



REGISTRATION PACKAGE FOR CHILDCARE



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(780) 716 - 6553 | hello@littlelearninghouse.ca

This package contains:

- Program and Enrollment (child/parent information)
- Health and Medical Information/forms
- Emergency and Contacts and Information
- Program Consent Forms
- Credit Card Authorization Form
- Parent Handbook acknowledgement and Membership agreement form

Please return the completed package and any accompanying documents to the office in person or email to hello@littlelearninghouse.ca

Office Use:

Date Recieved

Requested Start Date

Registration Fee Recieved

Program and Enrollment - Daycare and OSC Programs

General Information

Requested Start Date:

Registered hours:

Full-time: >100 hours/month

Part-time: 50-99 hours/month

Part-time: <50 hours/month

Part-time care only: Please indicate days of week for which care is required. These can change throughout your time with Little Learning House to accommodate your schedule:

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Program and Enrollment - Daycare and OSC Programs

Child Information

Last Name:

First Name:

Preferred or Nickname:

Date of Birth: (DD/MM/YYYY):

Home Address:

All About Me!

I have been to a daycare facility or day-home before:

I am potty-trained:

If potty-trained, this is how I communicate my need to use the bathroom:

If currently potty-training, this is how I am currently progressing and would like to continue my training at the daycare:

Diapering and Diapering Cream Instructions:

All diapering and creams must be supplied by parents to the centre. Prescription creams require the prescription to be adhered to the tube with instructions

Apply Cream at every change: Yes No

Apply Cream as follows:

All About Me:

I'm growing and changing all the time but currently,

My favorite books:

My favorite foods:

My favorite activities or things to do:

Things that worry/upset/or scare me:

How I like to be comforted/nurtured If I am having a grumpy day:

Things I have trouble with or need help with:

I have sensory triggers or am prone to sensory overload. They are listed here along with how I can be accommodated or comforted:

Do you have any concerns about your child's behaviour, or their physical, emotional, social, or intellectual abilities? If so, please specify your concerns and how we may assist in responding appropriately. Indicate any other things important for our educators to know:

My Family

Please tell us a little bit about your household and those living with your child:

My cultural background and holidays I love to celebrate:

Language(s) spoken at home:
Please include some common phrases or words you would like us to encourage your child to use:

This how how my family spends time together (activities/games etc):

We understand that families and caregivers come in many different forms. Please let us know of any specific family arrangements that are pertinent to the care of your child:

Program and Enrollment - Daycare and OSC Programs

Parent Information

Parent/Legal Guardian 1

Last Name:

First Name:

Home Address:

Cell-Phone:

Home-Phone:

Email:

Workplace name:

Workplace address:

Workplace Phone and Ext:

Parent/Legal Guardian 2

Last Name:

First Name:

Home Address:

Cell-Phone:

Home-Phone:

Email:

Workplace name:

Workplace address:

Workplace Phone and Ext:

Health and Medical Information/Forms

General Medical Information

Alberta Health Care #:

Family Physician Name:

Family Physician Phone #:

Is your child following the Alberta Health Vaccine schedule?

Yes

No

Please provide/bring your child's yellow vaccination schedule on their first day. We keep a copy on file for Public Health Alberta in the instance of outbreaks. We also ask that you provide us any updates on the vaccination card when/if your child receives additional vaccines.

****If your child is not following the vaccination schedule and does not have the recommended vaccines, we will NOT be able to provide care during times of outbreaks of concern. Children will need to remain at home to prevent illness and can return once the outbreak has been declared over by our Health Inspector. Parents will be notified along with Public and Environmental Health Alberta.***

Known Medical Conditions and Allergies

Known medical conditions:

These include diagnosed behavioural and developmental

Prior Injuries or Illness of concern:

Routinely administered medications:

Please complete the medication authorization form or Care-Plan in the parent handbook

Known Medical Conditions and Allergies

Known Allergies and triggers:

Does your child require an EPI-PEN for their known allergies?

Symptoms and Signs of an allergic reaction in my child:

Please indicate any *Specific instructions* in the event of an **anaphylactic shock** outside of the emergency protocol and EPI-PEN:

Does your child have **ASTHMA?**

Please indicate irritants or triggers of your child's asthma (if known):

Symptoms and Signs of an asthma attack in my child and list any special instructions:

Routinely administered medications:

Inhalers must be provided to the centre and are stored by staff outside the reach of children and will be administered as required. In the event of a serious asthma attack, emergency services will be contacted.

Emergency and Alternative Contacts

Emergency Contacts

Emergency contacts cannot be the primary Parent/Legal Guardians. In the case of an emergency, Parent/Legal Guardians will always be contacted first. In the event they cannot be reached, the emergency contacts will be notified.

Emergency Contact 1

Last Name:

First Name:

Home Address:

Cell-Phone:

Home-Phone:

Email:

Relationship to child:

Emergency Contact 2

Last Name:

First Name:

Home Address:

Cell-Phone:

Home-Phone:

Email:

Relationship to child:

Emergency and Alternative Contacts

Alternative Contacts

Alternative contacts are persons who are provided permission to pick-up children from Little Learning House Inc. These persons will be added onto the child profile. Children will **NOT** be released to non-authorized alternative contacts.

Emergency contacts are automatically considered alternative contacts. Please list any individuals outside of legal guardians and emergency contacts, if applicable below.

Alternative contacts can be added in the future as well with provided written consent. Contacts may be asked to present/confirm their identity with Government Issued Photo-ID.

Alternative Contact 1

Last Name:

First Name:

Home Address:

Cell-Phone:

Home-Phone:

Email:

Relationship to child:

Alternative Contact 2

Last Name:

First Name:

Home Address:

Cell-Phone:

Home-Phone:

Email:

Relationship to child:

Program and Consent Forms

Outdoor Play and Excursion Information

Little Learning House Inc promotes and emphasizes the importance of outdoor time and play. This includes usage of our enclosed play-area and excursions around the Hazeldean community area (Hazeldean Community Park and Millcreek Ravine) under the direct supervision of facility staff. Children will be encouraged to explore their surroundings, engage in supervised risky-play, and interact with their local community.

Sunscreen and Sun protection (hats/clothing) will be provided by families and sunscreen will be applied to the children when the UV index is above 3 or as specifically requested by parents in writing.

I will provide sunscreen and permit Little Learning House Inc staff to apply said sunscreen as required prior to and during outdoor play and excursions:

Initials:

Field-Trips

Little Learning House Inc may plan field-trips for a specific room or the entire centre time-to-time. The cost of admission and transportation will be covered by the families. Meals will be provided by the centre.

We encourage families to volunteer for Field-Trips and excursions. This can include any parent or guardian.

Field-Trip forms and costs will be provided to families prior to the trip. Field-Trip participation is optional. I understand this:

Initials:

Program and Consent Forms

Use of Information and Confidentiality

Little Learning House Inc is required to collect, maintain, and store information for the children in our care. This includes sensitive family, medical, financial information. This information is NEVER shared with anyone outside of our organization and will only be accessed on a need-to-know basis for staff. This information will be held securely and any breach of information will be communicated to those affected.

Little Learning House Inc staff will also not share or make any inappropriate use of information and are required to maintain confidentiality.

I understand and give consent to Little Learning House Inc to store my information for the purpose of providing childcare. I understand that any breach will be communicated to me in writing.

Initials:

Consent for Photographs

Little Learning House Inc staff take photos of children to share with families, document development, interests, and maintain children portfolios. These photographs will always be shared with families over *secure and encrypted platforms* including email and integrated apps. We may also use these photos for marketing and social media purposes however, the identity of your children will always be confidential. Photos will be blurred or generic photos with no facial identification will be used. In the event that Little Learning House Inc wants to use your child's photos with identification, written permission will be sought from families and a separate form will be provided for authorization. I understand this:

Initials:

Program and Consent Forms

Collection and Storage of Security Footage

Little Learning House Inc makes use of security cameras and video footage. This security footage provides a live-feed and stores video data for up to 14 days. Video footage past this timeframe can be requested from the security company but is not guaranteed.

Live-video feed is NOT available for family access and only accessed by the owners of LLH over an encrypted network.

Collection and storage of footage is to ensure integrity, security, and for use in investigating incidents at the centre. Video footage may be shown to staff on a need-to-know basis or with families. Video footage will NOT be released, emailed, or shared in any capacity with any individual without written authorization.

Footage of incidents may be captured and stored on secure private company drives for documentation or anticipation of need in the future. I understand this:

Initials:

Risk and Waiver of Liability Relating to Sickness

Little Learning House Inc is dedicated to taking measures to reduce the spread and transmission of disease in our centre. We follow Alberta Health Services and Alberta Environmental and Public Health guidelines for disinfection, distancing, and sanitization.

Infections and illness are common for children in daycare and school environments. Staff will continuously monitor for symptoms of illness and any child requiring attention will be sent-home. Please refer to and read carefully in the Parent Handbook our Health, Medical, and Sick Policies.

I understand the risks associated with group environments and agree not to sue or take legal action, and hold harmless Little Learning House Inc. in the event of seasonal illness and outbreaks.

Initials:

Credit Card Authorization Form

Little Learning House Inc requires a valid credit card to be on file while you are using our services.

The information on this form will never be shared with anyone outside of those responsible for monthly billing. The information on this sheet will be stored in a secure file at all times.

Your card is stored for any cancellation fees, late fees, or any other overages that remain outstanding on your account.

You can also indicate whether you would like Little Learning House Inc to charge your monthly fees on a reoccurring basis on this form. We do NOT charge you transaction fees.

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Card CVV:

Postal Code for billing address:

Please use this card for payment of monthly fees charged the end of each Month:

YES / NO

I, _____, authorize Little Learning House Inc to charge my credit card for the above agreed upon purchases. I understand that any overages or outstanding amounts will be charged to my card. I also understand and give consent to store my information in a secure place.

Signature of Cardholder

Date

Parent Handbook Acknowledgement and Membership Agreement

Little Learning House Inc requires that parents are aware of our policies and procedures at the centre.

This form is to acknowledge that you have carefully read and agree with our policies and parent responsibilities. Our policies are to ensure that we are able to provide a *safe and nurturing* environment for all of the children in our care and our staff.

The parent handbook is also subject to change (updates, policy changes) and these changes will be communicated with families in writing via Email or HiMama or other integrated messaging applications used by Little Learning House Inc.

You may be asked to re-sign this form to confirm that you are aware of these changes.

Please keep the parent handbook handy or refer to the most updated copy posted on our family bulletin board.

I, _____, have read the parent handbook and/or any subsequent updates. I agree to abide by centre policies and procedures in the handbook.

Signature:

Date:

Office Use:

Date Recieved