

PORTABLE EMERGENCY INFORMATION RECORD MUST INCLUDE

CHILD'S NAME:	
SCHOOL ATTENDING:	
ADDRESS:	
HEALTH CARE #	BIRTHDATE:
PARENT NAME:	
PARENT ADDRESS:	
TELEPHONE #	
IF INFORMATION DIFFERENT FROM ABOVE PLEASE COMPLETE BELOW	
**PARENT NAME:	
**PARENT ADDRESS	
**TELEPHONE #	
PLACE WHERE PARENTS CAN BE REACHED	
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED	
NAME:	NAME:
TELEPHONE:	TELEPHONE:
OTHER HEALTH INFORMATION	
PHYSICIAN NAME AND TELEPHONE:	
ALLERGIES:	
ON-GOING MEDICATION:	
IS CHILD'S IMMUNIZATION UP TO DATE:	YES NO
OTHER HEALTH CONDITIONS:	

KNOTTIN SCHOOL DAY CARE AND OUT OF SCHOOL CENTRE LTD
ENROLMENT FORM

Child's Name: _____

Child's Address: _____

Birthday: _____

Parent's Name: _____

Parent's Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Place of Work: _____

Place of Work: _____

Profession: _____

Profession: _____

Work Phone Number: _____

Work Phone Number: _____

Hours of Work: _____

Hours of Work: _____

Email: _____

Email: _____

Child's Primary Language: _____

Child's Primary Reside With: (Circle one)

With Mother

With Father

With Both Parents

With Guardian

Emergency Contact Person: _____ **Telephone No:** _____

Relationship to the Child: _____

CHILD'S HISTORY AND RELEVANT INFORMATION

1. Previous experience with day care? Yes No

2. Child will arrive at Centre at: _____

And will be picked up at: _____

3. Authorized person(s) to whom child may be released: Names and Tel. No:

(A) _____

(B) _____

4. Child's typical reaction to illness, i.e., will he/she tell staff?

5. Parent's method of discipline: _____

- 6. Date of Application: _____
- 7. Date of Admission: _____
- 8. Date of Discharge: _____
- 9. Referred by: _____ Address & Tel. No: _____
- 10. Rate: _____ Effective: _____
- 11. Deposit : _____ (This deposit is non-refundable BUT will be adjusted against the fees)

HEALTH RECORD

ALBERTA HELATH CARE NUMBER: _____

IMMUNIZATION UP TO DATE: YES NO

Child's physician

Name: _____ Telephone No: _____

Address: _____

Medical Condition:

On Medication: _____ Name: _____

Details of Recurring Illnesses: _____

HISTORY OF ILLNESSES (DATES)

- | | |
|----------------------------------|-------------------------------|
| Mumps: _____ | Tonsillitis: _____ |
| Measles (Red): _____ | Eyesight Problems: _____ |
| Measles (German): _____ | Hearing Problems: _____ |
| Chicken Pox: _____ | Chronic Diarrhoea: _____ |
| Scarlet Fever: _____ | Rheumatic Fever: _____ |
| Convulsions with Fever: _____ | Earaches: _____ |
| Convulsions without Fever: _____ | Frequent Colds: _____ |
| Croup: _____ | Fractures: _____ |
| Pneumonia: _____ | Congenital Deformities: _____ |
| Bronchitis: _____ | Operations: _____ |
| Asthma: _____ | What Triggers It? _____ |
| Eczema: _____ | What Triggers It? _____ |
| Other: _____ | |

ALLERGIES

Food: _____

Drugs: _____

Other: _____

My signature below states that I have a read copy of the Parent Hand Book.

Date: _____ Parent's Signature: _____

Witness: _____

KNOTTIN SCHOOL DAYCARE/OSC ENROLLMENT AGREEMENT

Knottin School Day Care/OSC and _____ agree to the following:

Knottin School Daycare/OSC will provide a quality child care program according to Day Care Licensing Regulations of Alberta, the City of Edmonton, Community and Family Services, and Daycare Guide Lines.

I have read and understood the policies of Knottin School Daycare/OSC and agree to comply with them while my child attends the centre.

I give consent for pictures of my child to be taken and displayed however the centre deems suitable.

I give Knottin School Day Care/Out of School Care permission to post my child's/children's name(s) on their Notice Boards for:

(Yes/No) Allergies

(Yes/No) Health Conditions

(Yes/No) permission for the centre staff to apply ***sunscreen*** to my child prior to and during outdoor play.

(Yes/No) permission for the ***photography*** of my child for use within the centre and our community for documentation, observation, advertising and publicity purpose (Facebook, Website, Blog, newspapers, newspaper, brochures, etc...)

I agree to pay Knottin School Daycare/OSC the monthly fee of _____ for the care of my child/ren. I understand the payment must be made by the first of each month. I understand that I must make arrangements with Alberta Children Services/City of Edmonton for subsidies, and that it is my responsibility to comply with the regulations they set out. I understand that no reduction in fees will be made because of absenteeism, i.e. vacation or sick leave.

I understand that if I have a concern that can not be resolved by the director that I am free to phone Social Services.

I understand that if I wish to withdraw my child from the centre ***two weeks*** notice in writing is required.

In case of emergency, if I can not be reached, I give my permission for medical procedures deemed necessary by a doctor. I understand that I remain responsible for any expenses incurred.

(Date)

(Name and Signature of parent or guardian)

Knottin School Daycare/OSC
101 Cimarron Grove Circle
Okotoks, Alberta
T1S 2L9

Date _____

This agreement is between _____ and Knottin Out of School Care Program.
You agree to have your child/ren _____ walk or centre van to and/from Knottin Day Care/Out of School Care program. You release Knottin Day Care Centre/Out of School Care Centre from responsibility and liability for the above-named child/ren when they have not arrived or when they have departed from the Knottin Day Care/Out of School Care Centre.

You agree to notify the Centre if your child/ren will be absent from the program.

It is Knottin Day Care/Out of School Care’s duty to inform all parents that the day care staff will walk the children to the park and back to the daycare. It is the same procedure for field trips in the immediate area.

On field trips outside the area, the children will be transported by appropriate transportation from and back to the daycare.

In case of injury, the child requiring medical assistance will be transported by centre’s van. However, in case of an emergency the child will be taken to the hospital by an ambulance of which the cost will be forwarded to the parents

Your Sincerely,

Knottin School Daycare/OSC Program,

Program Director or Supervisor

I have read and agreed to the above

Name and Signature