

Bilingual Daycare 8311
Saskatchewan Dr. NW
Edmonton AB
Email: rosemontbilingual@yahoo.ca
Phone: 780-705-6944

BILINGUAL DAYCARE
APPLICATION FORM

CHILD'S NAME: _____ BIRTH DATE _____ / _____ / _____
D M Y

ADDRESS/PC: _____

PHONE (HOME): _____ CELL: _____

FIRST PARENT NAME: _____

ADDRESS (HOME): _____

PHONE (HOME): _____ CELL: _____

SECOND PARENT NAME: _____

ADDRESS/PC: _____

PHONE (HOME): _____ CELL: _____

CUSTODY ARRANGEMENTS: _____

SPECIFY WHICH PARENT IS AUTHORIZED TO SEE OR PICK UP THE CHILD:

PLACE WHERE PARENTS CAN BE REACHED:

FIRST PARENT NAME OF WORK PLACE: _____

ADDRESS/PC: _____

PHONE (WORK): _____ OTHER: _____

SECOND PARENT NAME OF WORK PLACE: _____

ADDRESS/PC: _____

EMAIL ADDRESS :

PHONE (WORK): _____ OTHER: _____

CHILD'S DAILY *ARRIVAL TIME*: _____ *DEPARTURE TIME*: _____

SIGNATURE: _____

START DATE: _____ LAST DAY: _____

EMERGENCY CONTACT

NAME: _____

_____ RELATIONSHIP TO CHILD:

_____ ADDRESS/PC:

_____ PHONE (HOME):

_____ CELL:

_____ (WORK):

_____ OTHER:

Is this emergency contact person allowed to pick up child? YES NO

EMERGENCY CONTACT

NAME: _____

_____ RELATIONSHIP TO CHILD:

_____ ADDRESS/PC:

_____ PHONE (HOME):

_____ CELL:

_____ (WORK):

_____ OTHER:

Is this emergency contact person allowed to pick up child? YES NO

CHILD'S HEALTH RECORD

CHILD'S NAME: _____ BIRTH DATE: _____ / _____ / _____
D M Y

FAMILY PHYSICIAN: _____

PHONE: _____ ADDRESS: _____

ALBERTA HEALTH CARE NUMBER: _____

ALLERGIES (LIST ALL KNOWN WITH REACTIONS): _____

ARE THERE ANY SPECIAL HEALTH NEEDS? (ADHD, ODD, ETC.): _____

DOES CHILD REQUIRE MEDICATIONS FOR KNOWN ALLERGIES OR SPECIAL HEALTH NEEDS? (LIST ALL): _____

DIET RESTRICTIONS (due to religion or culture or known allergies): _____

HISTORY OF PREVIOUS SERIOUS ILLNESS: _____

IS CHILD'S IMMUNIZATION UP TO DATE? YES _____ NO _____

PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD:

SIGNATURE OF PARENT

DATE

ADMISSION POLICY

1. Once your place is confirmed please deposit the half of the monthly payment to hold your spot and the deposit will account as payment and then you will have to pay the difference.
2. Time Frame: 7:30am – 5:30pm 5 days a week.
3. Monthly fees are payable on the first day of each month in full. Monthly fees paid after the fifth day of the month will be assessed a “Late Fee Penalty” (unless other arrangements have been made with us) of \$5.00 per day that payment is late.
4. Please transfer payment to rosemontbilingual@yahoo.ca.
5. For the part-time kids, please calculate the number of days the child will be attending for the month and the payment should be made by the first day of the month. Please just a reminder you will still have to make payment if the child is absent, for any lost days an arrangement can be discussed.
6. We request that your child be dropped off no later than 9:30am. Special circumstances always arise and if these circumstances occur, please make arrangements with me so she may plan for staffing.
7. Please notify my daycare immediately when there are any changes with current address, telephone numbers, change of employer, emergency contacts, or immunizations.
8. As the daycare operates on a monthly budget with expenses that are incurred regardless of whether or not a child is present, we cannot give credit for absences due to illness or holidays.
9. If your child will be absent on any day, please let me know.
10. If you are unable to be at the daycare by 5:30pm please call me so that arrangements can be made. Late fees will take effect of 1\$ per minute. (Cash Only)
11. Sign the attendance sheet upon the child's arrival and their departure from the daycare.
12. Provide a complete change of clothes (socks included) that are labeled with your child's name. Inside shoes are also required.

13. Sign the medication book for any medications that your child will require for that day. The medication will not be administered if the form has not been filled out completely with your child's name, exact dosage, time to be administered, date, name of medication and your signature. Medication needs to be signed in daily. If the medication is ongoing, a special form will need to be filled out by the parent with all the same necessary information. If your child has received medication prior to coming into the daycare please ask for the Communication Book to write down the type of medication and the dosage the child received before arriving at daycare so that I am aware that the child was or is still sick.
14. Provide permission (preferably in writing) if another person is to pick up your child. Children will not be released to anyone not authorized by the admitting parent.
15. We require notification of any changes of the custody, guardianship or care and control of your child. A copy of any agreement or court order pertaining to those matters is to be left with the center. This will assist us in ensuring that your child is released only to an authorized person.
16. Bilingual Daycare believes if a child is too sick to go outside, participate in daily activities or go to school (if applicable) then they are too sick to be at the Daycare.
17. Bilingual Daycare will not be responsible for lost or broken toys that your child has brought from home. We ask that you leave your child's toys at home.
18. Bilingual Daycare requires a written notice thirty (30) days prior to you withdrawing your child.

Your signature at the bottom of our admission policy indicates your willingness to comply with our regulations with the understanding that this agreement may be cancelled at any time by the center only if it is in the best interest of the child and the daycare.

Special Daycare need for evening – weekend-night
Special booking in advance should be made

SIGNATURE OF PARENT

DATE

Permission Forms

This letter is to give my permission _____ to Bilingual Daycare to take my child _____ for emergency medical treatment if necessary.

Bilingual Daycare will not be held liable for ambulance or any related medical fee. Any incurred cost will be the responsibility of the parent to pay.

SIGNATURE OF PARENT

DATE

This letter is to give my permission _____ to Bilingual Daycare to take my child _____ for emergency medical treatment if necessary.

Bilingual Daycare will not be held liable for ambulance or any related medical fee. Any incurred cost will be the responsibility of the parent to pay.

SIGNATURE OF PARENT

DATE

This letter is to give my permission _____ to Bilingual Daycare to take my child _____ for emergency medical treatment if necessary.

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SIGNATURE OF PARENT

DATE

Children's Interest Inventory

My child's name is _____

Three words or phrases that best describe my child are:

1.

2.

3.

My child's interests include:

My child is very motivated by:

My child may get frustrated by:

My dreams for my child while in childcare include:

Other insights I would like to share about my child:

Goals I would like to implement and work on for my child:

Is your child toilet trained? YES _____ NO _____

Words used for urination (please indicate what your child says when he/she wants to go to the bathroom): _____