



## Registration Forms

\*Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

D.O. B.: \_\_\_\_\_ Program: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\*Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contacts and Persons whom the child may be released to: (2)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Email for correspondence between daycare and home:** \_\_\_\_\_

## Medical Information Form

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Last name, first name

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Copy of immunization card required: \_\_\_\_\_

- Has your child had any of the following illnesses or injuries?

Mumps: \_\_\_\_\_ Measles: \_\_\_\_\_ Whooping Cough: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_ Scarlet Fever: \_\_\_\_\_  
German Measles: \_\_\_\_\_

- Previous Injuries: (specify) \_\_\_\_\_

- Does your child have any special medical conditions or special needs? Past or Present

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

- Does your child have any allergies?

Yes \_\_\_\_\_ (risk): \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_ medication required: \_\_\_\_\_

- Does your child take any medication on a regular basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

- Are there any restrictions to your child's diet, rest needs or exercise abilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

- Has your child ever been hospitalized?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

I hereby give permission that in the event of an emergency and parents/guardians or emergency contact people are not available, my child may receive medical treatment and be examined by a doctor should it be necessary. I confirm that all the information given above is correct and current and I understand that it is my responsibility that should any information change I will contact the Supervisor of the Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Faith

This document is a statement of the basic Christian conviction of the Day Care Centre.

1. We believe the Bible to be the inspired and infallible and authoritative Word of God.
2. We believe that there is one God, eternally existent in three “hypostases”. The Father, The Son, and The Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death on the cross, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal future return to this earth in power and glory to take the believers to heaven.
4. We believe that the only means of being cleansed from sin is through repentance and faith in the redemptive work of Christ, which He completed by shedding His blood on the cross.
5. We believe in seven sacraments, instituted through divine ordinance: Baptism, Dedication, Eucharist (communion), Confession (repentance), Matrimony, Priesthood and Anointing of the sick.
6. We believe that the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
7. We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
8. We believe in the resurrection of both the saved and the lost, the one to everlasting life and the other to everlasting damnation.

With respect to the enrollment and instruction of my child in the Centre, I have no reservation regarding the above statement of faith.

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Parent or Guardian Signature

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Date

### Audio Visual Release Form

I give permission for my child \_\_\_\_\_ who is enrolled in the Little Angels Childcare Centre to be photographed or videotaped. I understand that these materials may be used for promotional or educational purposes. Special permission will be obtained from the parents if their child's name is to appear in any publication.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### Consent Form – Supervised Trips

I hereby consent to let my child \_\_\_\_\_ be taken out of the Centre  
child's name  
from time to time on well supervised field trips or neighborhood walks. I also consent for my child to be given the necessary care should an emergency arise while he\she is in the care of Little Angels Childcare Centre. It is understood that the Centre will endeavor to contact me prior to investigation and\or treatment in order to discuss the details of the emergency.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### Consent for Product Application

The Ministry of Education requires that we treat the following items as medication and we must have parent written consent to apply them.

I authorize Little Angels staff to apply (Check all that apply) as directed.

- Sunscreen
- Vaseline
- Lip balm

- Diaper rash cream.

Name: \_\_\_\_\_

- Other: \_\_\_\_\_

I have supplied a bottle/jar/tin of the above checked items to be stored out of the reach of children.

I understand that it is my responsibility to complete this form in order for my child to have this product(s) applied.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Fee Policies

1. A registration fee of \$94.50 per child will be collected when registering your child/ren for a full day program which includes infant, toddler or preschool.
2. Method of Payment: Pre-authorized payments on a bi-weekly basis. Fees will continue to be charge in the case of sick days, vacation, holidays, professional development days and emergency closures.

Forms attached.

3. If fees are not paid on a regular basis your childcare services may be withdrawn.
  4. Please refer to the parent handbook concerning fee details.
  5. The hours of our centre are 7am – 6pm. Anytime after 6pm is considered late. If you arrive after 6pm the first occurrence will result in “grace”, the second you will receive a written warning signed by the staff who remained with your child, the supervisor and yourself and the third occurrence may result in your childcare services being withdrawn.
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### Letter of Understanding and Agreement

I have reviewed Little Angels Christian Childcare Centre Fee Policy as explained above and the schedule of service in the parent handbook. All questions I have concerning these policies have been answered to my satisfaction by the Centre Director. Upon registering and enrolling my child/ren in the Childcare Centre, I agree to comply with these policies.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please review Parent Handbook regarding Withdrawal Policy.

## Parent Handbook

It is the responsibility of all parents to familiarize themselves with the Parent Handbook.

I / We \_\_\_\_\_ have read the Parent Handbook.  
Parent names

It is my/our understanding that should I require more information the Director can answer any and all questions.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to the office completed and signed.

Thank you

## Infant/Toddler Parent Instructions

1) My Child prefers to sleep (with a blanket, with a soft toy, on the back etc...)

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2) My Child has permission to eat (dairy, meat, fish, chicken, vegetables, fruit, breads, etc....)

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3) My child needs to be fed all foods by an adult \_\_\_\_\_  
Or my child can eat some foods independently and some by an adult \_\_\_\_\_  
Or my child can eat all foods independently \_\_\_\_\_

4) My child has/ has not experience with other caregivers.(nanny, grandparents, home daycare, Sunday school etc...) \_\_\_\_\_

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5) My child will be dropped off by \_\_\_\_\_  
And picked up by \_\_\_\_\_

6) My child has little experience with English, some experience with \_\_\_\_\_

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7) Other instructions \_\_\_\_\_

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