

Registration Form

General Information:

Start Date: _____

Drop off time: _____ Pick up time: _____

Child's Full Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ Province: _____ Postal Code: _____

Nickname: _____

Mother's Full Name: _____ **Home Phone:** _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____ **Cell Phone:** _____

Work Phone: _____ **ext.** _____ **Occupation:** _____

Name of Employer: _____

Business Address: _____

Email: _____ **Work Hours:** _____

Father's Full Name: _____ **Home Phone:** _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____ **Cell Phone:** _____

Work Phone: _____ **ext.** _____ **Occupation:** _____

Name of Employer: _____

Business Address: _____

Email: _____ **Work Hours:** _____



Parent/Guardian with legal custody

Parents are: Married _ Common Law _ Living Together_ Divorced _Separated _Widowed-
Single-

Previous Care: Has your child been in childcare before? YES / NO

May we contact them for a reference? YES / NO

Name: _____ Location: _____

Dates attended: from _____ to _____

Why was care terminated? _____

Emergency Contacts:

Primary Emergency Contact (other than parents or guardian)

Home Phone: (_____) _____

Work Phone: (_____) _____

Relationship to Child: _____ Address: _____

Secondary Emergency Contact (other than parents or guardian)

Home Phone: (_____) _____ Work Phone: (_____) _____

Relationship to Child: _____ Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: _____ Comment _____

Name: _____ Comment _____



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Person (s) NOT authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups) Name: _____ Comment _____

Emergency Information:

Child's Physician: _____

Phone: (_____) _____

Alberta Health Care #: _____

Regular Medications: _____

Medicine allergic to: _____

Food Allergies: _____ Any other Allergies: _____

Special instructions in case of an allergic reaction _____

Any special health conditions:

Immunizations complete? YES/NO

All About My Child

I have _____ brothers and _____ sisters, their names and ages are:

How would you describe your child's personality?

Favorite things _____

Favorite places... _____

Favorite food _____

Favorite activities _____

Favorite books... _____



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Favorite colors _____

Any particular fears? _____

What comforts your child _____

What goals would you like your child to accomplish while at the Center?

What are some aspects of your culture you would like to share?

What is your home language?

What are some words in your home language?

Does your child have a regular bedtime schedule? YES / NO

AM Wake up time: ____ PM Bedtime: _____

Does your child have a regular nap time? YES / NO

Naptime: _____ Wake up time: _____

How does your child sleep? STOMACH / SIDE / BACK

Are there any special dolls, blankets, etc. that your child needs to go to sleep? _____

What is your child's disposition upon waking up?

Happy/Clingy/Grouchy/Sad/Energetic/Hungry/Confused/Scared/Other: _____



Special Considerations:

Does your child have any medical conditions or special needs:

Does your child have any behavioural concerns:

Development:

YES / NO My child has a hearing or visual problem (other than glasses).

YES / NO My child has a developmental delay.

YES / NO My child has a behavioural disorder (ADD, Autism, PDD, etc.).

YES / NO My child has delays with gross and/or fine motor activities.

YES / NO My child has strong separation anxiety.

YES / NO My child has a speech delay.

If YES please explain:

Previous Experiences:

YES / NO My child has had a traumatic experience (i.e., family divorce, abuse, violent experiences).

YES / NO My child has been terminated from a childcare facility previously.

YES / NO My child requires one-on-one care in a childcare facility.

YES / NO My child is sensitive to loud noise or quick movements.



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If YES please explain:

How did you hear about Bon Accord Montessori?

How long are you planning on attending our facility?

Fees Agreement:

Total Fee \$ _____

Subsidy \$ _____

Parent Portion \$ _____

Non-refundable registration fee of \$100.00: PAID / UNPAID \$ _____

I _____ agree to pay the above fees / parent portion on the 1st of every month.

I _____ agree that non-payment of fees for time used at daycare will result in notification to a collections agency to obtain any outstanding fees.

I _____ agree to inform the Center thirty (30) days before terminating care for my child. I understand that failure to do so will result in additional charges. Charges will be determined by the current monthly fee. Person/s signing contract are responsible for payment: I understand this is a legally binding contract and I have read it and understand it.

Parent/Guardian (Mother) signature _____

Parent/Guardian (Father)signature _____

Director's Signature: _____

Registered by : _____



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Terms and Conditions:

Please read through the following and initial beside if you agree to the terms and conditions:

_____ I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Bon Accord Montessori Child Development Centre. I also give permission for my child to be transported by car, ambulance or Aid car to an emergency center for treatment and agree to hold Bon Accord Montessori Child Development Centre and its employees harmless.

. _____ In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Bon Accord Montessori Child Development Centre and its employees harmless.

_____ I hereby request that my child, _____ be permitted to participate in field trips, to the park or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

_____ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

_____ I understand that I must bring my child before 10:00 AM unless prior arrangements were made with the Director. I am aware that the Center may refuse my child after 10:00 AM if previous arrangements were not made.

_____ I understand that Bon Accord Montessori Child Development Centre may terminate my child from the facility immediately for the following: written, verbal or physical abuse against staff or children in the Center and/or non-payment of fees.



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_____ I allow Bon Accord Montessori Child Development Centre to photograph my child. I am aware that these photographs may be used for art, bulletin boards and goodbye books for other children.

_____ I allow Bon Accord Montessori Child Development Centre to videotape my child. I am aware that these videos may be used around the Center.

_____ I allow Bon Accord Montessori Child Development Centre to use photographs and videos of my child on the website and for promotional materials. I understand that only my child's first name will be used, and all confidentiality will remain intact.

. _____ I understand that once I leave the program, I will be provided with a tax receipt.

If I require any further tax receipts in the future, I will be charged a \$30.00 fee. _____

I have read and understand the parent handbook. I agree to abide by the policies and procedures outlined in the parent handbook. _____

Name Signature Date



Bon Accord Montessori Child Development Centre

Unit 1,5028 50 Avenue, Bon Accord, Alberta, T0A 0K0

Phone : 780-565-0026/Email bonaccordmontessori@gmail.com

Portable Information

Child's Name: _____ DOB: _____

Home Address: _____ Home PH#: _____

Mother's Name: _____ Home PH#: _____

Home Address: _____ Work PH#: _____

Father's Name: _____ Home PH#: _____

Home Address: _____ Work PH#: _____

Emergency Contact: _____ PH#: _____

Address: _____ (Must not be parent of Child)

Family Physician: _____ PH# _____

Address: _____ AHC#: _____

Allergies IF Any: _____

Is Your Child Immunization Up to Date _____

Authorized person(s) to whom child may be released, name(s), relationship:

1. _____ 2. _____

Please ensure that both parent Signatures are below (where applicable)

Father Mother Date

We the parent(s) of _____ are in agreement as per our signature below that show any medical attention be required for our child, that we are In agreement with this, and do not hold the Daycare for any medical expenses.

With our signature also acknowledge If our child is Or is not on any medication on an ongoing basis at home (which is listed below) that needs to be known by the centre should medical attention be required).

Father Mother Date

Name of medications, If any administered at home _____



Payment of Fees Policy

At Bon Accord Montessori Child Development Centre, we respect the fact that our Families are very busy. However, all Day Care Fees and Parent Portion Fees are due on or before the first day of every month. We accept e-transfers to brightlilies18@gmail.com or cheques made payable to: **Bon Accord Montessori Child Development Centre**. Postdated cheques are also accepted and recommended. **Fees remain in effect regardless of absences due to illness, unexpected program closure or family vacation.** There is a \$45.00 fee for any NSF cheques written to Bon Accord Montessori Child Development Centre. Notices of late payment will go out on the 5th day of each month and there is a penalty of \$30.00 for fees paid after the 8th day of the month. A termination notice will be served to Parents that do not acknowledge payment of their Montessori fees. **Please be advised that Termination Notice may also be issued after 3 consecutive late fee payments.**

We understand that there may be special circumstances, on occasion, in which Parents/Guardians may not be able to make a payment on time. Please come and talk to the Director so that we can work out a solution together. Do not assume that late payment is acceptable without communication to center administration, this could result in losing your childcare service immediately.

Any third-party payments for childcare services (Alberta Supports) must be paid directly to **Bon Accord Montessori Child Development** Centre from the agency providing the funding. As with all Day Care Fees, this payment must be received on or before the first day of each month. If payment is not received, childcare services will stop immediately, your child will be put back on the bottom our wait list and the next family on the list will take your space.

***Regarding Childcare subsidy, please direct your application and questions to Alberta Government at www.child.alberta.ca/childcaresubsidy**

