY DAYCARE & OSC · Learn · Share · Laugh · Grow

Child information:

Child name: _____ DOB (dd/mm/yyyy): _____ Gender: _____

Child primary address: _____

Parent/Guardian Information:

Mother/Guardian	Father/Guardian
Name: _____	Name: _____
Address: _____	Address: _____
Email: _____	Email: _____
Place of work: _____	Place of work: _____
Work Address: _____	Work Address: _____
Phone (cell): _____	Phone (cell): _____
Phone (work): _____	Phone (work): _____

Custody agreements: _____

_____

Emergency Contact Information (other than parents/guardians):

Name: _____	Name: _____
Address: _____	Address: _____
Email: _____	Email: _____
Phone (cell): _____	Phone (cell): _____

Child Medical information:

Alberta Health Care number: _____ Immunization up to date: Y / N : date: _____

Physician name: _____ Number: _____

Physician address: _____

Allergies: _____

Reaction/ Symptoms: _____

_____

_____

Required care if exposed to allergen (please fill the emergency medication form if applicable): Y / N

_____

_____

Any other medical conditions or care requirements (non-allergic, chronic conditions, disorders, or special needs): _____

_____

Authorized Pick up:

1. Name: _____
Address: _____
Phone (cell): _____

2. Name: _____
Address: _____
Phone (cell): _____

3. Name: _____
Address: _____
Phone (cell): _____

4. Name: _____
Address: _____
Phone (cell): _____

Child Personality and habits:

Please answer the following to help us understand your child's needs and interests so we can support them better.

1. Favourite Activities: _____
_____

2. Fears (if any): _____
_____

3. Dislikes/stressors: _____
_____

4. Reaction to Dislikes/Stressors: _____
_____

5. Goals for child (parents' and child's own goals):
_____

6. Sleep pattern and habits: _____
_____

7. Any Goals (Parent or Childs): _____
_____

8. Anything else you would like to share:
_____
_____

Fees Agreement:

- Daycare Fee $_____
- Subsidy (if applicable) $_____
- Parent Portion $_____ Food Opt-In ($30/$50) ____ Transportation Opt-In ($20/$50) _____
- Total Parents Portion _____
- Refundable door fob deposit of $50 per fob: ___ (quantity) *PAID/UNPAID* $_____
- Non-refundable registration fee of $100.00: *PAID/UNPAID* $_____

Banking Information for withdrawal:

- Child's Name: _____
- Account Holder Name: _____
- Bank Name: _____
- Branch Address: _____
- Account Number: _____
- Transit Number: _____
- Institution Number: _____

- Please attach a void cheque or direct deposit form from your bank.
- I, the undersigned, hereby authorize this Daycare & OSC to withdraw the monthly daycare fee from my account between the 1st & 5th of each month until further notice.
- I understand that I must notify the daycare in writing of any changes to my banking information or if I wish to revoke this authorization.
- "I, _____, understand that having a valid payment method on file is mandatory for registration I also agree that non-payment of fees on time will result in the loss of childcare services from this daycare."
- I _____ agree to pay the above fees /parent portion between the 1st & 5th of every month.
- I_____ agree to inform the Center thirty (30) days before terminating care for my child. I understand that failure to do so will result in additional charges. Charges will be determined by the current monthly fee.

Parent/Guardian Signature: _____ Date: _____

By signing this form, you authorize the center to automatically deduct the daycare fee from your bank account between the 1st & 3rd of every month.

Person/s signing contract are responsible for payment: I understand this is a legally binding contract and I have read and understand it.

Two Week Trial Period:

The first two weeks of a child's enrollment is a trial period for both the parents and the center. During the two-week trial, the parent or the provider can terminate the childcare contract without reason or notice as listed below in the termination of childcare agreement. No childcare payments are reimbursed in the event of termination. Payment is due for those two weeks regardless if the child attends or not. In the event that payment is not made, late fees will be charged in accordance with the above policy for a total of thirty days. Anyone who terminates childcare and has a balance that is outstanding will need to have the account settled within 30 days. All accounts not settled within 30 days, legal actions will be pursued such as but not limited to turning account over to a collections agency regardless of amount owed and reporting account to all credit reporting agencies. Daycare & OSC reserves the right to terminate a childcare agreement at any time. We will give two weeks notice of termination, after the two-week trial period ends, for which full tuition is due, whether or not the child is in attendance. The provider reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the provider or other children in attendance. In the event that your care is terminated immediately, there are NO REFUNDS.

Reasons for the termination can include but are not limited to

- Violation of contract or policy and procedures by the parent
- Failure to complete the required forms
- Failure to pay fees in accordance with the contract
- Monthly Fees not Paid within 1st week
- Child Behavior
- Lack of Parental Cooperation
- Physical or verbal abuse to any person or property
- Habitual tardiness
- Inability to meet the child's needs

Trial Period Fees: The trial period fees are non-refundable. This means that parents or guardians are expected to pay a fee for the initial trial period, regardless of whether they decide to continue with the childcare center or not. This fee is typically meant to cover administrative costs and secure the child's spot during the trial.

* Observation Time Frame: During the first 1-2 weeks of enrollment, there will be an observation period. This is a time when staff will closely monitor and assess the child's behavior, needs, and adaptability to the group setting.
* Unknown Challenges or Behaviors: If any unknown challenges or behaviors arise during the initial weeks, such as difficulty adapting to the group setting or special needs that were previously unacknowledged or undiagnosed, the daycare center will address them promptly.
* Discussion and Finding Solutions: The daycare center is committed to finding solutions for any challenges that may arise. This could include providing additional support, such as a teacher's aide, if necessary. There will be a discussion with the parents or guardians to explore possible solutions.
* Alternate Care Arrangements: If it's determined that the daycare center does not have the necessary resources to support a child's specific needs, and finding a solution within the center is not feasible, alternative care arrangements will be discussed. This may involve helping parents find a more suitable childcare provider that can meet the child's needs.
* Open Communication: Parents or guardians are encouraged to communicate any concerns or questions they may have regarding this policy. The daycare center values open communication to ensure the best possible care for the children.

Terms and Conditions of Enrollment:

By enrolling your child at this Daycare & OSC, you agree to the following terms and conditions. Please review them carefully and initial next to each section to confirm your agreement.

1. Late Fees Policy: _____ I understand that all fees and tuitions are due between the FIRST & the FIFTH of each month. A late fee of $5 per day will be applied if payment is not received by 1st week. I understand that if payment is 5 days overdue, my child may not be permitted to attend daycare until the balance is paid.

2. Emergency treatment consent _____ I hereby give permission for my child to receive emergency medical treatment from a staff member of this Daycare & OSC. In the event of an emergency, I authorize my child to be transported by car, ambulance, or aid car to a medical facility for treatment. If I cannot be reached immediately, I consent to medical or surgical treatment as prescribed by a licensed physician. I agree to hold this Daycare & OSC and its employees harmless from any liability related to emergency medical care.

3. Field Trip Consent _____ I grant permission for my child to participate in field trips, visits to the park, or other supervised activities outside the daycare. I also authorize my child to participate in the neighbourhood walks/trails/parks off the premises of this registered Daycare & OSC within the radius of 3 to 5 kms (10 to 15 minutes walking distance). The list of the nearby parks will be mentioned on the daycare notice board for your reference.

4. Storage Policy _____ I understand that I cannot store my personal items at the center. Due to limited space, personal items are not allowed inside the center as they may block fire exits, pose a hazard to children, or become damaged. Exceptions may be made when help is required. **This Daycare & OSC cannot be held liable** for any damage to strollers/personal items or accidents related to strollers/personal items stored inside or outside the facility.

5. Arrival & Pick-Up Policy Agreement _____ I understand that my child must arrive at the Centre by **9:30 AM**, unless prior arrangements have been made with the Director or Owner. I acknowledge that the Centre may refuse entry after 9:30 AM if no prior arrangements were made.

_____I also understand that the **latest pick-up time is 5:45 PM** to allow the staff adequate time to clean and close the daycare by 6:00 PM. If I arrive **later than 6:00 PM** on any given day, I agree to be charged a **late fee of $1 per minute**, which will be collected via **auto-deposit after an email notification is sent to me**.

_____I also understand that for infants (0 to 19 months of age) the **latest pick-up time is 4:45 PM** as infants tend to miss their parents more and become restless spending more than 7 hours at the daycare. This is in their best interest and their well-being.

6. Healthy Food and Nutrition Policy _____ I understand that this Daycare & OSC follows the Canada Food Guide and promotes healthy food choices for children. The daycare may choose not to serve unhealthy items to my child. I agree to provide my child with healthy and nutritious snacks and lunches. This Daycare & OSC **is not liable** for any food allergies or reactions that happen due to the Centre not being informed (add any and all restrictions and allergies to the medical form on the registration package).

7. Photography/ Videography Consent _____ I permit this Daycare & OSC to photograph my child. I am aware that these photographs may be used for art, bulletin boards, goodbye books for other children and other formats listed in the registration package. I allow this Daycare & OSC to videotape my child. I understand that these videos may be used for internal purposes, such as educational use around the center.

8. Use of Media for Promotional Materials _____ I permit this Daycare & OSC to use photographs and videos of my child on the website and in promotional materials. I understand that only my child's first name will be used, and all confidentiality will be maintained.

9. Non-Payment of Fees Policy: _____ I understand that all fees and tuition are due between the 1st and the 3rd of each month. If payment is not received by the 5th of the month, the daycare will be unable to provide care for my child until the full balance is paid.

10. Tax Receipt _____ I understand that once my child leaves the program, I will be provided with a tax receipt or at the end of the year.

11. Termination of Enrollment Policy _____ I understand that this Daycare & OSC may terminate my child's enrollment immediately including but not limited to for the following reasons: verbal, written, or physical abuse against staff or children, and/or non-payment of fees. This Daycare & OSC **is not liable** for any consequences resulting from the termination.

12. Outbreak Protocol Agreement _____ I agree that in the event of a communicable disease outbreak at the centre, I will arrange for my child to be picked up promptly to allow the daycare to follow Alberta Health protocols, sanitize the premises, and

prevent further spread. If I am unable to do so within a reasonable time, I understand that the daycare may be required to notify Children's Services as a measure to safeguard the well-being of my child and others. I will not hold the daycare responsible for any inconvenience caused due to my inability to take time off from work, and I acknowledge that daycare fees are not waived in such instances.

13. Transportation Cancellation Disclaimer _____ I acknowledge that in the event transportation services to school are cancelled due to adverse weather conditions, at the daycare's discretion and in accordance with the transportation policy, the daycare will not be held responsible for any inconvenience caused to me or my family.

14. Illness & Return Policy Agreement _____ I agree that if I am requested to pick up my child due to symptoms such as fever, diarrhea, or vomiting, I will follow the 24-hour symptom-free policy before bringing my child back to the centre. I understand that the daycare must prioritize the health and safety of all children and staff. I will not hold the daycare responsible for any inconvenience caused due to my inability to take time off from work, and I acknowledge that daycare fees are not waived in such instances.

15. School Attendance & Daycare Policy Agreement _____ I agree that if my child is not attending school due to illness or any other reason, they will not be permitted to stay at the daycare during school hours. I understand that this policy is in place to ensure consistency in care and to safeguard the health and well-being of all children at the centre.

16. Parent Agreement _____ I confirm that I have read and understand the Policies and Procedures, and I agree to abide by the policies and procedures outlined within this package.

17. No Recording Agreement _____ I agree that I will not take any video or audio recordings inside the daycare without prior written permission from the Director or Assistant Director. I understand that unauthorized recording is strictly prohibited.

18. No Entry Under the Influence Agreement _____ I agree that I will not enter the daycare or attempt to pick up my child if I am under the influence of alcohol, drugs, vape, or any impairing substance. I understand that this is for the safety of all children, families, and staff.

19. Child Illness & Symptom-Free Requirement _____ I agree to follow the daycare's 24-hour symptom-free sick policy and understand that my child must be free of symptoms such as vomiting, diarrhea, fever, or any other contagious symptoms (without medication) for at least 24 hours before returning to care.

Acknowledgment and Agreement

By signing below, I confirm that I have read, understood, and agree to the above terms and conditions for the enrollment of my child at this DAYCARE & OSC. ***This Daycare & OSC is not liable*** *for any misunderstandings or failure to comply with the policies as outlined in the above package.*

Parent/Guardian Signature: _____ Date (d/m/y): _____

Parent/Guardian Signature: _____ Date (d/m/y): _____

Director Signature: _____ Date (d/m/y): _____