



The Ark

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: _____

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 The Ark 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.

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 within 1 km of the program. 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 Myrnam Play Development program, North Central Alberta Licensing Authority, Alberta Health Services (contact tracing) for the purposes of program coordination, and Alberta Online Childcare Licensing Portal for the purposes of Affordability funding for families and childcare services.

DATE _____

SIGNATURE _____

Photo Permission

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

DATE _____

SIGNATURE _____

Emergency Medical Treatment Release Form

I/We _____ allow for my child,

_____ 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, and/or child needs immediate medical care, 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 enrollment 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 Date of update:

Allergy Instructions **N/A -**

If N/A do not fill out or sign and skip to Medical Treatment Instructions & Release

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

N/A -

If N/A do not fill out or sign

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.**
3. **Personal information collected on our registration forms will be used for the purpose of registering a child in our program and for the Child Care Accountability Program on the Alberta Child Care Licensing Portal for the purpose of managing childcare services. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act.**

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 & FEES

- **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 1st of the attending month.
- A \$25 late fee will be applied after 5 days from the 1st of the month for unpaid fees, additional \$25 late fee will be applied to the same invoice for each additional month the fees are late.

CALENDARS

Calendars are used to communicate to us your scheduled hours & days your child needs to attend. These calendars are an important part of communication with billing, program attendance, audits for Affordability grants and subsidy, and our administration procedures. Late or no calendars may result in a loss of spot in our program.

- A) Calendars are sent digitally through your email, you may receive more than one, please disregard extra links. *If you need to update your calendar after you've submitted it, you can use these extra links. We take the newest copy.
- b) There is also links send in Lillio and a QR code posted in the program, if you use these links, you will not get a copy of your calendar you submitted.
- c) Please fill it out digitally, if you fill it out on the email link you will receive a copy of your calendar.
- d) Late or no calendars may result in a loss of spot in our program.

BILLING CHILDCARE FEES

YOUR CHILDCARE FEES ARE BILLED ON THE Lillio APP FOR EACH CHILD ATTENDING OUR PROGRAM
Please ensure you accept the invitation to the app upon registration.

PAYMENT OPTIONS

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

PAYMENTS ON Lillio - AUTO PAY AVAILABLE

Bank Transfer payments - FREE Credit Card Transfers - FREE

Interac e –Transfer payments

1. Log into your on-line bank account and choose option: **Interact E-Transfer**
2. Set up **The Ark** as a *Recipient*
3. Our email address for payment is: **vpdprograms@gmail.com**
4. We have auto deposit that does not require a password
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.

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

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



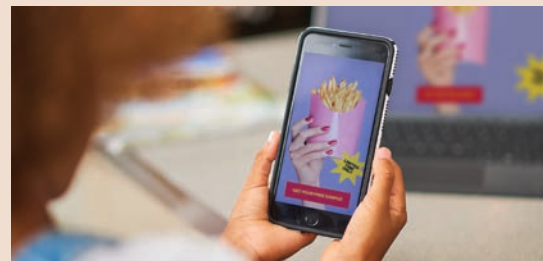
Eat meals with others



Use food labels



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



Be aware of food marketing