

Child Name _____ Date of Birth _____ Sex M F 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	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____
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Safe Word (2 nd step for us to release child to someone other than the parents/guardian): _____
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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. (Available to read on our website: www.cabin4kids.org - Forms and Notices)

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

Afterbite/Polysporin

I hereby consent and authorize Kitscoty Community Cabin 4 Kids staff to administer Afterbite and/or Polysporin to my child's scrapes and/or bug bites as they deem necessary.

YES NO

Terms of Agreement

It is hereby agreed that the parents will:

1. The word "Center" as used in this agreement shall be deemed to refer to Kitscoty Community Cabin 4 Kids.
2. 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.
3. 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.
4. 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.
5. 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.
6. Notify the Center immediately should the child contact any infectious disease.
7. Notify the Center immediately should any change of address, employment or other enrollment information occur for either parent.
8. It is further agreed as follows:
9. 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.
10. 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.
11. 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.
12. No amendment of the terms of this agreement shall be binding upon the Center unless consented to by the Center in writing.
13. Breach of any terms of this agreement may result in immediate cancellation of enrollment and forfeiture of any fees paid.
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.

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

Clothing and Personal Items Form

Kitscoty Community Cabin 4 Kids

Please ensure that all the items required for your child are provided for, right from the first day of enrolment.

Please ensure that all of your child's belongings are labelled with the Child's Name (First name, Last name Initial); a black permanent marker works best.

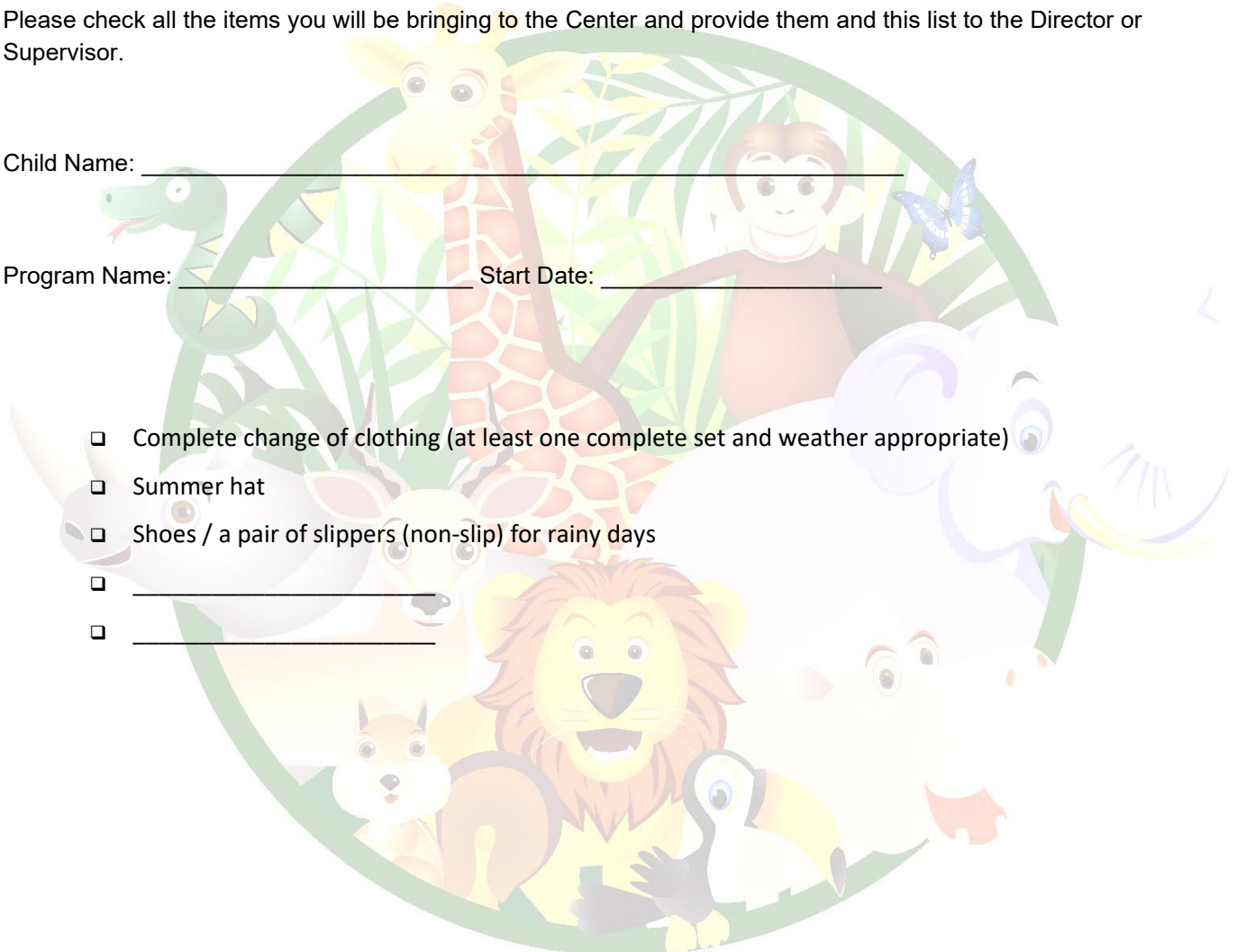
Labelling ensures that items meant for your child are not inadvertently used by/for someone else, and ensures items can easily be collected and identified if left at the centre and put in the child's basket/locker.

Please check all the items you will be bringing to the Center and provide them and this list to the Director or Supervisor.

Child Name: _____

Program Name: _____ Start Date: _____

- Complete change of clothing (at least one complete set and weather appropriate)
- Summer hat
- Shoes / a pair of slippers (non-slip) for rainy days
- _____
- _____



Tell Us About Your Child!

We want to ensure that we provide you and your family with the greatest experience possible at the Cabin 4 Kids. By sharing these important details with us we can provide the personal attention that your child deserves and maintain continuity between home and care.

What activities does your child enjoy?

What are your child's favourite foods? (Healthy so that we may include them in our meal plans)

What are the best ways to soothe or comfort your child?

Do you have any developmental (social, emotional or other) concerns for your child?

If your child has allergies, please tell us in detail the expected signs, symptoms and level of severity we need to be watching for:

If your child requires ongoing medication, please provide name of medication, times and qty administered, and any possible side effects we should watch for?

Does your family speak any other languages at home? If so, how can we incorporate this into our programming?

Any other tidbits of information you would like to share with us...

Thank You!
