



## Childcare Registration Contract

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ have received, read, understand and accept the Ridge Kids Playcare Corp. Administration, Child Guidance, Emergency Procedures, Health & Wellness, Insect and Sun Safety, Programming and Supervision Policies (viewed and/or printed) provided, and accept the responsibilities of me listed below:

- A refundable registration deposit of \$200 per child is to be provided for each child attending the program.
- Registrations are from the first to the last day of the month. The deposit will be refunded by being applied to the last months fees, provided written notice is provided. Notice is required one full calendar month, on or before the first of the month, prior to termination for deposit to be refunded.
- Fees are charged monthly, and payment must be made on the 1st of the month, for each day late (after midnight on the 1st) there will be a \$50/day fee added to your next month invoice. Children are not registered until payment arrangements are made.
- We use pre-authorized payment plan via automatic bank withdrawal but will accept payment via email money transfer, if needed.
- Families are required to clear balances on account within 5 business days of notification or childcare will be suspended.
- It is the parent/guardian's responsibility to notify us of any absences.
- The program closes at 5:30pm, we require families to contact us directly if they will be late. \$1 per minute late will be added to the following month invoice or paid in cash.
- Parents/guardians must notify the program if someone other than themselves will be picking up the child(ren) and that person must be 14 years or older. A child will not be released to anyone without authorization.
- Parents/guardians, children, employees and essential visitors must not enter the program space if they have symptoms or are unwell.
- Parents/guardians allow Ridge Kids Playcare Corp. Educators to be sure a child receives medical attention, as necessary, in the event of an injury or serious illness.



- Parents/guardians allow the program to obtain and share information internally regarding allergies or medical concerns in the center.
- Our program is not a nut free facility.
- Children are required to have adequate outdoor clothing for all weather conditions, provided by the family.
- Children are required to have a crib sheet and any necessary items required for quiet time on mats, as needed. These items need to be labeled.
- Parents/guardians are required to be available, when mutually convenient, for meeting Educators to discuss child(ren)'s behavior, or conduct, if necessary.

Parent/Guardian Name (printed):

Parent/Guardian Signature:

Date:

Director Signature:

Date:



## Emergency Information

Child Name:

Date of Birth:

Alberta Health Number:

Address:

Parent/Guardian Names:

Telephone Number(s):

Email:

Parent/Guardian Names:

Telephone Number(s):

Email:

Emergency Contact Name:

Emergency Contact Number:

Allergies:

Ongoing Medication(s):

Emergency Medication(s):

Immunizations up to date:

Waiver on file:



## Medical Information

### Immunizations

If, for any reason, a child is not immunized according to the Alberta Health Services Immunization schedule, a Release of Liability waiver must be completed by the parent/guardian(s).

Immunization (check completed):

2 months	4 months	6 months	12 months
18 months	Pre K		

Does your child have drug/medication reactions of any kind?

If yes, which drug/medication(s)?

Does your child have any medical conditions (asthma, allergies, diabetes, febrile seizures, heart condition, operations, etc.)?

*If yes, parent/guardian(s) are required to complete additional medical forms, as required, for any emergency medications required for medical conditions.*

Are there any symptoms/side effects or anything Educators are required to know relating to the above? Please describe:

Does your child require any emergency medications (EpiPen, inhaler, etc.)

*If yes, medication must be provided to keep on site prior to start date. Parent/guardian(s) are required to complete a medication form and additional medical forms, as required, prior to medication being kept on site and/or being administered.*

Ridge Kids Playcare-Whispering Ridge

Unit 103 & 104, 15101 102 Street County of Grande Prairie No. 1, AB T8V 7C9

[ridgekidsplaycare@hotmail.com](mailto:ridgekidsplaycare@hotmail.com)

780-830-3312

[www.ridgekidsplaycare.com](http://www.ridgekidsplaycare.com)



### **Medical Information-Continued**

Does your child regularly take any prescription or non-prescription medication?

If yes, please list:

Does your child have any other special needs or requirements that we should be aware of, to provide the best possible care for your child?

If yes, please describe:

Does your child have any special dietary needs or restrictions?

If yes, please describe:

Are there any reoccurring physical limitations or concerns (nose bleeds, discolorations, etc.)?

If yes, please describe:

Parent/Guardian Name (printed):

Parent/Guardian Signature:

Date:

Director Signature:

Date:



## Payment Information

Days/Hours Required:

Toddler (19 mo-2)

Toddler (2-3)

Pre school (3+)

### Payment Information

First Debit Date:

Payment Withdrawal Date: 1st of each month Payment Method (direct debit withdrawal)

EFT Account Holder Name:

Name of Financial Institution:

Account #:

Institution #:

Transit #

These services are for:

Personal

Business

\$ Childcare Deposit Fee Paid

Deposit payments will be processed on the 1st day of the month after the registration and intake forms have been completed and the child registration is confirmed.

Account Authorization:

I hereby authorize Ridge Kids Playcare Corp. to debit my account for the monthly registration fees (subject to change) and any additional incurred fees (late pick ups, late payments, etc.). You have certain recourse rights if any debt does not comply with this agreement. You have the right to receive reimbursement for any debit that is not consistent with this PAD agreement. To obtain more information on your recourse rights you may contact your financial institution.

Parent/Guardian Name (printed):

Parent/Guardian Signature:

Date:

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