

WE CARE DAYCARE & THE CHILDREN'S CENTRE DAYCARE & OUT OF SCHOOL CARE

APPLICATION PACKAGE

MISSION STATEMENT:

INCLUSIVE, ACCESSIBLE, AFFORDABLE, QUALITY CHILD CARE

CHILD'S NAME: _____

Please read the Parent Handbook online. If you require a printed copy, please request one from the office.

CONTACT INFORMATION

We Care Daycare

Address: 120 5701 17TH AVE SE, Calgary, AB T2A 0W3

Phone: 587-470-7770 | 403-828-4409

Email: asifa.hirji@live.com

Website: www.wecaredaycare.ca

The Children's Centre

Address: 3413 19TH AVE SE, Calgary, AB T2B 0A6

Phone: 403-828-4409 | 403-248-4830

Email: asifa@tcccargary.ca

Website: www.thechildrenscentrecalgary.com

EMERGENCY RECORDS & PORTABLE RECORDS

Child Information

- Child's Name (First, Middle, Last, Preferred Name):

- Date of Birth: _____
- Health Card #: _____ (Copy Required)
- Child Resides With: _____
- Parent/Guardian Email: _____

Parent/Guardian 1

- Full Name: _____
- Phone Numbers: Home: _____ | Work: _____ | Cell: _____

Parent/Guardian 2

- Full Name: _____
- Phone Numbers: Home: _____ | Work: _____ | Cell: _____

Emergency Contacts (Must be local and authorized to pick up child cannot be parent or guardian)

Emergency Contact 1

- Name: _____
- Relationship to Child: _____
- Phone Numbers: Home: _____ | Work: _____ | Cell: _____

Emergency Contact 2

- Name: _____
- Relationship to Child: _____
- Phone Numbers: Home: _____ | Work: _____ | Cell: _____

Medical Information

- Allergies: _____ Ongoing Medications: _____
- Immunizations Up to Date? (Proof Required) Yes / No
- Relevant Health Information: _____

Custody/Visiting/Guardianship Arrangements: (Attach copy of agreement)

Parent Signature: _____ Date: _____

GENERAL INFORMATION

Siblings

- **Name:** _____ **DOB:** _____ **Gender:** **M / F**
- **Name:** _____ **DOB:** _____ **Gender:** **M / F**
- **Name:** _____ **DOB:** _____ **Gender:** **M / F**

Child's Developmental Information

- Has your child attended daycare before? **Yes / No**
- **Sleep Patterns:** _____
- **Nap Time Habits:** _____
- **Toilet Trained?** **Yes / No**
- **Eating Habits:** Good Eater? **Yes / No**
- **Special Habits or Traits:** _____
- **Illness History:** _____
- **Special Needs Assessment?** **Yes / No** *(If yes, please explain)* _____
- **Major Injuries or Surgeries:** _____
- **Medications:** **Yes / No** *(If yes, specify:)* _____

DISTAL SUPERVISION AGREEMENT

(For children aged 9-12, not applicable for 5-8 years old)

I, _____ (Parent/Guardian), give permission for my child, _____, to participate in activities under distal supervision, where staff check in at reasonable intervals.

Parent Signature: _____ **Date:** _____

Child Signature: _____ **Date:** _____

EMERGENCY/AMBULANCE POLICY

In the event of a medical emergency, I authorize staff to provide first aid, obtain health care services, and, if necessary, call an ambulance at my expense. If an ambulance is not needed, I authorize staff to transport my child in the daycare van to the nearest medical facility.

Parent Signature: _____ **Date:** _____

TERMINATION & WITHDRAWAL POLICY

Withdrawal Notice

- One-month **written notice** is required for permanent withdrawal. Fees apply if no notice is given.

Termination of Enrollment

- If the center cannot meet your child's needs, we will assist in finding an alternative childcare placement with **one-month notice**.

Immediate Termination

- **Reasons for Immediate Termination:**
 - Abuse towards staff or children
 - Non-payment of fees after multiple warnings
 - Failure to follow policies

Parent Signature: _____ Date: _____

PERMISSIONS & CONSENTS

Photo & Activity Permissions

- I give permission for my child, _____, to:
 - **Be photographed for internal/advertising use on private FACEBOOK PAGE: Yes / No**
 - **Bug Spray application (provided by parent): Yes / No**
 - **Sunscreen application (provided by parent): Yes / No**
 - **Participate in special activities:**
 - **Mani/Pedi Day Yes / No**
 - **Crazy Hair Day Yes / No**
 - **Face Painting Day Yes / No**
 - **Temporary Tattoo Day Yes / No**
 - **Water Play Day Yes / No**
 - **Watch G/PG-rated movies on movie days Yes / No**

Parent Signature: _____ Date: _____

RELEASE OF INFORMATION

Child's Information:

- Child's Name: _____ Date of Birth: _____
- Child's Address: _____
- Child Resides With: _____

I, _____, parent of
_____, hereby consent to the release and exchange
of information for the purpose of individual program planning and assisting future child care
workers in their studies between **Daycare** and the following agencies:

Authorized Agencies: *(Please check Yes or No)*

Agency/ Forms	Yes	No
School Your Child Attends	☐	☐
Alberta Human Services – Child Care Licensing	☐	☐
Child Care Subsidy Office	☐	☐
Community Outreach Services	☐	☐
Alberta Health Services	☐	☐
Family Support for Children with Disabilities (FSCD)	☐	☐
Colleges & Universities	☐	☐
Alberta Works	☐	☐
Ages and Stages	☐	☐

Parent Signature: _____ Date: _____

CHILD GUIDANCE POLICY

Our goal is to help children develop self-control and learn appropriate social behavior's.

Methods of Guidance:

Use of positive reinforcement

- Support positive behavior by praising the child at all times
- Encourage self-control, self-respect and respect for others
- Guide the children in a positive and gentle way
- Interact positively in response to conflict and inappropriate behaviors in order to help children to make proper choices
- Re-direction
- Give the child the time to calm down
- Set clear and simple limits
- Time away is used only if the child loses control and tries to harm him/her or others

If behavior concerns arise, staff will speak to the manager who will try to deal with the situation before addressing the issues to the parent.

We believe that talking and listening to the children are also the most reliable ways to dealing with the behavior.

A major influence that could affect the child's self-esteem is not feeling the support from the most important people that surround them.

Experiencing negative feedback from peers can be very negative on the child's self-esteem. As a result, consequences occur such as:

- Low social intersection skills
- Little or no effort towards realizing their projects or goals
- Irresponsible, shy
- Might become aggressive/hostile
- Unsure/anxious
- Lack of confidence on goals they achieve
- Poor performance
- Increase of the risk of depression

By communicating positively with the children, they will be able to deal with positive and negative emotions, act independently, assume responsibility of their acts, take pride in their accomplishments and have high self-esteem.

Parent Signature: _____ **Date:** _____

CONFIDENTIALITY POLICY

The policy of OUR CENTRE states that all children's and employee's files will be stored in a confidential manner. The written and informed consent of the parent/guardian shall be obtained. The procedure used to ensure that this policy will be adhered to are as follows:

- Designated areas for all children's files are only accessible to staff and Director
- All conversations between parent and staff are kept confidential and is only disclosed if neglect or abuse is suspected and the management will be obligated by law to report to Alberta Children's Services. The following areas must be kept confidential:
 1. Marital status.
 2. Financial status.
 3. Anything personal.
 4. Any personal problems that they may share with you.
 5. Anything that child may tell you that is happening at home or on school.
 6. Direct conversation about a specific child will not take place outside the daycare without parental consent.
 7. Staff files will be kept in storage area accessible only to the Director and licensing on occasion when required.
 8. Staff may not relay any information that is learned about the parents or the child to any other staff member or to another parent.
 9. If this happens it will be grounds for immediate dismissal. However, if a child tells you something that needs to be looked after you must inform the Director who will then act on the information given. For example, if a child tells you that he/she is being abused.
 10. Staff will sign a declaration stating that they understand and will follow these procedures.

Parent Signature: _____ **Date:** _____

WINTER TRANSPORTATION

As we navigate the winter season, we want to remind you of our policy regarding transportation during inclement weather. We understand that our decision **not to drive children** in bad weather may impact families, but our top priority remains the **safety of our students** and staff.

How Do We Make Our Decision?

Our decision to suspend transportation is based on a careful analysis of several factors, including:

- **Road conditions** as reported by transportation authorities and police, with particular attention to hazardous areas. Even if your street appears clear, other areas may be unsafe.
- **Accumulation of snow and ice** and whether precipitation is ongoing.
- **Parking lot and sidewalk conditions** as assessed by our custodial staff.
- **Temperature and wind chill** risks.
- **Weather forecasts**, though we acknowledge their unpredictability.
- **Decisions of other local transportation services**, as we coordinate with nearby school districts.

Who Makes the Decision?

As the **Director of the Center**, I am responsible for the final decision, made in consultation with transportation authorities and based on the factors listed above.

How Will Parents Be Notified?

Since it is difficult to contact every family individually, we will inform parents upon arrival at the Center if transportation is canceled for the day:

Please note the following: **You will have to independently take your child to and from school that day.** You may also **call the Center at 6:30 AM** to confirm whether buses will be running.

When is the Decision Made?

We aim to make our decision **by 6:00 AM or earlier**, allowing us to inform opening staff and post updates on our **front doors**. While we strive to make the best decision possible, we understand that no choice is perfect. If you feel that road conditions are unsafe for your child to attend, please use your best judgment.

Our Commitment to You

In the event of an emergency or **unforeseen circumstances** beyond our control that prevent us from providing transportation, we ask for your **understanding and patience**. We will keep you informed and work diligently to resolve the situation as quickly as possible. If you have any questions or concerns, please remember that we have an **open-door policy** and are always available to discuss any matters with you.

TECHNOLOGY POLICY

Video Games, Computer Games, Personal Handheld Entertainment Devices, and Cell Phones

This policy outlines the rules and expectations for technology use at our center and is intended for **both parents and students**. Our goal is to ensure that all children use technology responsibly and safely.

As a community, we ask **parents and guardians** to review this policy with their children to reinforce these expectations. While children will be supervised when using technology at the center, it is important that they understand the rules and follow them consistently.

Technology Use Rules for Students

While using technology at the center, children must follow these rules:

1. **No food or drinks** near any technology devices.
2. **Obtain educator permission** before accessing the internet on any device.
3. **Never share personal information** (name, address, phone number, etc.) online. If unsure, always ask a teacher.
4. **Handle devices with care**, using two hands when carrying them.
5. **Do not run** while holding any tech devices.
6. **No throwing, hitting, or damaging** devices.
7. **If something pops up that seems unfamiliar or makes you uncomfortable, inform a teacher immediately.**
8. **Personal devices from home require parental and teacher permission.**
9. **Personal devices must be stored in the designated electronic bin** when not in use.
10. **Technology use will be restricted to designated areas.**
11. **Teachers will supervise all technology use.**
12. **Sign-in and sign-out sheets** will be used to track technology usage (time limits apply).
13. **Screen time is limited:**
 - **School days:** 15 minutes per child
 - **Non-school days:** 30 minutes per child
 - *Adjustments may be made based on individual needs and parental requests.*
14. **TV usage is limited** to special occasions as outlined in program planning for Preschool, Kindergarten, and Out-of-School Care (OOSC).
15. **TV content will be age-appropriate:**
 - Preschool: **G-rated only**
 - Kinder & OOSC: **PG-rated with parental consent**
16. **Children under 2 years old may only use technology for music and dancing** during playtime. No TV shows or non-musical content will be permitted. This will be documented in program planning.
17. **Parents and children (if age-appropriate) must sign the Technology Policy.**

Consequences for Misuse

To ensure fairness and accountability, the following disciplinary actions will apply:

1. **Three warnings** will be given for minor policy violations.
2. **After three warnings, the child will be suspended from technology use for one week.**
 - An incident report will be completed, and parents will be notified.
3. **After three separate suspensions, the child will lose technology privileges for the remainder of the school year.**
 - A **parent meeting** will be scheduled to discuss further actions and possible reinstatement.
4. **Serious violations**, such as taking pictures or making phone calls on personal devices, are considered a **breach of privacy** and will result in:
 - Immediate suspension from technology privileges.
 - Possible withdrawal from the program.

Use of TV and Technology in the Center

- The center has **large-screen TVs** that are only used for **planned educational purposes** or special occasions.
- TVs may be connected to laptops for **educational games, videos, and music**.
- All content shown will be **age-appropriate** and align with the **ratings guidelines stated above**.

Personal Electronics from Home

- Parents and children **assume full responsibility** for any personal electronics brought to the center.
- The center and its staff **will not be liable for lost, stolen, or damaged electronics**.

Final Reminders for Parents

- **Please review this policy** with your child to ensure understanding and compliance.
- **If you have any questions or need further clarification**, feel free to contact us. We are happy to discuss this policy with you.

Thank you for working with us to create a safe, responsible, and structured technology environment for all children.

SCHOOL TRANSPORTATION RELEASE FORM

I, _____, (Parent/Guardian Name),
hereby give my consent for _____, (Child's Name)
to be transported **to and from school** by the **Daycare Van/School Bus**. Grades 1 and up will be dropped
off at the designated area whilst school supervision is present. Kinder and preschool students will be
handed off to the teachers at the door

Child's School Information:

- **Name of School:** _____
- **Grade:** _____
- **Kindergarten:** ☐ Yes ☐ No (FULL DAY/AM/PM)
- **Preschool:** ☐ Yes ☐ No

Transportation Details:

- **Drop-off to Playground Supervisor (special needs for grade 1 +):** ☐ Yes ☐ No
- **Pick-up from School:** ☐ Yes ☐ No
- **Drop-off at School:** ☐ Yes ☐ No

Parent Signature: _____ Date: _____

DAYCARE TRIP RELEASE

I, _____ GIVE MY CONSENT FOR
PARENT NAME
_____ TO BE TRANSPORTED BY DAYCARE
CHILD NAME

VAN/SCHOOL BUS OR WALKING.

TO AND FROM OFF SITE ACTIVITIES:

HOLLY CROSS PARK – 3719 26 AVE SE	YES	NO
MACDONALDS – 4615 17 TH AVE SE	YES	NO
HUSKY (SLURPEE) – 3819 17 TH AVE SE	YES	NO
ELISTON PARK – 1827 68ST SE	YES	NO
FOREST LAWN PARK – 1011 – 1425 52 ND ST SE	YES	NO
PENNBROOK MEADOWS PARK – 5645 PENSACOLA CRES. SE	YES	NO
FOREST LAWN LIBRARY – 4807 8 TH AVE SE	YES	NO
DOLLAR TREE – 5315 17 TH AVE SE	YES	NO
7-ELEVEN – 3904 17 TH AVE SE	YES	NO
VALLEY VIEW SPRAY PARK 28ST SE	YES	NO
HOLY TRINITY PARK 1717 41 STREET SE	YES	NO
TIM HORTONS – 3225 26 AVE SE	YES	NO
ALL NEIGHBOURHOOD WALKS	YES	NO
ALL NEIGHBOURHOOD PARKS	YES	NO

I _____ UNDERSTAND THAT _____ WILL
BE PROVIDED APPROPRIATE SEATING ARRANGEMENTS (CAR SEAT/BOOSTER SEAT) ON BUSES TO ENSURE
SAFETY OF ALL CHILDREN. ALL CHILDREN WILL BE REQUIRED TO USE SAFETY BELTS AND REMAIN SEATED
AT ALL TIMES.

PARENT SIGN

DATE

**PLEASE NOTE THAT ANY CHILD THAT DOES NOT ABIDE BY ALL TRANSPORTATION SAFETY AND
SUPERVISION PRACTICES WHILE USING THE DAYCARE VAN/SCHOOL BUS WILL BE EITHER SUSPENDED
OR IMMEDIATELY TERMINATED FROM THE USE OF DAYCARE VAN/SCHOOL BUS. THIS WILL BE
DISCUSSED WITH EACH PARENT BASED ON THE SITUATION.**

EMERGENCY TRANSPORTATION PLAN

In the event that our designated **daycare bus becomes inoperable, is unavailable due to theft, or during any other unexpected emergency**, we request your permission to transport your child(ren) in the personal vehicle of one of the following staff members:

- **Asifa Hirji**
- **Lisa Evans**
- **Ina Berberi**
- **Stephanie Hirji**

This measure will only be taken if **absolutely necessary for the safety and well-being of your child(ren)** and if no other alternatives are available.

By signing this consent form, you acknowledge that:

- ✓ You grant permission for **Asifa Hirji, Lisa Evans, Stephanie Hirji or Ina Berberi** to transport your child(ren) in their personal vehicle in the event of an emergency.
- ✓ You understand that this arrangement is **voluntary**, and you have the **right to decline without any impact** on the care provided to your child(ren).
- ✓ You agree that **Daycare, its staff, and representatives will not be held liable** for any incidents, accidents, or damages that may occur during such transportation, **provided that reasonable care and precautions are taken**

At **our Daycare**, the **safety and well-being** of all children entrusted to our care is our top priority. As part of our commitment to their security during **unforeseen circumstances**, we are seeking your **consent for emergency transportation arrangements**.

Alternative Arrangements

If you **choose not to provide consent**, we fully **respect your decision** and will make every effort to find **alternative solutions** in case of an emergency. However, please be aware that we may need to **contact you for immediate assistance** to ensure your child's safety.

Rest assured; we will never leave your child unattended at any school.

We assure you that any decision to transport children in a staff member's vehicle will be made **with their best interests in mind** and **only as a last resort**.

☐ **Yes, I give consent** for my child(ren) to be transported in the personal vehicle of **Asifa Hirji, Lisa Evans, Stephanie Hirji or Ina Berberi** in the event of an emergency.

☐ **No, I do not give consent** for my child(ren) to be transported in a staff member's personal vehicle. I understand that I may be contacted for immediate assistance in such situations.

Parent/Guardian Signature: _____ Date: _____

LATE FEE INCREASE NOTICE

Dear Parents and Guardians,

Please be reminded that our daycare **closes promptly at 5:45 PM**. If you anticipate being late for pickup, please **call the center as soon as possible** to inform us. A **late fee of \$5.00 per minute per child** will be applied for any late pick-ups. These fees help cover **staff overtime wages**, as we are required to have **at least two staff members** present during closing for safety reasons.

We understand that unexpected delays may occur. In **one-time emergency situations**, the late fee **may be excused** depending on the circumstances and the duration of the late pickup. However, habitual late pick-ups will result in fees being **strictly enforced**.

Our staff work long hours caring for your children, and they also have **families and personal responsibilities**. It is **unfair** to those who must stay past closing time due to late pick-ups.

Please note:

- Late fees must be **paid directly to the staff member(s)** staying late with your child.
- If you have any concerns or questions, please speak with the office.

We appreciate your understanding and cooperation.

Parent Signature: _____ Date: _____

SPECIAL NEEDS

TO ALL PARENTS,

We are very excited to have you join our center. As stated in our Orientation and tour please note as per FSCD we cannot have developmental goals in place at daycare through our aides. The purpose of the aide is only for safety, supervision, and inclusion. If a child does not have an aide, we will do our best to provide safety, supervision, and inclusion.

Effective supervision is about more than watching children; it is about using techniques that promote effective supervision, practices and creating safe and welcoming care environments.

Effective supervision reduces the risk of harm to children by preventing injuries and accidents. It also promotes positive, responsive, and intentional learning environments for children and childcare providers.

Please note that while we strive to remain as inclusive as possible there is possibilities that we cannot provide the needs of all children. If at any time we feel we are not able to provide safety, supervision, and inclusion. We will make every effort to provide as much termination notice as possible. Please note in some cases this may take effect immediately pending needs and severity in terms of safety and supervision of your child, staff and other children attending the center.

We will make every effort to help you with additional resources to access.

I _____ HAVE READ AND UNDERSTOOD THE ABOVE NOTED STATEMENT. I AGREE THAT IF THE CHILD CARE IS UNABLE TO PROVIDE SAFETY, SUPERVISION, AND INCLUSION MY CHILD CARE MAY BE TERMINATED IMMEDIATELY.

PARENT SIGN

DATE

PARENT ACKNOWLEDGEMENT:
PARENT HANDBOOK IS AVAILABLE ON-LINE AT

www.wecaredaycare.ca

www.thechildrenscentrecalgary.com

I HAVE ACKNOWLEDGED & UNDERSTOOD IN CASE OF EMERGENCY THE EMERGENCY TRANSPORTATION AUTHORIZATION POLICY.

- I HAVE UNDERSTOOD THE SCHOOL TRANSPORT RELEASE FORM.
- I HAVE UNDERSTOOD THE DISTAL SUPERVISION POLICY.
- I HAVE UNDERSTOOD THE EMERGENCY POLICY.
- I HAVE UNDERSTOOD THE RELEASE OF INFORMATION FORM.
- I HAVE UNDERSTOOD THE TRIP PERMISSION FORM.
- I HAVE UNDERSTOOD THE GUIDANCE POLICY.
- I HAVE UNDERSTOOD THE TECH. POLICY.
- I HAVE UNDERSTOOD THE CONFIDENTIALITY POLICY.
- I UNDERSTAND THE BUS POLICY/WEATHER POLICY
- I UNDERSTAND TERMINATION POLICY
- I UNDERSTAND VACATION POLICY
- HAVE GIVEN THE DAYCARE \$150.00 NON- REFUNDABLE REGISTRATION FEE.
- TO GIVE THE DAYCARE 1 MONTH WRITTEN NOTICE AT TIME OF WITHDRAWL.
- TO PAY DAYCARE FEES BY 3RD OF EVERY MONTH UNLESS ARRANGEMENTS HAVE BEEN MADE FOR ANOTHER PAYMENT DATE AND IS AS FOLLOWS:
- TO HAVE MY CHILD PICKED UP BY 5:45 EACH EVENING OR TO PAY A LATE FEE CHARGE OF \$5.00 PER MIN. PER CHILD AFTER 6:00PM TO THE STAFF WHO STAYS WITH MY CHILD.
- ALL INFORMATION PROVIDED ON THIS APPLICATION IS CURRENT AND VALID.
- I WILL UPDATE THE DAYCARE IF ANY INFORMATION CHANGES.
- I HAVE READ AND UNDERSTOOD ALL THE INFORMATION IN THE PARENT HANDBOOK AS WELL AS THE PARENT REGISTRATION PACKAGE GIVEN TO ME BY THE MANAGER.
- I WAS GIVEN A TOUR OF THE CENTER.
- I HAD AN ORIENTATION PROCESS WHERE ALL POLICIES AND PROCEDURES WERE EXPLAINED AND I HAD THE OPPORTUNITY TO ASK AS MANY QUESTIONS AS I NEEDED.
- I AM HAPPY AND SATISFIED WITH ALL THE INFORMATION THAT HAS BEEN PRESENTED TO ME.

I, _____, PARENT OR GUARDIAN OF
_____, ACKNOWLEDGE THAT I HAVE REVIEWED THE DAYCARE
PARENT HANDBOOK AND REGISTRATION PACKAGE. I HAVE DISCUSSED ALL CONCERNS AND HAVE READ
AND UNDERSTOOD ALL POLICIES AND PROCEDURES.

PARENT SIGNATURE

DATE:

DIRECTOR SIGNATURE

DATE:

HELP US HELP YOU

Set your child up for success by sending the following supplies with them as they start child care:

- Diapers
- Wipes
- Diaper Cream
- Sippy Cup
- Bibs
- Blanket
- Extra Clothing
- Outdoor gear in winter (hats, boots, mittens, boots etc.)
- Outdoor gear in summer (towel, swim suite, etc.)
- Extra pair shoes
- Labels
- Sunscreen, bug spray
- Soother
- Extra bottle
- Lunch

Important Notice

- We are all human, and from time to time, mistakes can happen. Occasionally, children's belongings may go missing. Items might accidentally be sent home with another child who has a similar item, or they might be found later at home.
- Please know that we do our best to ensure all belongings are returned to their rightful owners and minimize any losses. However, if something does go missing, we kindly ask for your understanding.

Valuable Items: We strongly encourage you to keep valuable items at home. Please note that the daycare is not responsible for any valuables, including tablets or phones, brought to the center.

- Thank you for your cooperation and understanding.

CHILDREN'S FILE CHECKLIST

DATE				
PHONE #				
ID PARENT (attachment)				
HEALTH CARD				
RELEVANT HEALTH INFORMATION				
EMERGENCY/ AMBULANCE				
TERMINATION AND WITHDRAWAL				
PERMISSION AND CONSENT				
RELEASE OF INFO				
SCHOOL TRANSPORTATION				
TRIP RELEASE				
EMERGE TRANSPORT PLAN				
SPECIAL NEEDS				
PARENT ACKNOWLEDGEMENT				
CHILD PICTURE				