



114, 2230 TRUMPETER WAY  
NW, EDMONTON, AB  
T5S0N5, CANADA

### Registration Record

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program Room: \_\_\_\_\_ Date of Application: \_\_\_\_\_

First Day of Care: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Mother/Guardian #1: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name of Father/Guardian #2: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer's Address: \_\_\_\_\_



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**REGULAR EMERGENCY CONTACTS** (Note: Emergency contacts are people other than the parent(s)/guardian(s) who can be contacted and are able to pick-up your child, if an emergency situation occurs). Please obtain consent before naming someone as an emergency contact). **This is a requirement from Alberta Child and Family Service Authority.**

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

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

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home No: \_\_\_\_\_ Home No: \_\_\_\_\_

Work No: \_\_\_\_\_ Work No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Authorized persons to whom the child may be released:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Name anyone who is not allowed access to the child:**

\_\_\_\_\_

**Please indicate type of care needed:**

Full Time  Part Time Days: \_\_\_\_\_

Reason for Care:

\_\_\_\_\_

**Family Information:**

Marital Status:  Single  Married  Separated  
 Widowed  Divorced  Common-Law



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If divorced or separated, please answer the following:

How long have you been separated? \_\_\_\_\_

Does your ex-spouse have contact with the child? \_\_\_\_\_

How often? When? \_\_\_\_\_

Are there any concerns regarding your ex-spouse that we should be aware of? \_\_\_\_\_

Do you have a Court Order? \_\_\_\_\_

**Other Children in the Family:**

Name	Age	School	Child Care	Other Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Family's Child Guidance Method:** \_\_\_\_\_

**Kindly indicate your family traditions and/or cultural heritage:**

\_\_\_\_\_

\_\_\_\_\_

**Language/s spoken at home:** \_\_\_\_\_

**My Child's Play Habits:**

What activities does your child enjoy the most while playing by him/herself?

\_\_\_\_\_

What kind of activities does your child enjoy doing with his/her siblings, other children or family? \_\_\_\_\_

\_\_\_\_\_



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Does your child have any strong interests or hobbies? \_\_\_\_\_

What sports is your child interested in? \_\_\_\_\_

Was there any previous experience in Child Care?  YES  NO

If yes, please describe:

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Comments (Information that would affect the care of your child): \_\_\_\_\_

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Are there any activities you would like to see included in the child care program?

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### HEALTH RECORD

Alberta Health Card No: \_\_\_\_\_

**ALLERGIES** (Please indicate no, only if your child has received allergy testing)

YES  NO  None Known

Allergen/s:

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How severe are your child's allergies? \_\_\_\_\_

What signs/symptoms does he/she display when exposed to the allergen/s? \_\_\_\_\_

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What action is taken at home when the child is exposed to an allergen? \_\_\_\_\_

\_\_\_\_\_

Medication for Allergen/s: \_\_\_\_\_

\_\_\_\_\_

Food Restriction:

\_\_\_\_\_

Child's reaction to illness, injury or stress: \_\_\_\_\_

\_\_\_\_\_

Does your child have any particular, fears or dislikes?

\_\_\_\_\_

Does your child have any exceptional physical needs or ongoing illness?

\_\_\_\_\_

Has your child had any medical/emotional condition he/she is being tested and/or treated for?

YES  NO If YES, please explain. \_\_\_\_\_

\_\_\_\_\_

Is your child on any daily medication?  YES  NO

If YES, please indicate which medication(s) \_\_\_\_\_

What is the medication for? \_\_\_\_\_

When is the medication administered? \_\_\_\_\_



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Is your child's immunization up-to-date? YES  NO

If no, please explain: \_\_\_\_\_

**Child's Physician Information:** (If you do not have a physician, indicate the clinic you regularly go to)

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

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

### MEDICAL HISTORY

In the last year, has your child had any concerns with any of the following?

	YES	NO	If YES, please explain
Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bowel Movement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wetting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____



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Is your child developing as you think he/she should for his/her age?  YES  NO

If no, please explain. \_\_\_\_\_

Please indicate if your child had any of the following:

	YES	NO	DATE
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____

**FAMILY ACKNOWLEDGMENT**



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Please read and initial accordingly. If you have any questions and/or clarification, please feel free to discuss this with the Director.

### **CHILD GUIDANCE POLICY**

I have read and understand the child guidance policy (as outlined in the Enrollment Handbook). The staff are trained upon hire to adhere to Little Pearls Daycare Child Guidance Policy.

I also understand that corporal punishment (hitting, slapping, etc.) will never be used to my child under any circumstances.

(Initial in the box provided)

### **DEPOSIT**

I understand that I am required to give Little Pearls Daycare a \$100.00 space deposit in order to enroll my child in the program. This deposit is non-refundable.

(Initial in the box provided)

### **FIRST AID**

In the event of an emergency, I authorize Little Pearls Daycare staff to provide any first aid care deemed necessary for my child.

(Initial in the box provided)

### **EMERGENCY CARE**

In the event of an on-site incident requiring emergency care, I authorize Little Pearls Daycare to call 911. On off-site activity requiring emergency care, I authorize Little Pearls Daycare to call 911. The physicians are authorized to provide any emergency care deemed necessary for my child. I understand Little Pearls Daycare will continue to try to locate myself or the emergency contacts named in this registration form. I will be responsible for all expenses, including transportation expenses, incurred in providing appropriate and emergency care for my child in an urgent situation.

(Initial in the box provided)

### **SUNSCREEN**

I authorize Little Pearls Daycare to use the sunscreen I would bring to my child.

(Initial in the box provided)





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### **INSECT REPELLENT**

I authorize Little Pearls Daycare to use the insect repellent I would bring for my child.

(Initial in the box provided)

### **FASTOCHE ONLINE PROGRAM**

I authorize Little Pearls Daycare to post daily reports about my child's activities using the Fastoche Program to be accessed by our family and other authorized person/s through cellphones and other electronic devices.

(Initial in the box provided)

### **PICTURE CONSENT**

I authorize Little Pearls Daycare to photograph my child and our family for the program's website, bulletin board display, emergency record, memory scrapbooks for staff and children leaving the program. I authorize Little Pearls Daycare to use and present my child's photo to authorized person/s in case of an emergency situation i.e. missing child on site and on off-site activity.

(Initial in the box provided)

### **SOCIAL MEDIA**

I authorize Little Pearls Daycare to share my child's photo/s taken during the program's events and celebration.

(Initial in the box provided)



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## COMMUNITY VISITS

I consent to my child participating in the local neighborhood walks. The consent is valid for my child to visit the following places with the supervision of the staff. Enhanced ratio will be provided with additional staff. Little Pearls Daycare will post notice on the trip that the children will be going on. This consent is valid to sites within the Trumpeter Community:

Community Park and Playground (across Little Pearls Day Care)

Trumpeter Walking Trail (within Trumpeter's perimeter)

I will be required to sign a separate field trip form with any trips outside of the above listed.

(Initial in the box provided)

## FAMILY HANDBOOK

I have read the enrollment handbook that was provided to me. I read its contents and I agree to comply with the LPDC policies and procedures as indicated in the handbook.

(Initial in the box provided)

\_\_\_\_\_  
Parent's/Guardian's Signature Over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

LPDC :December 2020