

SUNSHINE PATCH DAYCARE & OUT OF SCHOOL CARE



Sunshine Patch Daycare
caring, sharing, growing...

REGISTRATION PACKAGE

Registration fee (non-refundable) - \$100.00

Name of Child: _____

Start Date: _____

Parent's E-mail I.D.: _____

Sunshine Patch Daycare

#111-6002 -29Ave Beaumont, AB

Ph# 780-929-2298

Fax#780-929-2246

Email: sunshinepatch@live.ca

Website: www.sunshinepatch.ca

Revised: April, 2022

Dear Parent(s),

Welcome to the Sunshine Patch Daycare. This registration package consists of all the information that we need, to ensure your child/children's smooth transition into our facility. Visit our website for the Parent Handbook that outlines our policies and procedures. Kindly fill out all the required sections clearly.

We look forward to making this partnership a pleasant experience for all the families, staff and children, in their journey through the important years of their growth and development. If you have any questions or concerns, please do not hesitate to call or talk in person to anyone of us. Any suggestion or recommendations are welcome for consideration.

Your Truly,
Rani Randhawa,
Kim Jhinjar
(Owners/Directors)

Registration Form

Insert
Child's
Passport Size
Photo

Child's Information

Child's Name: _____ Age: _____ D.O.B: _____

Address: _____

Parent Information

1. Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Work Ph Number: _____

2. Parent/Guradian Name: _____

Address: _____

Phone Number: _____

Place of Employment: _____ Work Ph Number: _____

Emergency Contact Information (mandatory)

1. Name: _____

Phone # (H): _____ (W) _____ (C) _____

Address: _____

Relationship to Child: _____

2. Name: _____

Phone#(H): _____ (W) _____ (C) _____

Address: _____

Relationship to Child: _____

Any allergies, regular medication, chronic condition, etc.: _____

Alberta Health Care #: _____ Immunization up to Date: Yes ___ No ___

Date of last Immunization: _____

Authorized People to whom the child maybe released:

Name: _____ **Phone#:** _____

Relationship to the child: _____

Parents with custody of the child, please list any agreements: _____

Name of Physician: _____ **Phone#:** _____

Time of Arrival: _____ **Pick-up Time:** _____

Bus Service Required: Yes _____ **No** _____

Child's Personality

Please answer the following questions to help us understand your child's needs and interests.

1. **Favourite Activities:** _____

2. **Fears (if any):** _____

3. **Dislikes:** _____

4. **Reaction to stress:** _____

5. **Previous Daycare/Day home (if any):** _____

6. **Sleep pattern:** _____

7. **Physical Goal:** _____

8. **Personal Goal:** _____

9. **Pets (if any):** _____

10. **Anything else that you would like us to know about your child/children:** _____

MEDICAL CONSENT FORM

In case of an accident and/or illness and unavailability of the parent, we need permission to be able to:

- Yes/No _____ Contact the child's physician or if the physician is not available either, to be able to contact another physician for the purpose of administering the necessary treatment to your child and Release of necessary information for care.
- Yes/No _____ Be transported by ambulance, if required and ready to pay the ambulance fee.

Parent/Guardian Signature

Dated

Program Director Signature

_____ (Dated)

PERMISSION TO TRANSPORT TO SCHOOL

I, _____ authorize the SunShine Patch Daycare, to transport my child/children to and from _____ School by the authorized daycare vehicle or walking if weather permits.

FIELD TRIP PERMISSION FORM

As a part of our regular programming, we will be taking various walking trips off the premises, within the neighbourhood. The consent form below will give us more flexibility and allow for more spontaneity in our planning. We will continue to have you provide consent forms for any motor transportation trips.

I, _____ give my permission for my child or children namely, _____
_____ to be able to participate in the walking trips off the premises of the Sunshine Patch Daycare.

Parent/Guardian Signature

Dated: _____

USE OF PHOTO CONSENT

I/We, _____ hereby give Sunshine Patch Daycare permission to take and use my child/children's or family photographs and/or videos.

- I/We understand that these photographs will be used for displays .
- For use for our website.
- For use in local newspaper
- For our Facebook Page

Parent/Guardian Signature

Dated

Observation & Assessment Consent

I/We, _____, hereby give consent to Sunshine Patch Daycare for my child, _____, to be a part of

- Internal (room staff)
- External (FCSS-Family & Community Support Services & Other agencies) Observations and Assessments, done for Developmental and Physical Environment success.