



Child's Information

First Name: _____ Last Name: _____

Physical Home Address: _____

City: _____ Postal Code: _____

Birthday: _____ Male _____ Female _____

Parents or Guardians

First Name: _____ Last Name: _____

Relationship: _____ Email address: _____

Physical Home Address: _____ **Box #** _____

City: _____ Postal Code: _____

Phone number: _____ Cell number: _____

Place of Work _____

Physical Work Address: _____

City: _____ Postal Code: _____

Work Number: _____

First Name: _____ Last Name: _____

Relationship: _____ Email address: _____

Physical Home Address: _____ **Box#** _____

City: _____ Postal Code: _____

Phone number: _____ Cell number: _____

Place of Work: _____

Physical Work Address: _____

City: _____ Postal Code: _____

Work Number: _____

Language(s) spoken at home: _____

Please Indicate:

Authorized person(s) (other than yourself) to whom your child may be released to:

a) _____ b) _____

Person(s) your child is **NOT** to be released to:

a) _____ b) _____

LIL' DREAMERS PRESCHOOL HEALTH RECORD INFORMATION

Name of Family Doctor: _____

Physical Address: _____

City: _____ Postal Code: _____

Phone Number: _____

| | | |
|------------|----------|---------|
| Number of: | Brothers | Sisters |
| Younger | _____ | _____ |
| Older | _____ | _____ |

My child's immunizations are up to date for my child's age: Yes _____ No _____

Does your child have any medical conditions, allergies, emotional or developmental challenges requiring or receiving treatment or supervision? If yes, please explain:

Emergency Contact (other than parents) within 20 km of Carstairs

Name: _____ Phone: _____

Physical Address: _____

City: _____ Postal Code: _____

Name: _____ Phone: _____

Physical Address: _____

City: _____ Postal Code: _____

I CONSENT TO EMERGENCY MEDICAL TREATMENT FOR MY CHILD

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort must be made to contact to me. If I cannot be reached, I give my permission to emergency medical treatment for my child. Any expense incurred for emergency medical treatment will be my own responsibility.

Yes, I Agree _____



There is a registration fee of \$30.00 that is non refundable.

The 3 year old fee is \$1,600.00 to be paid on September 1st, with the option to pay 10 equal payments of \$160.00 on the 1st of each month starting in September and ending in June.

The 4 year old fee is \$1,800.00 to be paid on September 1st, with the option to pay 10 equal payments of \$180.00 on the 1st of each month starting in September and ending in June.

The **3** year old **MORNING CLASS** is Tuesdays & Thursdays and the 1st Friday of each month that there is school from 8:30am to 11:30pm

The **3** year old **AFTERNOON CLASS** is Tuesdays & Thursdays and the 1st Friday of each month that there is school from 12:30pm to 3:30pm

The **4** year old **MORNING CLASS** is Mondays & Wednesdays and the **EVERY** Friday of each month **OTHER THAN THE 1st FRIDAY** that there is school from 8:30am to 11:30pm

The **4** year old **AFTERNOON CLASS** is Mondays & Wednesdays and the **EVERY** Friday of each month **OTHER THAN THE 1st FRIDAY** that there is school from 12:30am to 3:30pm

Start date for the **4** year old class is September 9/20 and the last class will be June 18/21.

Start date for the **3** year old class is September 8/20 and the last class will be June 17/21.

Graduation ceremonies for the **4** year old class will be held on June 25/21.

Graduation ceremonies for the **3** year old class will be held on June 24/21.



I _____, being the parent/guardian of _____

Give my permission to Lil' Dreamer's Creative Learning Centre Ltd. to take my child on walks around town and to the park as well as back and forth from school.

Date: _____ Signed _____

I _____, being the parent/guardian of _____

Give my permission to Lil' Dreamer's Creative Learning Centre Ltd. to take pictures of my child to be used in the daycare for observations and portfolios as well as the newspaper during special events.

Date: _____ Signed _____



PLEASE NOTE:

- ❖ Children will be released to the parent(s) who register their child in the daycare, or those listed on the enrollment form
- ❖ CHILDREN WILL NOT BE RELEASED TO ANYONE NOT ON THE FORM UNLESS THE DAYCARE IS ADVISED OF THE CHANGE OF PERSON.
- ❖ Fee's are due by the 1st of each month prior to care being provided. A late payment will result in a \$50.00 late fee and the possibility childcare will be refused until fees are paid.
- ❖ Government subsidy is available for families who qualify. You need to provide confirmation of your conditional approval to the director, if not we will assume there is no subsidy in place and you will be responsible for the full months fee. If your child does not attend for the required number of hours dictated by your subsidy agreement, you are responsible for the difference in fee's. It is your responsibility to keep your subsidy up to date. If your subsidy expires and you do not renew it on time, you will be responsible for the full, non-subsidized fee. If for any reason we do not receive payment from subsidy you will be required to pay the fees.
- ❖ A registration fee of \$30.00 is required with this form. This fee is non-refundable.
- ❖ If for some reason it becomes necessary to withdraw your child, a minimum notice of ONE MONTH is required or one month's fees in lieu of notice. If your notice is given part way through a month you will be responsible for the remainder of that month and the next if your child holds a full time spot.
- ❖ It is important that parents read and understand the Health, Safety and Emergency policies and procedures.

Date: _____ Signed: _____

Updated _____ Signed: _____

Updated _____ Signed: _____

Updated _____ Signed: _____

Updated _____ Signed: _____



NO SHOW POLICY

If your child will not be attending Lil' Dreamer's Creative Learning Centre on a specific day, we require a phone call by 9:00am that morning. This helps us keep our day on track and the children in a regular routine. Please feel free to call the center's main line at any time of the day or night, and leave a message on the voicemail.

PAYMENT POLICY

All preschool fees are charged at a flat rate for the year. 3 year old classes are \$1,600.00 per year and 4 year old classes are \$1,800.00 per year. Parents may opt to pay their preschool fees using 10 equal monthly payments of \$160.00 (3 year classes) or \$180.00 (4 year classes) starting September 1st with the last payment on June 1st.

Parents who opt for the equal monthly payments will be required to pay their monthly installment no later than the 1st of the month. Any payment that isn't paid by the 1st will be subject to at \$50.00 late fee. If payment is not paid by the 15th of the month, the remainder of the annual fee will be required to be paid prior to classes being resumed for your child.

Parent Signature

Date



EMERGENCY POLICY

In the case of an emergency the child will be relocated to another facility as stated in our evacuation procedure. Parents will be notified immediately and are required to make arrangements for their child to be picked up.

For minor injuries a staff member with a valid first aid certificate will administer first aid. If a child needs immediate medical attention, the child will be taken to the hospital by the director or by ambulance if necessary. The ambulance is a cost to the parents, not the daycare. Parents will be notified before we leave the program as well as upon arrival at the hospital. Staff will be sharing child specific information with medical personal. (EMT, Hospital Personal, School)

I _____ have read and understand the above emergency policy and give my permission for Lil' Dreamer's Creative Learning Centre Ltd. to administer first aid (and/or transport to the hospital) to my child _____ if necessary.

Parent Signature

Date



Dear Parents,

This letter is to inform you that a student in our school classroom has a severe food allergy to peanuts/nuts. It is important that there is a strict avoidance to this food in order to prevent life threatening allergic reactions. We are asking for your help to provide the student with a safe environment.

Any exposures to peanuts/nuts may cause a life threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we are asking that you do not send any peanut or nut containing products with your child. It is recommended that children do not eat peanuts or peanut butter in the 4 hours prior to arriving as peanut proteins remain in the saliva for up to 4 hours after consumption.

We realize this request may pose an inconvenience to you when packing your child's snack and lunch; however we wish to express our sincere appreciation for your support and understanding. If you would like some suggestions for nutritious alternatives, please don't hesitate to ask.

Please complete and return this form so we are certain you have received this information. Please feel free to contact us with any questions or concerns.

Thanks,

Lil' Dreamer's Creative Learning Centre Ltd.

I have read and understand the peanut/nut free procedure. I agree to do my part in keeping the environment peanut and nut free.

Child's Name _____

Parents Signature _____

Date: _____



Regulation 29: PORTABLE EMERGENCY INFORMATION MUST INCLUDE:

Child's Name: _____

Physical Address: _____

Date of Birth: _____ AHC # _____

Mothers Name: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Place where Mother can be reached _____

Physical Address: _____

Phone: _____

Fathers Name: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Place where Father can be reached _____

Physical Address: _____

Phone: _____

Immunizations up to date? YES ___ NO ___

If no, is this because the parent chose not to immunize the child? YES ___ NO ___

If other please specify _____

Please name two people that could be called in an emergency if you cannot be reached:

First Name: _____ Last Name: _____

Phone: _____ Relationship _____

Physical Address: _____

First Name: _____ Last Name: _____

Phone: _____ Relationship _____

Physical Address: _____

ANY HEALTH INFORMATION? (ALLERGIES)

