

Child Name _____ Date of Birth _____ Sex M F
 (Last, First)
 Start Date _____
 Address _____
 Street Apt# City Province Postal Code
 Telephone (Home) _____ Legal Land Description _____
 Daycare Program Choice: Full Time Part Time Drop In
 Siblings & Date of Birth: _____

Mother/Guardian _____,
 (Last) (First)
 Address _____
 (If different from child) Street Apt# City Province Postal Code
 Telephone (Home) _____ (Cell) _____
 (Email) _____
 Work _____ Work # _____
 (Indicate Business Name, street address and City)

Father/Guardian _____,
 (Last) (First)
 Address _____
 (If different from child) Street Apt# City Province Postal Code
 Telephone (Home) _____ (Cell) _____
 (Email) _____
 Work _____ Work # _____
 (Indicate Business Name, street address and City)

Health Information

Physician's Name _____ Tel # _____
 Physician's Address _____
 Street City Province Postal Code
 Allergies/Medical Condition* _____
 Health Care # _____ AB SK
 Are your child's immunizations up to date? YES NO

Emergency Contact Information 1

Name _____
 Relationship to Child _____
 Street Address _____
 Legal Land Description _____
 Cell or Daytime # _____

Emergency Contact Information 2

Name _____
 Relationship to Child _____
 Street Address _____
 Legal Land Description _____
 Cell or Daytime # _____

Authorization for Pick Up

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf. Please also provide us with a picture of each individual. We will only release the child to individuals listed who can give us the safe word as provided below.

| Name | Address/Legal Land Description | Phone |
|-------|--------------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Safe Word (2nd step for us to release child to someone other than the parents/guardian):

EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Signature _____ Date _____

Parent Handbook

I/We have received, read, understand and agree to abide by the policies and procedures outlined in the Kitscoty Community Cabin 4 Kids Parent Handbook

YES NO

Neighbourhood Excursions

I give consent for Cabin 4 Kids to take my child on neighbourhood walking excursions which include the local school playgrounds and walking paths within a 5 block radius of the center. Minimum staff to child ratios will be upheld and all excursions will be by foot.

YES NO

Center Program/Pictures

I/We hereby grant permission for my child and its work to be included in evaluations, pictures and videos connected with the Center Program.

YES NO

Sunscreen Lotion Application

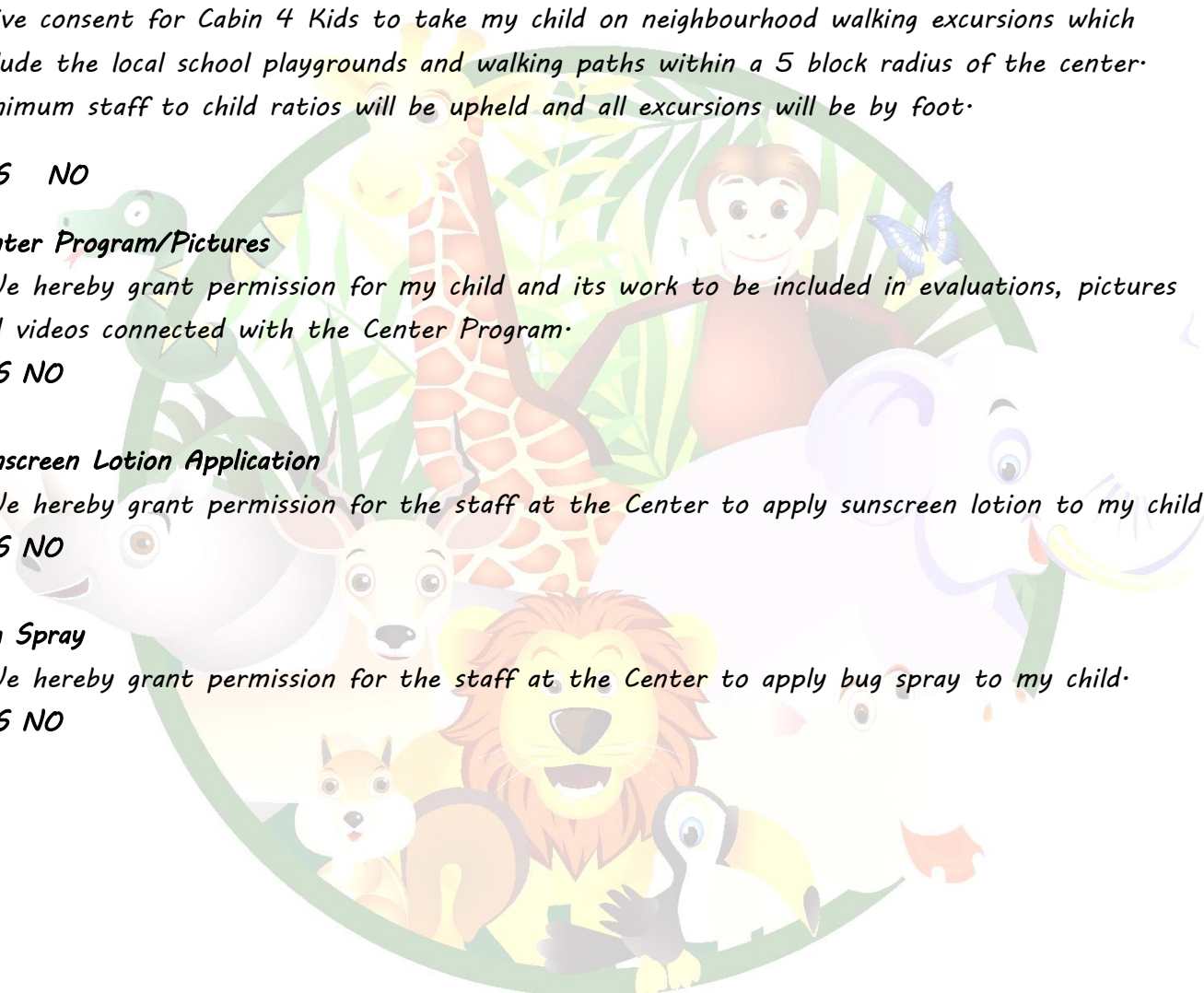
I/We hereby grant permission for the staff at the Center to apply sunscreen lotion to my child.

YES NO

Bug Spray

I/We hereby grant permission for the staff at the Center to apply bug spray to my child.

YES NO



Terms of Agreement

It is hereby agreed that the parents will:

1. Pay all the fees, at all times, as applicable, in advance, according to the schedule of fees and policies current or may be declared by the Center from time to time.
2. Provide the Center with notice in writing of their intention to withdraw the child not less than two weeks prior to such withdrawal. Failure to give such notice can result in a charge of two weeks' fees in lieu of notice and full charge for fees until such notice is received and period of notice is passed.
3. Notify the Center immediately should the child contact any infectious disease.
4. Notify the Center immediately should any change of address, employment or other enrollment information occur for either parent.
5. It is further agreed as follows:
6. The parents will be responsible for all bank and collection charges plus all legal fees and disbursements on a solicitor and his own client basis incurred by the Center in the collection of fees or the enforcement of any of the terms of this agreement.
7. The Center shall not be responsible for any loss or damage to the clothing or the property of the child while such child is in attendance at the Center or participating in its programs.
8. The Center must be informed of any special requirements (including food, life-threatening allergic and other dietary restrictions) arising from any ethnic or religious customs to prevent infringement due to lack of such knowledge.
9. No amendment of the terms of this agreement shall be binding upon the Center unless consented to by the Center in writing.
10. Breach of any terms of this agreement may result in immediate cancellation of enrollment and forfeiture of any fees paid.
11. The word "Center" as used in this agreement shall be deemed to refer to Kitscoty Community Cabin 4 Kids.
12. The word "Parents" as used in this agreement shall be deemed to refer to the signatures on the first page hereof and applied to those signatories no matter what relationship to the child.
13. The "Child" as used in this agreement shall be deemed to refer to the person named on the first page hereof and enrolled in the Center pursuant to this agreement.
14. The parents will also abide by any allergic restrictions imposed by the Center due to any other enrolled child.
15. The parents will abide by the current Center Policies and Procedures and the Parent Handbook, or any changes to policies that may be declared by the Center from time to time.

Please Note: A non-refundable registration fee of \$ 50.00 is charged per child enrolled to offset administrative costs.

| | | | |
|---|---------------------------|---------------------------|------------------------------|
| This form contains Terms of Agreement and forms a binding contract once signed. I/We acknowledge that we have read the terms of agreement and consent to the same and warrant the information set out above is correct. | | | |
| (Date) | Mother/Guardian Signature | Father/Guardian Signature | Supervisor/Witness Signature |