

WE CARE DAY CARE

& AFTER SCHOOL CARE

DAYCARE

APPLICATION PACKAGE

MISSION STATEMENT:

INCLUSIVE, ACCESSIBLE, AFFORDABLE, QUALITY CHILD CARE

CHILD'S NAME: _____

PLEASE READ HANDBOOK ON LINE

TO COMPLETE YOUR APPLICATION:

Please fill out the following application document and return to the office manager. You can obtain a Parent Handbook from the office.

EMERGENCY RECORDS

PORTABLE RECORDS

ALL INFORMATION IS REQUIRED BEFORE YOUR CHILD CAN ATTEND.

CHILD'S NAME: _____
FIRST MIDDLE LAST PREFERRED NAME

DATE OF BIRTH: _____ HEALTH CARD # _____

CHILD RESIDES AT: _____
CHILD'S FULL ADDRESS & POSTAL CODE

CHILD RESIDES WITH: _____

PARENT/GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

TELEPHONE: _____
HOME# WORK# CELL#

PARENT/GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

TELEPHONE: _____
HOME# WORK# CELL#

EMERGENCY CONTACTS: (PEOPLE IN TOWN TO WHOM CHILD MAY BE RELEASED)

NOTE: UNDER NO CIRCUMSTANCE WILL THE CHILD BE RELEASED TO ANYONE ELSE WITHOUT PREVIOUS AUTHORIZATION FROM THE PARENT/GUARDIAN

NAME: _____

RELATIONSHIP TO THE CHILD: _____

TELEPHONE: _____
HOME# WORK# CELL#

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

NAME: _____

RELATIONSHIP TO THE CHILD: _____

TELEPHONE: _____
HOME# WORK# CELL#

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

ALLERGIES: _____

ON GOING MEDICATION: _____

IMMUNIZATION UP TO DATE: YES NO

ANY OTHER RELEVANT HEALTH INFORMATION: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DAYCARE REGISTRATION:

CHILD'S NAME: _____
FIRST MIDDLE LAST PREFERRED NAME

SEX: MALE FEMALE DATE OF BIRTH: _____

CHILD RESIDES AT: _____
CHILD'S FULL ADDRESS + POSTAL CODE

CHILD RESIDES WITH: _____

TELEPHONE #: _____

MOTHERS /GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
FULL ADDRESS + POSTAL CODE

TELEPHONE: _____
HOME# WORK# CELL#

WORK NAME/ADDRESS: _____
FULL ADDRESS + POSTAL CODE

FATHERS /GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
FULL ADDRESS + POSTAL CODE

TELEPHONE: _____
HOME# WORK# CELL#

WORK NAME/ADDRESS: _____
FULL ADDRESS + POSTAL CODE

MARITAL STATUS OF PARENT:

MARRIED: _____ COMMON LAW: _____ SINGLE: _____ SEPARATED: _____

CUSTODY/VISITING/GUARDIANSHIP ARRANGEMENT (PLEASE EXPLAIN AND PROVIDE COPY OF AGREEMENT)

GENERAL INFORMATION:

CHILD'S BROTHERS & SISTERS:

NAME: _____	DOB: _____	SEX: M F
NAME: _____	DOB: _____	SEX: M F
NAME: _____	DOB: _____	SEX: M F
NAME: _____	DOB: _____	SEX: M F
NAME: _____	DOB: _____	SEX: M F

OTHER PEOPLE LIVING AT HOME:

NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____

HAS YOUR CHILD ATTENDED DAYCARE BEFORE: YES NO

IF YES COMMENT: _____

PLEASE DESCRIBE YOUR CHILDS SLEEPING PATTERN:

PLEASE DESCRIBE ANY BEDTIME/NAPTIME SLEEPING HABITS:

IS YOUR CHILD TOILET TRAINED: YES NO

EXPLAIN: _____

IS YOUR CHILD A GOOD EATER: YES NO

EXPLAIN: _____

DESCRIBE ANY HABITS OR SPECIAL TRAITS YOUR CHILD MAY HAVE:

SPECIAL WORDS YOUR CHILD USES IN YOUR LANGUAGE :

FAVOURITE ACTIVITIES: _____

DESCRIBE ANY LIKES/DISLIKES YOUR CHILD MAY HAVE: _____

WHAT IS YOUR CHILDS USUAL REACTION TO POSITIVE REINFORCEMENT:

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD DURING HIS/HER STAY AT OUR CENTER:

PLEASE DESCRIBE AND COMMENT ON ANY ILLNESS YOUR CHILD HAS:

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR HAS BEEN ASSESSED FOR SPECIAL NEEDS: YES NO
IF YES PLEASE EXPLAIN:

PLEASE DESCRIBE ANY MAJOR INJURIES OR SURGERY YOUR CHILD MAY HAVE HAD:

IS YOUR CHILD ON ANY MEDICATION: YES NO
IF YES, PLEASE SPECIFY WHAT MEDICATION IS, THE REASON CHILD IS RECEIVING IT, AND FILL OUT
MEDICATION FORM PROVIDED BY CENTER.

ADDITIONAL COMMENTS YOU FEEL WE SHOULD HAVE CONCERNING YOUR CHILD:

Technology Policy

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

Policy when it comes to technology. It is intended for both parents and students at the center. I am making this available to parents and children because it is important that we work together to make sure each child knows the rules. I want every parent to work together with me to make sure each child remains safe in the technology world. The children will be supervised while on the internet but it is still important that we make sure they understand the rules.

To Students and Parents: While students are at Daycare and on internet:

Do not bring food or drinks near any technology devices,

Always make sure it okay with the teacher before attempting to access the internet with your technology device,

Do not give out any personal information such as your name, address or phone number while on the internet, always ask the teachers if you are unsure,

Always use two hands when carrying any tech devices,

Never run when carrying any tech devices. Do not throw, hit or damage devices,

If something pops up and you don't know what to do or something makes you uncomfortable, always get the teacher to help,

Do not bring any devices from home without the permission of your parent,

Do not bring any devices from home without the permission of your teacher, provide all technology devices to your teachers to keep in the electronic bin

Be responsible and make good choices when exploring with your technology devices,

There will be a designated area for the use of technology.

Teachers will always be available around the technology area,

There will be a sign in and sign out sheet for children. (time limits will be set)

15 min on school days and 30 min on non-school days (this is dependent on each child's individual needs, and as per parent requests)

Both children and parents will sign the technology policy,

Parents and children should be aware that children will be given 3 attempts to abide by this policy, failure to do so will mean your child will be suspended from using technology for 1 week. There will be an incident report and parents will be made aware as to the suspension of the technology device for 1 week.

If there will be 3 suspensions from the technology policy, your child will be suspended from the technology policy for the duration for the school year. There will be a parent meeting set up to discuss this further. We can revisit the technology policy with the parents and the child at that time.

The Center has several large screen T.Vs. Children only watch G programs and only on planned occasions. The T. Vs can also be hooked up to a lap top, for playing educational games, videos and dance music.

Please remember that any electronics brought from home is the sole responsibility of the parent and the child. The Center and the daycare staff will not be held liable for any lost or stolen electronics at the daycare.

I Parent Name: _____

give Child Name: _____ consent for
technology Policy while at the Center.

Parent Signature: _____

Date: _____

Any Special Requests:

I Child Name: _____

Have read & agree & understand the above policy.

Child Signature: _____

Date: _____

Any Special Requests:

FOOD SERVICES:

WE CARE DAYCARE SERVES A FULL MENU AS PER CANADA FOOD GUIDES BASIC FOOD GROUPS AND GUIDE FOR NUTRITION FOR CHILDREN. WE SERVE MORNING BREAKFAST FROM 8:00 AM TO 9:00PM. WE BEGIN SERVING LUNCH AT 10:30 AM TO 12:00 PM. WE BEGIN SERVING AFTERNOON SNACK AT 230 PM TO 3:30 PM.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

CHILDS NAME: _____

ALLERGIES: _____

FOOD DISLIKES: _____

FOOD SENSITIVITIES: _____

DOES YOUR CHILD HAVE A SPECIAL DIET: YES NO

IF YES PLEASE EXPLAIN (HALAL, NO VEG, FULL VEG ETC.)

IF THERE IS ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CHILDS EATING HABITS:

NOTE: PLEASE TALK TO YOUR CHILD ABOUT THE FOOD SERVED AT OUR CENTER AND WHAT TO EXPECT BEFORE THEY START. ALL CHILDREN WILL BE ENCOURAGED TO TRY THE FOOD BEFORE REFUSING TO EAT IT.

NOTE: PLEASE REMEMBER WE ARE A NUT/PORK FREE FACILITY.

TRANSPORTATION RELEASE:

I, _____ GIVE MY CONSENT FOR
_____ TO BE TRANSPORTED TO AND FROM SCHOOL BY
DAYCARE VAN.

MY CHILD ATTENDS: _____
NAME OF SCHOOL

GRADE: _____ KINDERGARDEN: YES NO

PICK UP: YES NO DROP OFF: YES NO

PARENT SIGNATURE

DATE

EMERGENCY MEDICAL INFORMATION:

DOCTORS NAME: _____ TELEPHONE: _____
ARE THERE ANY ALLERGIES, HEALTH PROBLEMS OR CONCERNS THAT WE SHOULD KNOW ABOUT?

ON GOING MEDICATION: _____

WHAT IS THE MEDICATION TAKEN FOR? _____

IMMUNIZATION UP TO DATE? YES NO

IF NO WHY? _____

ANY OTHER RELEVANT HEALTH INFORMATION: _____

EMERGENCY MEDICAL INFORMATION:

THIS WILL CONFIRM THAT I, _____, AUTHORIZE WE CARE
DAYCARE & OUT OF SCHOOL CARE STAFF TO GIVE MY CHILD, _____,
THE FOLLOWING MEDICATION (S) IN CASE OF EMERGENCY (ASTHMA ATTACK, SEVERE ALLERGY, ETC)

ANY TIME IT APPEARS TO BE NECESSARY. THE MEDICATION WILL BE STORED OUT OF REACH OF
CHILDREN, HOWEVER NOT LOCKED SO IT IS EASILY ACCESSIBLE FOR STAFF IN CASE OF EMERGENCIES. A
SEPARATE MEDICATION FORM MUSTBE COMPLETED AND SIGNED IN ADDITION TO THIS FORM.

PARENT SIGNATURE

DATE:

EMERGENCY POLICY:

I UNDERSTAND THAT IN THE EVENT OF A SERIOUS EMERGENCY WHERE IT IS DEEMED BY DAYCARE STAFF THAT MY CHILD MAY NEED HEALTH CARE I _____ AUTHORIZE THE STAFF TO PROVIDE FIRST AID FOR MY CHILD AND TO PROVIDE HEALTH CARE SERVICES AND TREATMENT. IN THE EVENT THAT AN AMBULANCE OR PROFESSIONAL MEDICAL TREATMENT IS NECESSARY FOR ILLNESS OR INJURIES SUSTAINED, I CONSENT TO CALL FOR EMERGENCY MEDICAL SERVICES. I

_____ AM RESPONSIBLE FOR THE COST OF THE AMBULANCE SERVICES FOR MY CHILD. IN THE EVENT THAT AN AMBULANCE IS NOT NEEDED I,

_____ AUTHORIZE STAFF TO TRANSPORT,

_____, IN DAYCARE VAN TO THE NEAREST AVAILABLE SOURCE OF ASSISTANT.

PARENT SIGNATURE

DATE:

PERMISSION FORM:

I, _____, HEREBY GIVE PERMISSION FOR MY CHILD,
_____, TO:

PARTICIPATE IN DAYCARE FIELD TRIPS IN THIS CASE MEANS LEAVING THE DAYCARE SPACE BY FOOT AND ACCOMPANIED BY STAFF. THIS WOULD INCLUDE BUT NOT LIMITED TO: PLAYING AT PLAYGROUND (JACK JAMES OR PENNBROOK MEADOWS SCHOOL PLAYGROUND, ELLISTON PARK, DOLLAR STORE, 7-ELEVEN, LIBRARY, NEIGHBOURHOOD WALKS).

YES

NO

PLEASE NOTE THAT ANY OTHER FIELD TRIPS REQUIRE A SEPARATE PERMISSION FORM SIGNED, DETAILING THE DATE, TIME, DESTINATION, TRANSPORTATION AND SUPERVISION DETAILS.

HAVE PHOTOGRAPHS TAKEN DURING DAYCARE PROGRAM BY STAFF FOR INTERNAL USE OR USE FOR ADVERTISING PURPOSES ON WE CARE DAYCARE WEBSITE AND FACEBOOK PAGE.

YES

NO

HAVE BUG SPRAY APPLIED BY DAYCARE STAFF WHENEVER NECESSARY. (BUG SPRAY TO BE PROVIDED BY PARENT)

YES

NO

HAVE SUNSCREEN APPLIED BY DAYCARE STAFF WHENEVER NECESSARY. (SUNSCREEN TO BE PROVIDED BY PARENT)

YES

NO

DURING SPECIAL ACTIVITY DAYS TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

MANI/PEDI DAY	YES	NO
CRAZY HAIR DAY	YES	NO
FACE PAINTING DAY	YES	NO
TATOO DAY	YES	NO
WATER DAY	YES	NO

PARENT SIGNATURE

DATE:

RELEASE OF INFORMATION:

CHILD'S NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____

CHILD RESIDES AT: _____
CHILD'S FULL ADDRESS & POSTAL CODE

CHILD RESIDES WITH: _____

I, _____, PARENT OF _____

CONSENT TO THE RELEASE AND EXCHANGE OF INFORMATION FOR THE PURPOSE OF INDIVIDUAL PROGRAM PLANNING & ASSISTING FUTURE CHILD CARE WORKERS IN THEIR STUDIES BETWEEN WE CARE DAYCARE & OUT OF SCHOOL CARE AND THE FOLLOWING AGENCIES:

- | | | |
|---|-----|----|
| - SCHOOL YOUR CHILD ATTENDS: | YES | NO |
| - ALBERTA HUMAN SERVICES – CHILD CARE LICENSING: | YES | NO |
| - CHILD CARE SUBSIDY OFFICE: | YES | NO |
| - COMMUNITY OUT REACH SERVICES: | YES | NO |
| - ALBERTA HEALTH SERVICES: | YES | NO |
| - FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES (FSCD): | YES | NO |
| - (CCS) CHILD CARE SUPPORTS: | YES | NO |
| - (FRFP) FAMILY RESOURCE FACILITATION PROGRAM: | YES | NO |
| - COLLEGES & UNIVERSITY | YES | NO |
| - AGES & STAGES QUESTIONNAIRE | YES | NO |

PARENT SIGNATURE

DATE:

WE CARE DAYCARE & OUT OF SCHOOL CARE

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:

WE CARE DAYCARE & OUT OF SCHOOL CARE

CONFIDENTIALLY POLICY

The policy of We Care Daycare & Out of School Care 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 or 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:

PERMISSION & ACKNOWLEDGEMENT:

- I HAVE ACKNOWLEDGED & UNDERSTOOD IN CASE OF EMERGENCY THE EMERGENCY TRANSPORTATION AUTHORIZATION POLICY.
- I HAVE UNDERSTOOD THE TRANSPORTATION RELEASE FORM.
- I HAVE UNDERSTOOD THE MEDICAL PERMISSION FORM.
- I HAVE UNDERSTOOD THE EMERGENCY POLICY.
- I HAVE UNDERSTOOD THE RELEASE OF INFORMATION FORM.
- I HAVE UNDERSTOOD THE GENERAL PERMISSION FORM.
- I HAVE UNDERSTOOD THE GUIDANCE POLICY.
- I HAVE UNDERSTOOD THE CONFIDENTIALITY POLICY.
- I HAVE UNDERSTOOD THE TECH POLICY.
- HAVE GIVEN WE CARE DAYCARE \$50.00 NON- REFUNDABLE REGISTRATION FEE.
- TO GIVE WE CARE DAYCARE 1 MONTHS WRITTEN NOTICE AT TIME OF WITHDRAWAL.
- 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 \$1.00 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.

PARENT SIGNATURE

DATE:

DIRECTOR SIGNATURE

DATE:

HANDBOOK REVIEW POLICY:

THIS HANDBOOK WILL BE REVIEWED AND UPDATED AS NEEDED. THIS REVIEW WILL INCORPORATE CHANGES WITH STAFF, PARENT INPUT AND MANAGEMENT CONSENT TOWARDS AN IMPROVED PROGRAM. THE ANNUAL PARENT SURVEY WILL BE A GREAT TOOL IN ALLOWING US TO REVIEW AND UPDATE THE PROGRAM AND ITS POLICES AND PROCEDURE

PARENT ACKNOWLEDGEMENT:

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

THE PARENT HANDBOOK IS AVAILABLE ON LINE FOR YOUR CONVENIENCE.