

# Little Hands Daycare



## Child Registration Form

*(Ages: 0 months – Kindergarten)*

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### Child Information

- Child's Full Name:

\_\_\_\_\_

- Date of Birth (DD/MM/YYYY): \_\_\_\_\_

- Gender:  Male  Female  Other

- Nickname / Preferred Name:

\_\_\_\_\_

- Primary Language(s) spoken at home:

\_\_\_\_\_

- Cultural background / traditions we should respect:

\_\_\_\_\_

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## Parent/Guardian Information

### Parent/Guardian 1

- Full Name:

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- Relationship to Child:

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- Address:

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- Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

- Email:

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- Place of Work: \_\_\_\_\_ Work Phone:

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### Parent/Guardian 2

- Full Name:

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- Relationship to Child:

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- Address (if different):

\_\_\_\_\_

- Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

- Email:

\_\_\_\_\_

- Place of Work: \_\_\_\_\_ Work Phone:

\_\_\_\_\_

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### **Emergency Contact (Other than Parents)**

1. Name: \_\_\_\_\_ Relationship:

\_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship:

\_\_\_\_\_ Phone: \_\_\_\_\_

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### **Authorized Pick-Up Persons**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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## Health & Medical Information

- Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

- Alberta Health Care #:

\_\_\_\_\_

- Immunizations Up to Date?  Yes  No

- Allergies (food, environmental, medication):

\_\_\_\_\_

- Special Dietary Restrictions:

\_\_\_\_\_

- Medications / Medical Conditions:

\_\_\_\_\_

- Does child carry an EpiPen/Inhaler?  Yes  No

- Special instructions for care:

\_\_\_\_\_

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## Daily Routines

- Nap Schedule:

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- Eating Habits:

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- Comfort Items (blanket, toy, pacifier):

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- Fears/Dislikes:

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- Interests/Favorite Activities:

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## Daycare Services

- Pick-up/Drop-off Service: **✗** Not Available
- Snacks Provided: **✓** Morning & Evening Snacks (Parents to provide lunch & additional food as needed)

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## Fee & Payment Agreement

- Registration Fee: \_\_\_\_\_
  - Monthly/Weekly Fee: \_\_\_\_\_
  - Payment Method:  E-transfer  Cheque  Cash
  - Late Pickup Fee: \$\_\_\_\_\_/minute after closing time
  - Withdrawal Notice: 1 Month in advance required
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## **Policies & Terms Agreement**

Please read carefully and **initial beside each statement** if you agree:

1. \_\_\_\_\_ I hereby give permission for my child,  
\_\_\_\_\_, to receive emergency treatment from  
staff at Little Hands Daycare and be transported to an emergency center if  
required.
2. \_\_\_\_\_ If I cannot be contacted immediately, I authorize medical or  
surgical treatment for my child and hold Little Hands Daycare and its  
staff harmless.
3. \_\_\_\_\_ I permit my child to participate in field trips, park outings, and  
other activities outside the daycare for educational and recreational  
purposes.

4. \_\_\_\_\_ I understand personal strollers cannot be stored inside the center unless approved by the Director.
  5. \_\_\_\_\_ I will bring my child before 9:30 AM unless prior arrangements are made; the center may refuse late entry without notice.
  6. \_\_\_\_\_ I understand Little Hands Daycare follows the Canada Food Guide and promotes healthy choices; lunches/snacks provided by parents should be nutritious.
  7. \_\_\_\_\_ I understand the daycare may terminate enrollment immediately for abuse, non-payment, or violation of policies.
  8. \_\_\_\_\_ I allow photographs and videos of my child to be used within the center for educational or promotional purposes, with confidentiality maintained.
  9. \_\_\_\_\_ I will receive a tax receipt upon leaving the program.
  10. \_\_\_\_\_ I have read and understand the **Parent Handbook** and agree to abide by all outlined policies and procedures.
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### **Two-Week Trial Period**

- The first two weeks of enrollment serve as a trial period for both parents and the daycare.

- Either party may terminate without reason or notice; payments for this period are non-refundable.
- Staff will observe and assess the child’s adaptation, behavior, and needs during this time.
- Solutions, support, or alternative care arrangements will be discussed if the child’s needs cannot be fully met.

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**Parent/Guardian Agreement**

I have read and agree to the above policies, terms, and conditions.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date (YYYY/MM/DD):** \_\_\_\_\_