



RISE AND SHINE DAYCARE REGISTRATION PACKAGE

Welcome to Rise and Shine Daycare & OSC. We are excited to provide your child with childcare spot at our location at 6204 29 Ave Beaumont, AB T4X0H5. We look forward in building a relationship with you and your family.

To complete your child's registration in your chosen program we require the following pages to be provided as outlined below.

- Registration Form
- Emergency Contact and Authorized Pick UP
- Parent Permission and Payment Agreement
- Child's Personal Information
- Child's Health Information
- Getting to Know your Child
- EMERGENCY CARD
- Parents handbook - Fees and Enrollment Policy sign off

Childcare Subsidy:

- Families who may need subsidy are encouraged to apply right away. You can apply for the subsidy online at <https://applychildcaresubsidy.alberta.ca/> . More information can be found regarding the Alberta Childcare subsidy at <https://www.alberta.ca/child-care-subsidy.aspx>



RISE AND SHINE DAYCARE REGISTRATION PACKAGE REGISTRATION FORM

CHILD INFORMATION

FIRST NAME:	LAST NAME:
BIRTHDATE (YYYY/MM/DD):	CHILD PREFERS TO CALL:
ADDRESS: CITY POSTAL CODE	MAIN CONTACT NUMBER:
SECOND CONTACT NUMBER:	DATE OF ENROLLMENT:

PARENT/ GUARDIAN 1 INFORMATION

FIRST NAME:		LAST NAME:
CELL NUMBER:	WORK NUMBER:	ADDRESS: <input type="checkbox"/> Same as child
EMAIL ADDRESS:	WORK ADDRESS:	
RELATIONSHIP TO CHILD:		OCCUPATION:

PARENT/GUARDIAN 2 INFORMATION

FIRST NAME:		LAST NAME:
CELL NUMBER:	WORK NUMBER:	ADDRESS: <input type="checkbox"/> Same as child
EMAIL ADDRESS:	WORK ADDRESS:	
RELATIONSHIP TO CHILD:		OCCUPATION:



**RISE AND SHINE DAYCARE REGISTRATION PACKAGE
EMERGENCY CONTACT AND PICK UP AUTHORIZATION**

I authorize the following people (in addition to Parent/Guardian 1 AND 2) to pick up my child and/or to be contacted in case of an emergency:

CONTACT DETAILS 1:

FIRST NAME:	LAST NAME:
CELL NUMBER:	WORK NUMBER:
HOME ADDRESS:	EMAIL:
RELATION TO CHILD:	WORK ADDRESS:

CONTACT DETAILS 2:

FIRST NAME:	LAST NAME:
CELL NUMBER:	WORK NUMBER:
HOME ADDRESS:	EMAIL:
RELATION TO CHILD:	WORK ADDRESS:

WE WILL REQUIRE PERSONAL IDENTIFICATION OF THE AUTHORIZED EMERGENCY CONTACT AND PRIOR

WRITTEN EMAIL AUTHORIZATION FROM THE EMERGENCY CONTACT. AUTHORIZATION CAN BE EMAILED AT

1Riseandshinedaycare@gmail.com

RISE AND SHINE DAYCARE & OSC
6204 29 AVE BEAUMONT, AB T4X0H5
587-982-4266, 1Riseandshinedaycare@gmail.com



RISE AND SHINE DAYCARE REGISTRATION PACKAGE PARENT AUTHORIZATION

IMAGE CONSENT: At Rise and Shine Daycare & OSC your Child(ren) may get photograph during Daycare hours for crafts, licensing evidence, field trips, our website on the internet and Daycare' social media accounts such as Facebook, Instagram where the general public may have access to the information. Please let us know if we have permissions to post your child(ren)'s photo on the social media platforms as stated:

Yes, I do give permissions for my child(ren)'s to be posted on social media

No, I do not give permissions for my child(ren)'s photos to be posted

I understand that the name of my child will not be published without my express written permission.

I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Child(ren)'s name: _____

Parent/Guardian Signature: _____

Date: _____

FIELD TRIP: I _____ (parent/guardian) give my permission for my child to accompany child care staff on short neighborhood trips (i.e. library, local park). I understand that all excursions will be carefully pre-planned and adequately supervised. I understand that I will be informed of field trips that require public transportation and/or take place outside of the immediate neighborhood of the childcare Centre.

Parent/Guardian Signature: _____

Date: _____

PERMISSION TO ADMINISTER SUNSCREEN: I _____ (parent/guardian) give the Rise and Shine Daycare & OSC Staff permission to apply sunscreen to _____ (child) on an as-needed basis. If sunscreen is not provided by the family, the staff will administer sunscreen.

Parent/Guardian Signature: _____

Date: _____



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PARENT AUTHORIZATION

In permitting my child to attend Rise and Shine Daycare & OSC, I, the undersigned, permit my child to participate in the full range of child care activities and authorize the Supervisor or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the Rise and Shine Daycare & OSC is not responsible for medical care or ambulance costs. I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the Rise and Shine Daycare & OSC of Beaumont, Alberta ; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the Rise and Shine Daycare & OSC Child Care programs.

Parent/Guardian Signature: _____

Date: _____

PAYMENT INFORMATION

FIRST NAME:	LAST NAME:
PHONE NUMBER:	EMAIL:

In accordance with Canada Revenue Agency guidelines, Child Care Tax Receipts will be issued in the name of the Payer.

PAYMENT AGREEMENT

I agree to E-transfer every 1st of month to 1risenadshinedaycare@gmail.com

Parent/Guardian Signature: _____

Date: _____

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CHILD' PERSONAL INFORMATION

FIRST NAME:	LAST NAME:
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CHILD PERSONAL INFORMATION:

Child lives with? Both parents Mother Father Guardian
Other siblings in home? Yes NO

FIRST NAME:	LAST NAME:
FIRST NAME:	LAST NAME:

Please list any other information considered relevant:

Culture/ Country/ language etc. (We believe in multiculturalism & this information is required for multicultural celebrations at daycare)

Language _____ Culture _____ Country _____

National festival of your country and when celebrated _____

Previous experience in day-care describe in words _____

How you can involve yourself in our daycare _____

Social and Emotional

Brothers _____ Age _____ Sisters _____ Age _____

Characteristics of child's personality _____

Signs of child's tiredness _____ Child's fears _____

Discipline at home _____

Child reaction to illness: Will child tell staff? _____

Child's reaction to stress _____ Is the child toilet trained _____

IS THERE A JOINT CUSTODY AGREEMENT? YES NO
IF YES PLEASE SPECIFY THE ARRANGEMENTS TO PICK UP THE CHILD:



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Has your child been in childcare before? Yes/No
If Yes, what were their successes and challenges?

What are your child's favorite activities?

Does your child have a regular nap?

Does your child have any food preferences and/or dietary concerns?

EMERGENCY CARD

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RISE AND SHINE DAYCARE REGISTRATION PACKAGE

CHILD NAME:	DATE OF BIRTH:
ADDRESS:	HEALTHCARE CARD NUMBER:
CHILD LIVES WITH:	
MOTHER NAME: ADDRESS: CELL PHONE: WORK NUMBER: EMAIL:	FATHER NAME: ADDRESS: CELL PHONE: WORK NUMBER: EMAIL:
EMERGENCY DETAIL 1	EMERGENCY CONTACT DETAIL 2
NAME: RELATION TO CHILD: ADDRESS: PHONE NUMBER: EMAIL:	NAME: RELATION TO CHILD: ADDRESS: PHONE NUMBER: EMAIL:

ALLERGIES:

PHOTO OF CHILD

Parents to verify accuracy of information and provide
Latest colored picture of the above-mentioned child.

Signature

Date