



# VPD Early Learning "The Arc"

**Registration form will not be accepted unless all of this form is filled out and signed**  
**1 registration form per child**

**What Age is your child attending? (PLEASE X ONE)**

12 months to 19 months (not yet turned 19 months)

19 months to 3 years (not yet turned 3 years)

Ages 3 to 5 preschool

Attending Kindergarten

**PLEASE INDICATE ATTENDANCE OF YOUR CHILD**

\*The Program Director will use these times to issue you a time for drop off/pickup, see Terms & Conditions sheet for more information.

**DAYS OF THE WEEK ATTENDING** (Please CHECK)

**START DATE:** \_\_\_\_\_

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**DROP OFF TIME**

**PICK UP TIME**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Parent/Guardian Mailing Address \_\_\_\_\_

(Indicate if addresses are the same or mark N/A)

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Mothers Address \_\_\_\_\_ Fathers Address \_\_\_\_\_

Mothers Legal Land Location \_\_\_\_\_ Fathers Legal Land Location \_\_\_\_\_

(Must be provided if you don't have a street address)

(Must be provided if you don't have a street address)

Mothers Cell Phone \_\_\_\_\_ Fathers Cell Phone \_\_\_\_\_

Mothers Home Phone \_\_\_\_\_ Fathers Home Phone \_\_\_\_\_

Mothers Work Phone \_\_\_\_\_ Fathers Work Phone \_\_\_\_\_

\*Emails are used for billing, communication and pictures, if you don't have email, please let us know below\*

Mothers Email: \_\_\_\_\_ Fathers Email \_\_\_\_\_

Please list the first name and age of any siblings: \_\_\_\_\_

People allowed to pick up child: \_\_\_\_\_

People not legally allowed access to your child (i.e. custody agreements) \_\_\_\_\_

Relationship \_\_\_\_\_

**Emergency Contact - if the parents cannot be reached (must be within 20 mins of program)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Legal Land Location: \_\_\_\_\_

<sup>1</sup> Must be provided if you don't have a street address

## Parent Orientation

Before your child is registered with our program you must read and be familiar with our policy & procedures in the Parent Handbook, and our Terms & Conditions. When returning this registration package along with your deposit, ***please check the boxes below:***

*I have read the parent handbook and am familiar with all the programs policies and programming. I understand by signing this, I agree and comply with all policy and procedures and terms & conditions\* as read with this registration package for VPD Early Learning Lakeland: a division of Vermilion Play Development. By signing, I consent to allow the program to support public health contact tracing efforts with my child's daily records.*

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Information collected on these forms is subject to the freedom of Information and Protection of Privacy Act. The information will be used solely for the purpose of Vermilion Play Development, Central Alberta Licensing Authority and Alberta Health Services.

I have read and signed the attached waiver. A signed waiver is needed to be registered in this program. The waiver is COVID-19 related only.

## Parent Permission

I give permission for \_\_\_\_\_ (child's name) to participate in the field trips that the program holds during the year. Staff will follow our staff to child ratio policies and supervision policies as they supervise the children on the field trips to the College gym, College Playground, the College pool, other College Buildings and neighborhood walks. Any other field trips will be advertised, and a separate permission form will be filled out. I understand that during field trips off the program premises, the child will walk and/or be provided transportation from busing.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Freedom of Information and Protection of Privacy Act

I/We, hereby give permission to share necessary personal information (name, phone number, email) with other staff and Executive Board Members, Central Alberta Licensing Authority, Alberta Health Services (contact tracing COVID19) for the purposes of program coordination.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Photo Permission

I/We hereby release for publication or telecast in any medium, photographs of my child \_\_\_\_\_.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Temporary Guardianship and Emergency Medical Treatment

I/We \_\_\_\_\_ hereby grant temporary guardianship of my/our child, \_\_\_\_\_ to Vermilion Play Development - VPD Lakeland for the purposes of emergency medical treatment, to be effective during the hours that my/our child is in the care of the program. I/we understand that if an emergency should occur the Program will make every effort to contact me/us, the parent(s)/guardian(s). Should they be unsuccessful in locating me/us, I/we authorize any and all employees of Vermilion Play Development to sign for medical treatment of my/our child, including transportation by ambulance if deemed necessary. I/we also give permission to the attending physician and/or ambulance attendant to treat my/our child for illness or injury as is necessary under these circumstances. This release form will be in effect from the date below until termination of enrolment in the program.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Health Record

ALBERTA Health Care # \_\_\_\_\_  
(Optional)

Child's Physician \_\_\_\_\_

Physician's address \_\_\_\_\_ Physicians Phone # \_\_\_\_\_

Are your child's immunizations up to date? (Circle one)

**YES**

**NO**

**\*PLEASE FILL OUT THIS PAGE ONLY IF YOUR CHILD HAS ALLERGIES OR A MEDICAL CONDITION\***

**Allergy Instructions**

Please list any allergies your child has: \_\_\_\_\_

This allergy is (please check):             Mild             Moderate             Severe

Please explain your child's symptoms: \_\_\_\_\_

I entrust Program Staff to do the following upon an allergic reaction (Please specify steps):

I understand that it is my responsibility to inform Program Staff if there are any changes to the above direction/condition.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Medical Treatment Instructions and Release**

Please list any medical conditions (i.e. Asthma) that your child has: \_\_\_\_\_

Please explain what triggers the condition: \_\_\_\_\_

Does your child need medication administered? (Circle one)            **YES**            **NO**  
*(You must fill out an Individual Medication Record for your child if they need medication administered)*

Program Staff will administer antidote/allergy/seizure medications on an emergency basis.

Should a life threatening emergency occur, is there any medical treatment that you would *not* wish your child to have (Please explain): \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## **Terms & Conditions \***

### **for registering your child in Vermilion Play Development programs**

\*By signing this registration form you agree and consent to the following terms and conditions to keep your child in our program. Failure to comply with these terms and conditions may result in the termination of your child's registration in our program(s). These Terms & Conditions may change without notice, updated terms & conditions will be distributed in a timely manner.

1. **Parent/guardian is responsible to read and comply** with all our policy and procedures outlined in our program manual.
2. **Health and safety guidelines are followed in our programs as we work in partnership with Alberta Health Services. If your child displays symptoms as outlined in our Health Policy or any AHS outbreak guidelines, you are expected to follow procedures in order to remain in our program.**

#### **BRINGING ITEMS INTO PROGRAMS**

**NO OUTSIDE ITEMS may be brought into our programs.** This includes items such as: toys, devices -electronics or otherwise, blankets. **EXCEPTIONS: Diapers & change of clothing.** Change of clothing must be brought in a plastic bag or backpack with child's name on it. This clothing will be left at the program until used, parents/guardians will be responsible for laundering clothing sent home.



# The Ark

## Fact Sheet

### REGISTRATION

- **Each child must have:** a completed (all areas filled out), signed registration form with payment for the month attending to start attending our program. We will not accept incomplete registration forms.
- All fees are billed as monthly fees according to your calendar, fees are due by the 1<sup>st</sup> of the attending month.

### ALBERTA AFFORDABILITY GRANTS

- Every child that attends our programs - 12 months and up can receive the Affordability grants delivered by the Alberta Government if they meet the requirements:
  - The must be scheduled to attend our program 50 hours or more a month
- Affordability grants remain as a deduction off of your fees even if you are on vacation, sick or away.
- Every child that is eligible can receive the grant regardless of your status in Canada.

### SUBSIDY

#### Subsidy is available for qualifying families

- ANYONE CAN APPLY REGARDLESS OF YOUR STATUS IN CANADA
- You can have both Affordability grant and subsidy

QUALIFYING INCOME - each category has different subsidy amounts:

12 months and up: \$189,999 or less household income qualifies for subsidy for children that attend the program for more than 50 hours a month. Subsidy is \$266 or less a month

#### Here's how to apply:

- Go to <https://www.alberta.ca/child-care-subsidy.aspx> where you can apply online
- OUR PROGRAM NAME IN SUBSIDY IS: **VPD EARLY LEARNING LAKELAND** ID#80001934
- OUR LOCATION ADDRESS IS : 5707 College Drive T9X 1K5
- OUR MAILING ADDRESS IS: Box 3806 T9X 2B8
- You must have how many hours your child needs per month, please see our Fee Schedule for prices.
- If your child's hours drop over a 3 month period your subsidy amounts may change.
- You may have subsidy retracted from your first and/or last month depending on the amount of hours attending for the month.
- You must have documentation that qualifies your income i.e.: Notice of Assessment from Revenue Canada or recent pay stubs. Failure to produce these will result in refused subsidy.
- There are some exceptions, so it is best to call them regarding your circumstance.
- Please see our Fees Policy for info on Shared Subsidy when your child attends more than 1 licensed program
- YOU CAN APPLY ONLINE FOR SUBSIDY AT ANY OF OUR CENTRES

## PAYMENT OPTIONS

\*You will receive one official childcare tax receipt available on Hi Mama App for each child attending our programs

### PAYMENTS ON HI MAMA - AUTO PAY AVAILABLE

Bank Transfer payments - FREE      Credit Card Transfers - FREE

AUTO PAY AVAILABLE FOR BOTH WITHIN THE APP

#### Interac e-Transfer payments

1. Log into your online bank account and choose option: **Interac e-Transfer**
2. Set up **Vermilion Play Development** as a *Recipient*
3. Our email address for payment is: **vpdprograms@gmail.com**
4. You will be prompted to give a Security Question – use this question: **Favorite thing?**  
Answer – **playing**
5. In the *-memo-*, please include your name and your child(ren) name
6. Billing will send you a receipt once they've applied your payment.

#### Cash

You will be given a written payment receipt and/or emailed one as well.

#### Cheque

Please ensure cheques are made out to **Vermilion Play Development**  
If your monthly fees are the same, we encourage post-dated cheques.

## BILLING CHILDCARE FEES

**YOUR CHILDCARE FEES ARE BILLED ON THE HI MAMA APP FOR EACH CHILD ATTENDING OUR PROGRAM**

Please ensure you accept the invitation to the app upon registration.

## Subsidy for licensed facility-based

In addition to fee reductions through Affordability grants (listed above), parents of children zero to kindergarten age will receive additional subsidies to further reduce their fees, based on the income thresholds below.

Family Income	Full Time Rate (100+ hours)
\$0 to \$119,999	\$266
\$120,000 to \$124,999	\$253
\$125,000 to \$129,999	\$239
\$130,000 to \$134,999	\$226
\$135,000 to \$139,999	\$213
\$140,000 to \$144,999	\$200
\$145,000 to \$149,999	\$186
\$150,000 to \$154,999	\$173
\$155,000 to \$159,999	\$160
\$160,000 to \$164,999	\$146
\$165,000 to \$169,999	\$133
\$170,000 to \$174,999	\$120
\$175,000 to \$179,999	\$106
Part time rates are prorated based on hours (80 hours = 80% of the full time rate)	

### School age: Grades 1-6

#### Family income

Threshold	Subsidy amount
\$0 to \$49,999	\$366 (50 or more hours)
\$50,000 to \$54,999	\$348
\$55,000 to \$59,999	\$311
\$60,000 to \$64,999	\$275
\$65,000 to \$69,999	\$238
\$70,000 to \$74,999	\$201
\$75,000 to \$79,999	\$165
\$80,000 to \$84,999	\$128
\$85,000 to \$89,999	\$92

Subsidy is calculated by hours, if over a 3 month period your child's hours are less than you applied for, your subsidy will be reassessed. For circumstances such as sickness, or other unavoidable reasons your child has not attended the program please call the subsidy office at: 1-877-644-9992, and explain your child's circumstance, they may take this into account.

# Eat well. Live well.

Eat a variety of healthy foods each day

Have plenty  
of vegetables  
and fruits

Eat protein  
foods

Make water  
your drink  
of choice



Choose  
whole grain  
foods

Discover your food guide at

[Canada.ca/FoodGuide](https://Canada.ca/FoodGuide)



# Eat well. Live well.

Healthy eating is more than the foods you eat



**Be mindful of your eating habits**



**Cook more often**



**Enjoy your food**



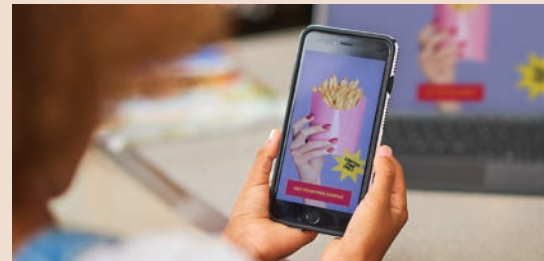
**Eat meals with others**



**Use food labels**



**Limit foods high in sodium,  
sugars or saturated fat**



**Be aware of food marketing**