



DAVE BARR CHILD CARE PROGRAMS REGISTRATION FORM

To be completed by PARENT / GUARDIAN only

Child's Name: _____ D.O.B: Age:

Child's Physical Address: _____ Gender:

PARENTS / LEGAL GUARDIANS (Please ensure **both** applicants sign consent forms if there is more than one applicant.)

Parent 1: (or guardian):

Parent 2: (or guardian):

Name: _____

Name: _____

Home physical address: SAME AS CHILD OR:

Home physical address: SAME AS CHILD OR:

Home Mailing Address _____

Home Mailing Address _____

City, Province, Postal Code _____

City, Province, Postal Code _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Email: _____

Place of Employment / School: _____

Place of Employment/School: _____

Employment / School Address: _____

Employment/School Address: _____

Work / School Phone: (____) _____

Work / School Phone: (____) _____

CUSTODIAL STATEMENT: Are there any custodial arrangements concerning your child? YES NO

If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Check off the types of information we are allowed to share or change at the request of **Parent 2:**

- All information Progress of the child Payments/Receipts Registration/Scheduling Pick up info
 Do not share or change ANY information at the request of Parent/Guardian 2

EMERGENCY CONTACTS (Two local individuals other than parent / guardian, **full physical address is required.**)

Name: _____

Name: _____

Address: _____

Address: _____

Grande Prairie, AB _____

Grande Prairie, AB _____

Contact #: (____) _____

Contact #: (____) _____

Relationship to child: _____

Relationship to child: _____



Child's Name: _____ Start Date: _____

PROGRAM: Daycare Day Home Kid's Klub Pre-Kindergarten

How did you hear about our program? Facebook Page Community Connections www.cityofgp.com

www.davebarrcc.ca Previous experience Recommended by friend / relative Other: _____

SUBSIDY

Will you be applying for subsidy from the Alberta Government or any other program? YES NO

If you have applied for subsidy coverage, full fees will be charged until a copy of the approval letter is provided.

DAYCARE PROGRAM <i>(rates effective September 1, 2018)</i>	WEEKLY SCHEDULE:			
	<input type="checkbox"/> Part-time \$575.00 /month (0-99 hrs/month)	MONDAY		TO
<input type="checkbox"/> Full-time \$850.00 /month (+100 hrs/month)	TUESDAY		TO	
DAY HOME PROGRAM <i>(rates effective January 1, 2019)</i>	WEDNESDAY		TO	
	THURSDAY		TO	
	FRIDAY		TO	

PRE-KINDERGARTEN: *(rates effective September 1, 2018)*

\$215.00 / month

MON/WED MORNINGS
9:00 A.M.-12:00 P.M.

TUES/THUR MORNINGS
9:00 A.M.-12:00 P.M.

TUES/THUR AFTERNOONS
1:00 P.M.-4:00 P.M.

KID'S KLUB: *(rates effective September 1, 2018)*

FULL TIME \$280.00 / month

PART TIME \$60.00 / month per weekday

MONDAYS TUESDAYS WEDNESDAYS THURSDAYS FRIDAYS

** Any changes to the required hours of care must be documented on a CHANGE / WITHDRAWAL FORM at least one month prior to the change. (E.g. Change must be requested prior to the 1st of May to be effective for the month of June.)



PARENTAL CONSENT AND INFORMATION

Initial here	<p><u>Parent Handbook</u> I hereby verify that I have read or will read and understand the contents of the Parent Handbook applicable for my program and will be accountable for the information within. I agree that abuse of any of the policies outlined in the Parent Handbook could result in my child care services being terminated. A copy of the Parent Handbook is posted online at www.davebarrcc.ca.</p>
Initial here	<p><u>Child Care Fees (All Programs):</u> I understand that it is a requirement of registration for me to provide a VOID cheque or bank authorization letter to allow monthly payments to automatically be withdrawn from my bank account on the 1st of the month, even if I have full subsidy coverage or pay my fees in advance using another payment method. I am responsible for all NSF and late payment fees as explained in the Parent Handbook. Fees not paid by the 1st of the month could result in my child care services being suspended.</p>
Initial here	<p><u>Changes & Withdrawals</u> I acknowledge that any changes to registration, including withdrawal or change of hours, must be submitted directly to the Dave Barr Community Centre office in writing within required timelines. Failure to notify within required timelines will result in an additional fee as outlined in the Parent Handbook. Daycare, Pre-K and Kid's Klub: 30 days' advance notice Day Home Program: 30 days' advance notice for change of hours, 15 days' notice for withdrawals.</p>
Initial here	<p><u>Late pick-up</u> A late fee will be charged for all late pickups that have not been pre-arranged. Please let us know by phone if you are running late so that we are aware. All children must legally be signed out and off the premises by 5:30 p.m because our license coverage ends at 5:30 p.m. I am aware that after three late pick-ups, my child will be removed from the program. Pre-K: \$1.00 late fee per minute will be charged starting from the end of class until the child is picked up. Day Care \$1.00 per minute will be charged after your child's scheduled pick up time. Pick-ups after 5:30 p.m. will incur a late fee of \$10.00 per 5 minute increment. Kid's Klub: A late fee of \$10.00 will be charged for every 5 minutes after 5:30 p.m.</p>
Initial here	<p><u>Outings and Transportation</u> Daycare and Pre-K: Some activities take place on the Dave Barr Community Centre's dry pad or in the green spaces and playground adjacent to the Dave Barr Community Centre. The locations and routes taken are described in the Parent Handbook. I give consent for my child to walk and play in the areas as described. Family Day Home: I give my permission for my child to participate in routine activities such as walks in the neighbourhood, walking to and from school or visits to nearby playgrounds or facilities. I give my consent for my Provider, and any backup care provider accessed through the City of Grande Prairie Family Day Home Program to transport my child in their personal vehicle for reasons approved by myself with advance written notice or in a medical emergency if I cannot be contacted immediately.</p>



Initial here	<p><u>Individual Record of Consent for the Provision of Health Care</u></p> <p>I give my consent for my child to receive health care administered by the Educator or Provider and if required special instruction or training will be provided by myself to the provider.</p>
Initial here	<p><u>Emergency Transportation</u></p> <p>I give my consent for my child to be transported by ambulance and receive emergency care, and be treated by any licensed physician, surgeon, clinic or hospital to secure proper treatment at my expense when an emergency occurs.</p>
Initial here	<p><u>Administering Medication</u></p> <p>I acknowledge that written authority from a parent is to be given at the beginning of each day when prescription medication needs to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.</p>
Initial here	<p><u>Sunscreen, Bug Spray, Lotions and Lip Balm Application (optional)</u></p> <p>I give my consent for Staff or Provider to provide and administer the following to my child during my child's attendance:</p> <p><input type="checkbox"/> sunscreen products <input type="checkbox"/> bug spray products <input type="checkbox"/> non-medicated lotion or lip balm</p>
Initial here	<p><u>Backup Care (Family Day Home Program only)</u></p> <p>If my regular Provider is unavailable to provide care, I understand that backup care will be provided within the program if there is adequate space available. I understand that I may choose to obtain my own backup care outside of the program at my own expense when my regular day home Provider is unavailable. Choosing to use my own backup care will <u>NOT</u> affect the child care fees due that month.</p>

Parent 1 / Guardian Name:

Parent 2 / Guardian Name:

Parent 1 / Guardian Signature:

Parent 2 / Guardian Signature:

Date:

Date:



PHOTO AND VIDEO RELEASE FORM

I hereby authorize the City of Grande Prairie and its agents to record my name, likeness, image, voice, interview and performance as captured by the photographer or videographer. I understand that the content may be edited, altered, modified or combined with other content.

I understand that photographs or visual recordings of me may be used for public publications, displays, broadcasts and exhibitions for promotion, publicity, advertising or art created by / for the City of Grande Prairie. This may be in the form of print publications, advertisements, or media distribution and digital formats such as websites, social media, electronic direct mail or any such communication. I agree that the City of Grande Prairie shall retain final editorial, artistic, and technical control of all content.

I agree that I have no rights to the content and all rights belong to the City of Grande Prairie, without limitation. I acknowledge that I will receive no compensation should any of my personal imagery be used for any purpose. All rights to inspect or approve usage are waived and I will not receive notification prior to the content's use. The City of Grande Prairie and its agents will be discharged from / against any claims, damages or liability arising from or related to use of this material.

I am at least 18 years of age and have the full legal capacity to execute this release. I have read this document and I fully understand the contents, meaning and impact of this consent form.

I represent and warrant that I am the parent or legal guardian of _____
who is a minor and that I am entitled and authorized to sign this release and grant full rights to the City of Grande Prairie on behalf of my child.

I **DO NOT** give consent on behalf of my child

Parent 1 / Guardian 1 Name:

I have read, understood and agreed to the foregoing and give consent on my behalf

OR I **DO NOT** give consent on my own behalf

Parent 2 / Guardian 1 Name:

I have read, understood and agreed to the foregoing and give consent on my behalf

OR I **DO NOT** give consent on my own behalf

Parent 1 / Guardian 1 Signature:

Parent 2 / Guardian 2 Signature:

Date:

Date:



ELECTRONIC COMMUNICATION WAIVER

The Dave Barr Community Centre (including Daycare, Pre-K, Kid’s Klub and the Grande Prairie Family Day Home Program) wants to continue to keep you up-to-date and informed about the latest information with regards to events and announcements through electronic communications such as e-mails. Occasionally these communications may include information about offers, advertisements or promotions on activities in regards to the Dave Barr Community Centre events or similar pre-kindergarten / daycare / day home related activities.

Canada’s Anti-Spam Law came into effect on July 1, 2014, and without your consent we will be unable to send you these types of communications electronically. To receive these communications please indicate your consent below. Please note that if you do not respond we will be unable to continue to send you electronic communications.

I consent to The Dave Barr Community Centre sending me commercial electronic messages (CEM).

Parent / Guardian 1: E-mail address: _____

Parent / Guardian 1: E-mail address: _____

I DO NOT consent to the Dave Barr Community Centre sending me commercial electronic messages (CEM).
Please note, if you do not consent, we will not be able to send ANY reminders or updates via email and you may miss important information.

Parent 1 / Guardian Name: _____

Parent 2 / Guardian Name: _____

Parent 1 / Guardian Signature: _____

Parent 2 / Guardian Signature: _____

Date: _____

Date: _____

If you have any questions or wish to withdraw your consent at any time, please contact the Dave Barr Community Centre at 780-538-0469.



GENERAL LIABILITY RELEASE AND INDEMNITY

I, _____ as the parent / guardian, for and in consideration of registering _____ (the "Registrant") in the City of Grande Prairie Programs (the "Program"), do hereby WAIVE, RELEASE and FOREVER DISCHARGE the City of Grande Prairie, Dave Barr Child Care Programs, Kid's Klub and the Family Day Home programs, and their agents, contractors, employees, volunteers, successors and assigns and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named (the "Releasees"), from all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by the Registrant while participating in the Program, regardless of whether such loss or damage is caused by the negligence of the Releasees, or otherwise, and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

I further hereby agree to FULLY INDEMNIFY, DEFEND and HOLD HARMLESS the Releasees from and against all claims, demands, suits, actions, damages, liabilities, losses, settlements, costs and expenses (including but not limited to reasonable legal fees on a solicitor-client basis), whether or not involving a third party claim, which arise out of, or are in any way related to events, acts, conducts, or omissions occurring in relation to participating in the Program.

It is my express intent that this General Liability Release and Indemnity shall bind the members of my family, spouse, my heirs, assigns and personal representative, and shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above named Releasees.

In signing this Agreement, I acknowledge and represent that I have read the foregoing General Liability Release and Indemnity Agreement, understand it and sign it voluntarily as my own free act and deed; no representations, statements or inducement has been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have signed this General Liability Release and Indemnity Agreement on this _____ day of _____, _____.

Parent 1 / Guardian Name:

Parent 2 / Guardian Name:

Parent 1 / Guardian Signature:

Parent 2 / Guardian Signature:

Date:

Date:



IMMUNIZATION WAIVER

Are your child's immunizations up to date?

YES

NO my child is not up to date on immunizations. I hereby state that my child has not received any vaccinations or immunization. I accept full responsibility for the health of my child. I understand and acknowledge that during the course of an infectious outbreak of any "vaccine preventable disease" that may occur, my child is subject to exclusion from the facility for the duration of the outbreak.

ALLERGY and SPECIAL CONCERNS

Does your child have allergies or special considerations, even if insignificant at this time?

Our programs accommodate children of all abilities, including those that require an aide or assistant provided by the parent. **Special needs or considerations must be disclosed to us prior to registration in the program.**

NO

YES my child has allergies or special concerns as listed below.

Allergy: _____

Concerns: _____

MEDICATIONS

Will medication be provided for your child's needs?

NO

YES, the following medication will be provided. _____

I will ensure an **Individual Record of Medication** is completed and attached. I accept that any medications brought to the program must be immediately disclosed to Staff or Provider to ensure the medication is safely stored.

Parent 1 / Guardian Name:

Parent 2 / Guardian Name:

Parent 1 / Guardian Signature:

Parent 2 / Guardian Signature:

Date:

Date:



**RELEASE OF CHILD INTO THE CARE
OF ALTERNATE PERSON FOR PICK UP**

I, _____ as the parent / guardian hereby authorize my child _____
to be picked up from the program only by the person(s) as noted below. It is my responsibility to advise the instructor(s) or
provider of any changes to this list.

First and Last Name	Relationship to Child (e.g.: grandparent, brother, family friend)	Phone #

Photo Identification (Driver’s license preferred) must be shown to child’s Educator(s) or Provider *prior* to the child being released into his/her custody.

Parent 1 / Guardian Name:

Parent 2 / Guardian Name:

Parent 1 / Guardian Signature:

Parent 2 / Guardian Signature:

Date:

Date:





CHILD PROFILE

1. Was your child born premature? YES NO If yes, by how many weeks? _____
2. Has your child been in a childcare setting before? YES NO If yes, where? Please share that experience with us: _____

3. Tell us about your child's family (i.e. siblings and adults in the home). _____

4. How does your child react to new people and new situations? _____

5. Does your child usually nap? YES NO AM Nap Time: _____ PM Nap Time: _____
Does your child need a security toy? _____
6. Aside from food allergies, are there any food preferences / restrictions your Educator/Provider should be aware of while your child is with us? (i.e. cultural preferences, vegetarian, etc.)? _____

7. How is your child disciplined at home? _____

8. What is your child's heritage? Do you have any cultural practices that you would like incorporated into your child's day while under our care or feel the Educator/Provider should be aware of? _____

9. What is your child's first language? _____ Second language? _____
10. Would you be willing to share any of your experiences or knowledge with us to help us with our program?

11. What do you want your child to learn in our program? _____

12. Is there anything that may easily upset your child that we should be aware of (i.e. anxieties, fears, etc.); or what does your child find particularly challenging or frustrating? _____

13. What is the best way for our Educators/your Provider to exchange information with you about your child?



14. What activities does your child enjoy most? _____

15. Does your child enjoy books/hearing stories? _____

16. Does your child enjoy music? _____

17. Child's other interests? _____

18. Is there anything else you would like to tell us about your child? _____

19. Is your child toilet trained? YES NO Working on it Has accidents

Does he/she use: Potty chair A toilet seat A toilet

(Day Home Only) Diapers: Cloth Disposable Training pants

20. Does your child use: Bottle Cup Spoon

21. Food Likes: _____

Food Dislikes: _____

Eating Schedule: _____

22. Self Help Skills: Feeds Self Wash Self Dress Self



MONTHLY REGISTRATION PLAN FORM 2018-19

Child's First and Last Name:		Payer Name(s): <i>(name on bank account)</i>	
Program: <input type="checkbox"/> Daycare <input type="checkbox"/> Day Home <input type="checkbox"/> Kid's Klub <input type="checkbox"/> Pre-K		Payment Start Date:	
Total Monthly Fees Due: \$ _____	Subsidy: \$ _____	Fees less Subsidy: \$ _____	

Payer Financial Institution/Banking Information

**** PLEASE ATTACH A VOID CHEQUE OR DIRECT DEPOSIT FORM FROM YOUR BANK****

- I authorize the City of Grande Prairie, Dave Barr Community Centre, to debit my / our account for the total monthly fees due noted above on the **first of every month**.
- From time to time, there may be additional charges that are owing over and above the regular monthly withdrawal amount stated above (e.g. late pick up fees, casual childcare fees or amounts not covered by subsidy.) I authorize the City of Grande Prairie, Dave Barr Community Centre, to debit my / our account for additional charges (when owed) to a maximum of \$ _____ per month. This amount will be added to the regular withdrawal amount and withdrawn on the same day.
- The treatment of each payment shall be the same as if I / we had personally issued a cheque authorizing payment as indicated and to debit the amount specified to my / our account.
- Any payments returned by the bank for ANY REASON are subject to a \$40.00 SERVICE CHARGE. If the return item and fee is not cleared up within 7 DAYS it will result in withdrawal from the program(s).
- In the event of a change in my bank account information, it is my responsibility to immediately provide written notification to the Dave Barr Community Centre.
- For an account where more than one person is required to sign cheques, all depositors must sign this application.

Payer Name:

Payer Name:

Payer Signature:

Payer Signature:

Date:

Date:



CHANGE / WITHDRAWAL FORM

Child's Name: _____

Program Attended: Daycare Day Home Kid's Klub Pre-Kindergarten

CHANGE REQUEST

Change of Hours / Schedule Program Transfer

Effective date: _____

Details of change:

WITHDRAWAL REQUEST

Please withdraw my child from the programs noted above.

Effective date: _____

*All changes and withdrawals for childcare programs must be received by our office **within 30 days of effective date**. Changes and withdrawals made less than 30 days in advance will be subject to additional fees as outlined in the fees policy in the Parent Handbook.*

Signature of Parent / Guardian

Date

Office Use:

Change Fee: \$ _____

Withdrawal Fee: \$ _____

Date Form Received:

Initials _____