

Start date: \_\_\_\_\_ **Innisfail Early Learning Centre** Monthly payment: \_\_\_\_\_

End date: \_\_\_\_\_ **Registration Form** Subsidy portion: \_\_\_\_\_

Days requested:     Monday     Tuesday     Wednesday     Thursday     Friday

Time of drop off \_\_\_\_\_ Time of pick up \_\_\_\_\_

**Child's name** \_\_\_\_\_ Male Female

Date of Birth (Day, Month, Year) \_\_\_\_\_

Home Address incl. Postal Code (Rural locations require legal land description):

\_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Authorized to pick up? **Y N**

Mother's Address incl. Postal Code (Rural locations require legal land description):

\_\_\_\_\_

*Same as child's address*

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email address \_\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Authorized to pick up? **Y N**

Father's Address incl. Postal Code (Rural locations require legal land description):

\_\_\_\_\_

*Same as child's address*

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email address \_\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Alberta Child Care regulations require us to be informed of legal custodial arrangements:**

- Parents have joint custody
- Mother has primary custody
- Father has primary custody

**TWO Emergency Contacts (other than parents)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Complete Address incl. postal code (Rural locations require legal land description):

\_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Complete Address incl. postal code (Rural locations require legal land description):

\_\_\_\_\_

**PEOPLE AUTHORIZED TO PICK UP YOUR CHILD: (Identification is required at time of pick up)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone# \_\_\_\_\_

AB Health Care # \_\_\_\_\_ Clinic \_\_\_\_\_

**Physical Status of Child:**

Any Chronic Ailment \_\_\_\_\_

Allergies (specify) \_\_\_\_\_

Handicaps: Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Speech \_\_\_\_\_ Other \_\_\_\_\_

Fears: Animals \_\_\_\_\_ Dark \_\_\_\_\_ People \_\_\_\_\_ Other \_\_\_\_\_

**The Alberta Day Care regulations require the school to be aware of whether a child is immunized or not. Therefore please check one of the following:**

\_\_\_\_ My child's immunization is up to date as of: \_\_\_\_\_ (today's date)

\_\_\_\_ My child is NOT immunized

**1. Has your child had any medical or emotional condition requiring or receiving treatment or supervision? YES or NO**

If YES; please explain \_\_\_\_\_

**2. Is medication being administered at the present time at home? YES or NO**

If YES; please explain \_\_\_\_\_

**3. Has your child ever been hospitalized? YES or NO**

If YES; Date and Diagnosis \_\_\_\_\_

**4. Languages spoken in the home? \_\_\_\_\_**

**5. IELC does not discriminate. Are there any cultural practises we need to know about?**

\_\_\_\_\_

**Consent for Medical Attention:**

I \_\_\_\_\_ give authority for my child's caregiver to take the necessary steps to ensure that \_\_\_\_\_ receives the care needed in any medical emergency. I also understand that I would be contacted immediately if any care was required. If a staff member from the Innisfail Early Learning Centre needs to summon an ambulance, then I will be responsible for the cost.

*Signature* \_\_\_\_\_

**Consent to share Information:**

I \_\_\_\_\_ hereby give permission to share information as requested to the government/subsidy/accreditation/licensing agencies that monitor IELC.

**Consent for Field Trips:**

I \_\_\_\_\_ hereby give permission for my child to participate in all the day to day activities such as nature walks, and outside snack and story times. I authorize the centre to include my child \_\_\_\_\_ in all field trips. If I object to any field trips then I will keep my child home on that day. It is my understanding that the caregiver will inform me of any field trips other than short walking trips.

*Signature* \_\_\_\_\_

**Notice of Termination:**

I understand that if I decide to withdraw my child from the program at any time I must provide the registrar of Innisfail Early Learning Centre **A FULL CALENDAR MONTH'S WRITTEN NOTICE, WE DO NOT ACCEPT MID-MONTH CANCELLATIONS ie. 1<sup>st</sup>-30<sup>th</sup>/31<sup>st</sup> is given as notice NOT 15<sup>th</sup> -15<sup>th</sup>.**

*Signature* \_\_\_\_\_

**Program Fees:**

Program fees are due on or before the 1<sup>st</sup> of each month. There is a \$40 NSF for any returned payments in addition to fees your bank may charge for a returned payment. There is no reduction in fees for sickness or holidays. I am also aware that there is a **\$1 per minute late charge for pick up after 6pm.**

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

## **INNISFAIL EARLY LEARNING CENTRE DISCIPLINE POLICY:**

The overall view of discipline at the Innisfail Early Learning Centre is to establish clear, consistent and simple limits that the children can follow with straight forward explanations for these limits. In doing so we will be using guidelines that are prevention orientated so desirable behaviour will be encouraged in a positive atmosphere. A child must be made to feel proud of their abilities and to feel that they are worthy of being communicated with. A positive comment to a well behaved child will inevitably endeavor the focus on behaviour rather than the child's character and in doing so offer a positive guidance for learning.

Any disciplinary action taken must be reasonable in the circumstances and when there is not a choice for differing behaviour we will make a clear statement of what is expected of each child such as when we sing; "Clean up, clean up, everybody, everywhere". Positive reinforcement will be used to reward appropriate behaviour and the focus will be on the behaviour rather than on the child. ie. "Our room looks lovely after everyone worked so hard to clean up"

There will be times when minor incidents will be tolerated as long as children are not infringing on the rights of others. Often these occurrences are attention-getting devices and so are better left presumed unnoticed. We will be available for guidance, protection and a helping hand when needed but children will be encouraged to perform tasks, appropriate to their age group, with support and understanding from staff. By circulating throughout the room staff members will be able to step in and prevent problems before they occur.

The preceding strategies will help create climate but there may still be incidents of inappropriate behaviour. In these cases we will gain the child's attention with a calm voice using their name and then use close proximity to guide the child away from the situation. We will remind the child of our centre limits and acknowledge their feelings for reacting the way they did ie. "I know you're really angry, but...!". The child will then be distracted or redirected to another activity. As children mature we will engage in problem solving skills. Choices as well as natural and logical consequences will be explained to clarify any given situation. A specific toy may need to be removed or a child may need quiet time but the building of self-esteem and solving one's own problems will be encouraged. We will not tolerate any verbal abuse, rough or corporal punishment, we will not deny or threaten to deny any basic necessity, nor use any physical restraint, confinement or isolation.

**I HAVE READ AND UNDERSTAND THE DISCIPLINE POLICY OF INNISFAIL EARLY LEARNING CENTRE:**

***Child's name*** \_\_\_\_\_

***Parent Signature*** \_\_\_\_\_

**Date** \_\_\_\_\_

**INNISFAIL EARLY LEARNING CENTRE**

**PARENT ACKNOWLEDGEMENT**

This is to acknowledge that \_\_\_\_\_;

parent of \_\_\_\_\_ have:

- Had the fees explained to me; I know exactly what it covers and how much I pay
- Had a full tour of the facility
- Been given a Parent handbook to take home for reading and future reference
- Met the staff and I know who is looking after my child
- Had the opportunity to observe the class and its caregivers

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**Parent Signature** \_\_\_\_\_

**Director Signature** \_\_\_\_\_

## PERMISSION TO TAKE PHOTOS

I, \_\_\_\_\_ give my daycare provider:  
Innisfail Early Learning Centre, permission to take and use still photographs or videos of my  
child(ren) \_\_\_\_\_  
in the following ways:

<b>PHOTO AUTHORIZATION</b>	<b>(CHECK ONE)</b>	
	<b>GRANT PERMISSION</b>	<b>DECLINE PERMISSION</b>
Daycare Provider's Photo Books		
Craft Projects		
Share with current clients (via newsletter, bulletin boards, etc.)		
Promotional Material for Prospective Clients		
Online: Facility's Business Website		
Online: Facility's Private Facebook Page		
Online: General Social Media sites (i.e. Facebook, Twitter, Instagram, etc.)		

(Photos may be taken by the provider, an assistant, a staff member or other delegated photographers, but will never be sold for commercial use.)

**Please initial below:**

\_\_\_\_\_ I understand that it is my responsibility to update this form if I wish to retract permission in category listed above.

\_\_\_\_\_ I understand that permission is given for the entire period of my child's enrollment unless I update the form.

**Parent/Guardian signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **PRE-AUTHORIZED MONTHLY PAYMENT PLAN**

Innisfail Early Learning Centre is proud to partner with Rotessa to offer our families an easy way to set up a monthly installment plan through automatic withdrawals. This provides a safe and secure payment option with the convenience of selecting your own payment date.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

*Preferred Payment date: \_\_\_\_\_ of each month (payments are processed 1 month ahead)*

#### **Terms and conditions:**

I/we authorize the Innisfail ELC to debit funds from my/our account based on payment terms stated. I understand that all transactions are processed and managed by Rotessa Inc. and I expressly waive any legislative or regulatory requirement for pre-notification of the amount to be withdrawn from my account. A debit may be drawn from my/our account on or after the due date as agreed upon. Transaction dates that fall on a weekend or holiday will be processed the next business day. **You will be assessed a missed payment fee of \$40 if a payment withdrawal is declined.**

This authority will remain in effect until Innisfail ELC has received notification from me/us of its change or termination. Such notification must be received at least ten (10) business days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

You affirm that any information given is true and complete and that no information has been withheld. The privacy of your personal information is important to us. We will protect your privacy and safeguard your personal information according to the requirements of The Personal Information Protection and Electronics Documents Act. Rotessa reserves the right to provide information about the borrower to the credit bureaus and other credit grantors as permitted by law.

[www.rotessa.com](http://www.rotessa.com) 1-888-780-9061

**\*Please attach a void cheque or an auto debit form provided by your bank.\***



**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**I am applying for government subsidy (check if applicable)**