



**2024 Daycare Registration**

**Child General Information**

Child's Name: \_\_\_\_\_ Gender:  M  F  NA  
*First Last*

Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(Primary Home) Street Address Including Postal Code YYYY/MM/DD*

Siblings: \_\_\_\_\_

DRCA Membership: \_\_\_\_\_ Start Date: \_\_\_\_\_ Full-Time (4-5 d):  
*YYYY/MM/DD* Part-Time (3 d):

**Parent/ Guardian Information**

**Guardian #1**  Child's Primary Residence

**Guardian #2**  Child's Primary Residence

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

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

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to receive emails/ newsletters.  No emails, please.

I would like to receive emails/ newsletters.  No emails, please.

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

**Emergency Contacts**

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

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

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

*\*Persons named above shall be authorized to pick up the child in the parents'/ guardians' absence.\**

**Persons NOT Authorized to Pick Up Child**

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Check this box if custody order in place and attach copy.

Check this box if custody order in place and attach copy.

I, \_\_\_\_\_, certify that the information provided above is correct and accurate to the best of my knowledge. I have read, understand and agree with the policies, rules and regulations stated in the Deer Run Community Childcare Parent Manual.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*YYYY/MM/DD*



**2024 Daycare Registration**

**Child Health Information/ Medical Release Form**

Child's Name: \_\_\_\_\_ Gender: M F  NA  
*First Last*

Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(Primary Home) Street Address YYYY/MM/DD*

Alberta Health Care No: \_\_\_\_\_

Primary Care Physician/ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**Illnesses/ Injuries**

Are the child's immunizations up to date?  Yes  No

Please check off any illnesses/ injuries your child has had in the past or if they have them chronically.

- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Mumps       | <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Migraines   |
| <input type="checkbox"/> Rubella     | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Other _____ |

*Are there additional past or chronic illnesses/ injuries you think we should know about?*

\_\_\_\_\_  
\_\_\_\_\_

**Current Medical Conditions/ Medications**

Current Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Times of Medications: \_\_\_\_\_

Known Side Effects: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission to the Deer Run Community Child Care staff to seek emergency medical treatment for my child, \_\_\_\_\_, due to circumstance of accident or sudden illness, followed by a phone call to myself.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*YYYY/MM/DD*



## 2024 Daycare Registration

### **Family Information/ Traditions**

#### **Family Preferences**

Deer Run Community Child Care endeavours to be an inclusive and respectful place. Please inform us of any preferences regarding the care of your child in the space below. These may be moral, ethical, cultural, religious, or personal choice reasons.

Examples: Food or clothing restrictions. Holidays observed or not observed.

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#### **Family Traditions/ Skills**

Do you have any skills, interests or cultural traditions you would be willing to share with the program?

It is a fantastic bonding opportunity for children to be able to share things from their home that their friends may not have had the chance to experience.

Examples:

- Baking a traditional dish from your family heritage or a dish that is served at a certain holiday in your family.
- Sharing a special craft, song, dance or possibly a special game that your family plays.
- Sharing a family/ cultural holiday tradition.

Please list them below:

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**2024 Daycare Registration**

**General Release Permission Slips**

Photo/ Video Release Permission

I, \_\_\_\_\_ , hereby give my permission for Deer Run Community Childcare to  
and use photos/ videos of my child, \_\_\_\_\_ , in any local advertisements  
that could be but are not limited to print or internet/ social media etc.

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

Date: \_\_\_\_\_  
YYYY/MM/DD

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## **2024 Daycare Registration**

### **Behaviour Policy**

We have an inclusive community. We require the cooperation of all participants to make this space fun for everyone. Should a child display behaviour that is unacceptable, the parent will be informed and the child may not be allowed to participate in certain activities until the child's behaviour improves and the staff feels secure in allowing the child to participate. In extreme cases immediate pickup from a parent may be required. If the child is unable to participate due to behaviour, the parent will be asked to make alternate child care arrangements for the day. This policy must be read and signed by the parent/guardian. Even for our younger children, it is important to relay to the child that it is everyone's responsibility to maintain Deer Run Community Childcare core values as an important member of our community.

I, \_\_\_\_\_, understand and agree with the behaviour policy outlined above.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YYYY/MM/DD

I, \_\_\_\_\_, have read, understand and agree with the policies, rules and Regulations stated in the Deer Run Community Child Care Parent Manual.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YYYY/MM/DD



**2024 Daycare Registration**

**2024 Fee Schedule**

My child, \_\_\_\_\_, will attend DRCC for the selected days per week and fee below.

<input type="checkbox"/>	Full-Time (4-5 days/ wk)	19 Months to 2 years 11 months	\$1215/ \$1225
<input type="checkbox"/>	Part-Time (3 days/ wk)	19 Months to 2 years 11 months	\$824 / \$834
<input type="checkbox"/>	Full - Time (4-5 days/ wk)	3 Years to less than 4 Years	\$1112 / \$1122
<input type="checkbox"/>	Part-Time (3 days/ wk)	3 Years to less than 4 Years	\$757 / \$767
<input type="checkbox"/>	Full-Time (4-5 days/ wk)	4 Years to 5 Years (pre-kinder)	\$1030/ \$1040
<input type="checkbox"/>	Part-Time (3 days/ wk)	4 Years to 5 Years (pre-kinder)	\$685 / \$695

**Drop In Fees**

*Payment is due upon booking. Drop-in cannot be guaranteed. Please book as soon as possible. First come, first served.*

Drop-In	19 Months to 2 years 11 months	\$93
Drop-In	3 Years to 5 Years	\$77

Deer Run Community Childcare is willing to accommodate different types of dietary requirements based on each child's situation.

Deer Run Community Childcare accepts childcare subsidy. Subsidy is calculated by the Alberta Government and must be applied for through the government, not Deer Run Community Childcare. It is done on an income basis.

I, \_\_\_\_\_, have read and understand the monthly fees owed as outlined above.

I understand that fees are due on the first (1<sup>st</sup>) of the month and are subject to a late fee if paid later than 6:00 pm on the first (1<sup>st</sup>). I understand that fees are subject to change and that I will be notified should a change in fees occur.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YYYY/MM/DD

<b><u>OFFICE USE ONLY</u></b>		
Staff Name: _____ <small>Please Print</small>	Initial: _____	Date: _____ <small>YYYY/MM/DD</small>
Entered in Time Savr: <input type="checkbox"/>	Subsidy Amount: _____	