



**PINK ELEPHANT CHILDCARE SOCIETY  
DAY CARE and OSC**

# 114, 8735 - 132 Avenue Edmonton, AB T5E 0X7

Tel. # (780) 476-35-87 Fax. # (780) 476-35-64

**REGISTRATION FORM**

**Personal Information (please print)**

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph. \_\_\_\_\_

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

**Father's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph. \_\_\_\_\_

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

**Medical Information:**

Physician's Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Alberta Health Care # \_\_\_\_\_

**Emergency Contact Person (s):**

Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

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

Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

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

**People Authorized to Pick Up Child from Centre:**

Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

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

Name: \_\_\_\_\_ Ph. # \_\_\_\_\_



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

**Child's History (please explain)**

1. Any particular fears: \_\_\_\_\_  
\_\_\_\_\_
2. Favourite activities: \_\_\_\_\_  
\_\_\_\_\_
3. Reaction to stress: \_\_\_\_\_  
\_\_\_\_\_
4. Methods of discipline used: \_\_\_\_\_  
\_\_\_\_\_
5. Reaction to illness: \_\_\_\_\_  
\_\_\_\_\_
6. Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_
7. Specific to culture: \_\_\_\_\_  
\_\_\_\_\_

**Medical Profile (please explain)**

1. Is immunization up to date? : \_\_\_\_\_ (Please provide a current photocopy)
2. Any allergies or medical concerns? : \_\_\_\_\_  
\_\_\_\_\_
3. Any physical disabilities? : \_\_\_\_\_  
\_\_\_\_\_
4. Any emotional/ behavioural problems? : \_\_\_\_\_  
\_\_\_\_\_
5. List any surgery, fractures or maladies your child has had: \_\_\_\_\_  
\_\_\_\_\_
6. List communicable diseases (please check): measles \_\_\_\_\_ mumps \_\_\_\_\_ chicken pox \_\_\_\_\_  
rubella \_\_\_\_\_ diphtheria \_\_\_\_\_ whooping cough \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature \_\_\_\_\_



**SURVEY QUESTIONS**

1. How did you find out about this childcare facility? \_\_\_\_\_
2. Why did you choose this facility? \_\_\_\_\_  
\_\_\_\_\_

**Renewals**

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**\$ 50.00 Non-refundable fee must accompany registration**



### Health Procedures

Parents are required to present (photocopy is acceptable) the child's **immunization records** at the time of registration.

For everyone's safety, no child will be accepted at the Center if she/he has any communicable disease (i.e. measles, whooping cough, chicken pox etc.) or fever, this is necessary to prevent the spread of infectious diseases. Parents must have alternative care measures in place, otherwise the parent or the emergency contact person will be notified to pick up the child.

The proper form must be completed by the parent prior to any medication being given by the staff, and all medication must be in the original prescription container. Non-prescription drugs will not be given by the staff except by written request and instructions of parent or physician.

In the case of emergency, your child will receive proper care as all staff are trained in First Aid. Medical assistance may be sought prior to contacting the parent.

### Registration Changes

In September, parents will be requested to check their previous year's registration form information to ensure all personal and medical information is accurate and up to date regarding their child. If information is not accurate a new form must be filled out. The registration form (renewal or new) must be signed and dated to register for the upcoming year.

Please notify the Centre **immediately** of any changes to the registration information. This is **extremely important** for the proper care of your child and the safe administration of Center.

### Miscellaneous

Please **do not** allow children to bring toys, money, or any valuable materials from home as we will not be responsible if they are misplaced, lost, stolen or broken.

All items must be marked with the child's name: this includes clothing, lunch kits, backpacks, shoes etc.

Children **will not** be released to anyone other than those persons authorized on the registration form. The Center must be notified in writing, by phone call or email of any changes.

### Program Fee Payment

The late fee for paying after the 5<sup>th</sup> day of each month will be **\$ 20**. Registration requires a **\$ 50 non-refundable fee**. All fees are paid **in advance** with ten (10) **postdated cheques** – September to June (dated the first day of each month). Regardless of the starting month or the program all fees are paid in advance (before



the 5<sup>th</sup> day of each month). Other accepted methods of payment: interact, Visa, Master Card, **e-transfer** ([elpink427@gmail.com](mailto:elpink427@gmail.com)) or cash paid to the 5<sup>th</sup> day of each month.

Children starting after the first day of the month shall have their fees prorated according to days used.

Accounts which are not paid by the end of the first week will result in your child being denied admittance to the Centre and his/her space becoming available to another customer.

If space is available, the child may be reinstated upon full payment of fees, overdue charges, NSF charges and at the discretion of the Director and Executive. **N.B.** Any time a child has left a program the \$ 50 registration fee must be paid again for enrollment.

#### Hourly fees

Hours of care provided over those specified by this contract are subject to a charge of **\$15.00/ per hour per child (English Kindergarten and OSC), \$22 per hour per child (Pre-school and Ukrainian Kindergarten) and \$27.00 per hour per child (Toddler)**. These fees are to be paid in full at the end of each month.

#### Refunds

Absence due to illness, vacation, school holiday closure, statutory holidays etc. **will not** result in fee credit, refund, or make-up time.

The only absence that is allowed without payment are **two full months** of summer July and August. However, **deposit of \$ 200** paid in advance per child is required. In case the child returns in September deposit will be credited towards September payment. If the child does not return to the Centre in September the paid deposit is non-refundable.

Absence of two consecutive weeks without prior notice will result in the child being removed from the Program. There will be **no refund** of fees. Please notify the staff if your child will be absent from the Center and when the child will be expected back.

#### NSF Cheques/ Defaulted Payments/ Late Charges

Non-Sufficient Fund (NSF) cheques will incur a charge of \$50.00 per cheque. In case of default payment, the following interest charge calculations will be applied: 2.5 % per month or 30.0 % per annum. Fees paid after the first of the month will incur a late charge of \$20 – billing will not take place.

#### Casino

The Centre participates every year in Casino Fundraising. Each family must volunteer in one of the shifts (one representative per family). Otherwise, payment of \$200.00 will be due for not participating.



### Withdrawal of Services

We reserve the right to withdraw Daycare or Out of School services of any child who is having excessive problems (as determined by staff and the Director). In these instances we will recommend alternatives, to ensure your child receives the care best suited to his or her needs.

We reserve the right to withdraw childcare services if the fees are in arrears. The child will not be allowed entry to the facility until fees and penalties have been paid full. Upon withdrawal of services the child will lose space to another client.

We require written notice (for children leaving the Center), one month in advance, starting from the first of the month. Center will no longer give care to the child once the contract ends based on the withdrawal service letter parent has given. If proper notice is not given, a full month's rate will be charged.

### Hours of Operation

The Center is open daily from 6:30 am to 6:00 pm. The Center is closed during statutory holidays, on weekends and other school related holiday breaks. The Center will be open during school Professional Development Days and Teachers' Conventions. The Center may be open according to financial feasibility as determined by survey for the duration of Christmas Break, Spring Break and Summer Break (July & August). In the case of low enrollment, the facility will be closed.

Note: the monthly fee does not change nor there is a refund or credit for holiday periods.



## THE SOCIETY

Pink Elephant Childcare Society is a non-profit organization managed by a parent executive board. Parents with children enrolled in the Society's childcare programs must abide by Government of Alberta regulations and Society By-laws, structures, enrollment, and contract requirements.

Parents/guardians are requested to attend General Meetings held twice yearly to discuss Society business and elect the parent executive board.

General meetings are held on or before 30<sup>th</sup> day of September and June of each year.

## PERMISION FORMS

Government regulations regarding safety and security for both the Center and the child require parental permission to process with a number of activities (schedule and unscheduled).

1. Sibling Release permission
2. Re-location Permission
3. Medical Disclaimer Permission
4. Field Trip Permission
5. Morning Outside Play Permission (only for OSC)
6. F.O.I.P release Permission

### Sibling Release Permission

I give permission for my child to be released from Daycare or OSC program to his/her brother or sister. I understand that the Centre's liability for my child ends when the sibling takes child out of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Re-Location Permission

I give permission for my child \_\_\_\_\_ (name) to use Archbishop O'Leary High School as a site for relocation in case of emergency.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**Medical Disclaimer Permission**

In the event that my child should have a sudden illness or accident at the Center I understand that the staff will try to reach me for instructions. If emergency treatment is needed, I request that the assistance be requested from Paramedics and I consent to any emergency treatment that is recommended by them and/or Hospital Emergency room personnel. It is understood that every effort will be made to contact the undersigned before treatment but that emergency treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs in treatment of the child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Field Trip Permission**

Children participate in walks and trips outside the Center’s premises or the school building and playground. In some cases, it is necessary to obtain transportation provided by yellow school buses or EYS. Notification will be given prior to each field trip being conducted. I give permission for my child to attend walks and trips outside the Center’s premises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Morning Outside Play Permission (Only OSC)**

I give permission for my child to leave the Center to play outside prior to school commencing in the morning. I understand the Center is not responsible for activities that might occur while not in the direct care of the Center staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**F.O.I.P. Release Permission** (Freedom of Information and Protection of privacy Act)

The following items describe activities where student information may be used. Please read carefully and complete the consent section on the following page. The following items describe activities where student information may be used. By giving your consent in the particular sections you are allowing the use of information and materials only within the Centre. No materials and information will be released outside without signing separate permission form.





Pink Elephant Childcare Society Activities Consent List

Number	Item	Description	Yes/ No Initials
1	Communications	The use of the child's name and/or video in a calendar, newsletter, scrapbook, and concert program publication/communication.	
2	Centre Purposes	The taking and use of individual, group, team or centre video/photos within the centre community or centre purposes.	
3	Child work	The use of the child's name on artwork, written material, or other creative work/material to be displayed at the centre.	
4	List	The use within the centre of the child's name on group lists, ceremonies, concerts and other events.	
5	Birthday	The use of the child's name for birthday recognition purposes.	
6	Media	The taking of photos/video of room or centre activities, and their use be media where students are not identified by name. (Before the media identifies and individual child, a media consent for will be completed by the parent/guardian.)	
7	Other	Other similar activities within the Pink Elephant Childcare Society community.	

Name of Child: \_\_\_\_\_

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



#### POLICY

Parents are required to provide information in writing to staff when medication or herbal remedies are given to the child prior to arriving to the Centre.

#### LATE PICK UP POLICY

Closing time at the Centre is 6:00 pm daily, if a child is picked up after the 6:00 pm closing time, the parents will be **charged \$20.00 for EACH five MINUTES (or part thereof) after 6:00 pm.**

#### MEALS

Pink Elephant Childcare Society provides morning and afternoon snacks. The snacks follow Canada Food Guide guidelines.

**Pink Elephant Childcare Society also provides Hot Lunch Catering served every day for Daycare and Ukrainian Kindergarten.**

**Any OSCs or English Kindergarten enrolled in the Centre can be catered with Hot lunches upon request by the guardian/parents with additional fee.**

#### NUT FREE ZONE

In order to prevent children from exposure to potential allergens, Pink Elephant Childcare Society does not prepare or serve any food products containing nuts or nut product to any program or group. The food preparation is kept nut-free to prevent possible cross-contamination. Staff and children's participants are encouraged not to bring any food to Centre containing nuts.



**SOCIAL MEDIA POLICY**

The posting of confidential and identifying information about children, parents or staff at the centre on social media (e.g. Facebook, Tiktok, Instagram, Twitter etc.) is strictly prohibited.  
As with the use of social media, the publication of photos from the Center, whether online or by paper, is generally prohibited without prior approval from the Director and written permission from parents when photos include pictures of children.

**Contract Signatures**

If a client fails to live up to this contract, or any of the agreements made therein, Pink Elephant Childcare Society may pursue court action and will pursue garnishment of wages to recover unpaid fees. All cost that incurred, that is NFS cheques, interest charges and court costs will become the responsibility of the client.

**I have read this contract in its entirety, and I agree to abide by the policies in place.**

**I have read and went through Parent's Orientation Process and have received the Parent's Handbook.**

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

Date: \_\_\_\_\_ Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_