



Student Enrolment Forms

Student Information

Child's Full Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian 1

Name: _____

Address: _____

Phone: H: _____

C: _____

W: _____

Occupation _____

Address _____

Email _____

Relation: _____

Primary address

Parent/Guardian 2

Name: _____

Address: _____

Phone: H: _____

C: _____

W: _____

Occupation _____

Address _____

Email _____

Relation: _____

Primary address

**Medical Information**

AB Health # _____

Allergies & Reaction _____
Regular Medications _____
Sensitivities/ Conditions _____
Doctor/ Pediatrician _____
Address _____
Phone _____
Immunizations up to date _____

Emergency Contacts:

Students are required to have a minimum of TWO Emergency Contacts, other than the parent/guardians, that do not reside at the child's primary address

Name (as shown on ID) _____
Address _____

Phone Number(s) _____ / _____
Relation to child _____

Permission to pickup _____

Emergency Contacts:

Students are required to have a minimum of TWO Emergency Contacts, other than the parent/guardians, that do not reside at the child's primary address

Name (as shown on ID) _____
Address _____

Phone Number(s) _____ / _____
Relation to child _____

Permission to pickup _____

**CUSTODY ORDERS**☐*Not Applicable*

I _____ have a custody agreement/ order of protection in place.

I _____ have provided a copy of the necessary paperwork to the program staff in order for them to adhere to the agreements/order.

I _____ understand that if there is a change to an agreement/order I must advise the program staff immediately and provided new paperwork.

Signature _____ Date _____

Things to Know

Activities or Items my child enjoys

Dislikes my child has displayed

Sensitivities my child may experience (food, noises, people)

My child's cultural/ family background

Languages spoken at home

Throughout the year the Program will celebrate; Birthdays, 'Canadian' Holidays, as well as explore/ learn about celebrations from around the world including Cinco de Mayo, Chinese New Year and many others.



Are there any celebrations you would like us to include from your family?

Are there any celebrations you wish for your child to not participate in for personal reasons?

Little Ones

My child usually naps (time)

Things that help them sleep

Things to avoid

In regards to Toilet Training my child would be considered

- In diapers only
- In diapers/pull-ups; Trying to train
- In underwear; Trying to train
- Needs diapers or pull-ups to nap ONLY
- Trained; but needs help dressing or wiping
- Fully Trained; I can do it myself

Permission Forms

Walks

I _____ give permission for my child to go on walks/ neighbourhood outings with the supervision of Program Staff members.

Signature

Date



Field Trips

I understand that an individual Field Trip Form will be presented to me before outings such as; Visits to the Post Office, Grocery Store, Library, Spray Park or other community buildings. If I do not provide permission for these activities my child(ren) will be unable to participate.

Signature

Date

Medical Permission

I _____ authorize the staff at Little Footsteps to provide first aid/ medical care for minor incidents.

In the event of an anaphylactic reaction or serious injury, I authorize the staff to seek medical attention from EMS via ambulance. I understand that I will be responsible for any medical expenses incurred from EMS or AHS.

Signature

Date

Parent Handbook

I _____ have read and understood the Parent Handbook. I have completed the Enrollment forms to the best of my knowledge. I agree to inform the Program of any changes of information as soon as possible

Signature

Date



Sharing of Information

I _____ give permission for my child's
_____ personal information to be shared with other
professionals. This information is only to be shared/used when it will benefit my child.

Signature

Date

Photos/ Videos

I give permission for photos/ videos to be shared (*check all that apply*)

- Within my child's classroom
- Within the Centre
- In the Program Newsletter
- In our Parent Engagement Tool 'Hi Mama'
- On our Centre Facebook Page (I understand this is a public platform)

Signature

Date



All the ways we LEARN!

I understand that the Program, including my child's class, will learn and explore a variety of subjects throughout the year. These experiences will include, but are not limited to, Nature Based Play, Messy Play, Fine and Gross Motor Physical Development, Sensory Play, STEM Concepts, and Pretend Play. Included will be Educational Scaffolding including, Early Literacy and Numeracy, Speech and Expressive Language skills. We encourage our students to become Social Learners. Learning to play with or alongside others, follow the guidelines of the teacher and engage in both independent and group play experience, both indoors and out. I give permission for my child to participate in any/all of the following experiences while at the program.

Parent/Guardian Signature

Date

Parent Acknowledgement

_____ I acknowledge I have read and understand all the policies and guidelines set out by Little Footsteps Daycare.

_____ I understand that any changes made to policies or guidelines will be submitted to me via the email address I have provided.



_____ I understand that along with Little Footsteps Daycare, I value confidentiality. I understand staff are responsible for maintaining the confidentiality of each student and their family. I will be respectful towards other students/ family privacy, as well.

_____ I understand breach of policies or guidelines may be grounds to terminate care, with or without notice, at the discretion of Centre Management.

_____ I understand fees are due on the FIRST day of each month, unless an alternate payment has been approved by Centre Management.

_____ I may be subject to late fees if I am unable to pay in a timely manner.

_____ Failure to pay Centre fees may result in suspension/ termination of care.

_____ If I wish to terminate care with Little Footsteps Daycare, I understand I am required to provide a ONE MONTH written notice.

_____ I will not be reimbursed for days missed; sick, vacation or other.

Subsidy

_____ I understand that subsidy approval is based on the discretion of *Alberta Child Care Subsidy* and not the Centre

_____ I must provide approval of subsidy prior to start of care. If I cannot provide approval, I will be subjected to pay the full fees until approval is granted. Once approval is granted I will receive a *credit* on my account.

Parent/Guardian Signature

Date