



PROGRAM
Daycare ___ CASP ___ L.I.T. ___

## CHILD FAMILY INFORMATION

Date Today: \_\_\_\_\_

Date Childcare Needed: \_\_\_\_\_

### Child Information

**Child's Name**    
Last First

**Date of Birth**  **Sex**  M  F

**Home Address**   
Street City Province Postal Code

**Main Contact Phone Number (s)**

**Attendance: (Check one)** Full Time (  ) Part Time (  )

**Subsidy: (Check one)** Yes (  ) No (  ) If Yes (Write the date when the subsidy needed) \_\_\_\_\_

### Parent/Guardian Information

MOTHER	FATHER
Name :	Name :
Home Address : (Please write if different from child's home address)	Home Address : (Please write if different from child's home address)
Home Phone:                      Cell Phone:	Home Phone:                      Cell Phone:
Place of Work :	Place of Work :
Work Address :	Work Address :
Work Phone :	Work Phone :
Email Address:	Email Address:
Child's Living Arrangements: (check one) ( <input type="checkbox"/> ) Both Parents ( <input type="checkbox"/> ) Mother ( <input type="checkbox"/> ) Father ( <input type="checkbox"/> ) other _____	
Child's Legal Guardian(s): (check one) ( <input type="checkbox"/> ) Both Parents ( <input type="checkbox"/> ) Mother ( <input type="checkbox"/> ) Father ( <input type="checkbox"/> ) other _____	

### Emergency Contact Information

(Persons to contact in the case of emergency when parent or guardian cannot be reached)

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Address:	Address:
Home Phone:                      Cell Phone:	Home Phone:                      Cell Phone:
Work Phone :	Work Phone :

**PERSONS AUTHORIZED TO PICK UP**

**Other Persons Authorized to Pick-up Children**

(We will not release your child to anyone, who is not authorized by you for pick up, photo identification will be required before releasing your child to anyone other than parent)

- 1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Health Information**

Alberta Health Care Number : \_\_\_\_\_  
Medical/Physical Concerns : \_\_\_\_\_  
Ongoing Medications : \_\_\_\_\_  
Immunizations Up to date : YES \_\_\_\_\_ NO \_\_\_\_\_ Parent's Signature: \_\_\_\_\_  
Allergies/Dietary Restrictions : \_\_\_\_\_  
Physicians Name: \_\_\_\_\_ Physicians Phone Number \_\_\_\_\_

I /we certify that the information given above and in any documents attached is correct, complete and most current.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Health History**

Does child have any known health problems? Yes ( ), No ( ) (If yes, attach documentation)

Check (√) any of the following illnesses the child has had:

- Asthma      Earaches      Mumps      Whooping Cough      Bronchitis
- Eczema      Pneumonia      Polio      Chicken Pox      Frequent Colds
- Croup      Convulsions      Measles      Influenza      Rheumatic Fever
- Diphtheria      Tonsillitis      Tonsillitis      Other: \_\_\_\_\_

Please list any injuries child has had: \_\_\_\_\_  
\_\_\_\_\_

# CONSENT

## Photo Consent

Photographs and videos are taken on different occasions such as birthdays, holidays, outings and special occasions. We use these pictures/videos in our childcare centre for teaching, arts & crafts, albums, the newsletter and various other things. Please mark and sign each of the following requests.

I, \_\_\_\_\_ (parent's name) give my permission for photos/videos to be taken of my child, \_\_\_\_\_ (child's name) for *presentations, advertisements or brochures, understanding that my child's photo will not be posted on any social media site.*

Yes  No  **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....

I, \_\_\_\_\_ (parent's name) give my permission for photos/videos to be taken of my child, \_\_\_\_\_ (child's name) for *displaying on our bulletin board in our classroom.*

Yes  No  **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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I have read and agree to the GBC Childcare Centre Policies and Procedures as outlined in the Parent Handbook Including the Child Guidance Policy.

\_\_\_\_\_ **(Parent Signature)**

I am comfortable with my child going on supervised walks, close to the Centre/ or offsite field trips

\_\_\_\_\_ **(Parent Signature)**

In the event of an accident or incident involving my child at GBC Childcare Centre, I give permission for the staff to administer health care in the nature of First Aid.

\_\_\_\_\_ **(Parent Signature)**

I recognize, too, that in the event of an accident or incident involving my child where ambulance services are used I am responsible for any costs involved.

\_\_\_\_\_ **(Parent Signature)**

## Program Information

### **GBC Childcare Centre Contract: Fees, Payments, additional charges**

- ❖ PAYMENT –Parents are required to pay their fees at the first of each month by cash, cheque, certified cheque, money order or auto withdrawal.
- ❖ VACATIONS – due to the costs of running the program we will not be pro-rating childcare fees for vacation times.
- ❖ ADDITIONAL CHARGES: Childcare fees do not cover the provision of special field trips or activities, special dietary foods, change of clothing, medication of any type, or any late fees accrued.
- ❖ WITHDRAWAL AND TERMINATION OF SERVICE- Families is required to provide a least one month's written notice when they withdraw their child. If one month's notice cannot be given and in lieu of notice we require one month's payment.

I am in agreement with the payment policies and procedures of GBC Childcare Centre.

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**(Parent Signature)**

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**Date**