



Vermilion Play Development

Early Learning Registration Form

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

PLEASE INDICATE YOUR CHILD'S MONTHLY ATTENDANCE

PLEASE CHECK ONE BOX BELOW

*MINIMUM ATTENDANCE IS PART TIME
(must schedule a minimum of 5 days a month)

☐

Part time - \$230/month
5 to 9 days a month

☐

Full time - \$326.25/month
10 or more days a month

START DATE: _____

Child's Name _____ Date of Birth _____

School Attending: _____ Gender: _____

Primary Parent/Guardian Mailing Address _____ (Indicate if
addresses are the same or mark N/A.

Mother's Name _____

Father's Name _____

Mother's Address _____

Father's Address _____

Mother's Legal Land Location _____

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

Father's Legal Land Location _____

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

Mother's Cell Phone _____

Father's Cell Phone _____

Mother's Home Phone _____

Fathers' Home Phone _____

Mother's Work Phone _____

Father's Work Phone _____

Emails are used for our invitation to our Lillio App and other communications. If you don't have email, please let us know below

Mother' Email: _____ Father's Email _____

Please list the first name and age of any siblings: _____

People allowed to pick up child (must be 18 or over): _____ Phone: _____

Relationship: _____

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 they 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 Manual, and our Terms & Conditions. When returning this registration package along with your deposit,

☐

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 Early Learning Program, a division of Vermilion Play Development.*

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 Early Learning Program, Central Licensing Authority, Alberta Licensing Portal 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 gym, VES Playground, the St. Jerome's playground, and neighborhood walks 1 km or less from 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 other staff and Central Alberta Licensing Authority, Alberta Health Services and Alberta Licensing Portal for the purposes of program coordination 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 _____

Application of Sunscreen

I/we consent to let the program apply sunscreen on our child as described in our Medical Policy 12.8 - "SPF 30 or more and rated for children 6 months and up. We use a scented spray form only – no creams."

DATE _____

SIGNATURE _____

Health Record

ALBERTA Health Care # _____
(Optional)

Are your child’s immunizations up to date? (Check one) ☐ **YES** ☐ **NO** **Date of update:** _____

Shared Information Between School and Program

Our program encourages our strong partnership with Vermilion Elementary School and St. Jerome’s Catholic School; we would like the communication regarding your child’s activities, challenges and tools to promote more positive outcomes to be shared between programs. The kind of information shared may include, but not limited to, matters involving attendance, illness, transportation or behaviour. Please see our Communication Policy.

I, _____ allow the program to share information as described above regarding my child,
_____ with school representatives. **SIGNATURE** _____

I, _____ allow the school representatives to share information as described above regarding my
child, _____ with the program. **SIGNATURE** _____

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, you will be required to fill out and emergency medication plan with the Program Director.

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

DATE _____

SIGNATURE _____

DAYCARE Attendance & Fee Agreement

Please pick 1 of the following attendance fees below. Please see our Fees Policy along with our Fee Schedule for more information. The program director can help you find the best fit for your schedule.

Child's Name: _____

Children 3 years to 5 years (not attending kindergarten)

This will be your fee and attendance schedule from the date of your registration until August 31 of the current school year. *Please see Fees Policy for information on switching your attendance, fees may apply.*

START DATE: _____

Please Check One Attendance Slot Below:

☐

PART TIME

5 to 9 scheduled days per month

☐

FULL TIME

10 or more scheduled days per month

By signing this agreement, I agree with the above attendance fee and schedule as part of my registration and fee requirements in Vermilion Play Development in the time frame above according to the Start Date on my registration form until August of the current school year or if my child leaves the program.

Parent Name: _____

Parent Signature: _____

Date: _____

DAYCARE FEES

Every child is required to book a minimum of 5 days per month or more. Fees are booked and agreement is signed at time of registration ending August 31. New agreements will be signed every year from September to August.

There are 2 different FEES:

- I. Part time Fee – for a minimum of 5 to 9 scheduled days
 - II. Full time Fee – a minimum of 10 scheduled days or more a month
-
- a) Daycare fee agreements must be signed at the time of registration – this is your fee and attendance for the year; you can always go up from part time to full time, but if you choose to go down to part time from full time – you will be charged a fee.
 - b) Every child is required to attend at least 1 day in the month out of the 5 or more scheduled days, or a non-attendance fee will be charged
 - c) Our fees and fee structures for children 0 to kindergarten age are set by the Alberta Government and cannot be changed.
 - d) Monthly fees are the same every month regardless of the holidays within the month, days away, or if your child attends their scheduled days or not.
 - e) For program or emergency closures, scheduled closures or if your child must quarantine or isolate due to a communicable disease or outbreak, your fees are calculated from the calendars to best fit in the number of hours attended for the month for children 0 to kindergarten.
 - f) Extra days attending cannot be exchanged with days booked that were not attended unless the Program Director pre-approves it ahead of time.
 - g) Fees are subject to change; we will give advanced notice of at least one month.

Terms & Conditions

for registering your child in the Early Learning Program

*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.

EXCEPTIONS: Blankets & change of clothing:

- Blanket and sleep time toy may be brought in a separate bag and kept in their locker until rest time, you will be required to clean blanket weekly.
- 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.

Respecting Vermilion Elementary School Property

By signing this registration for you agree to using the Vermilion Elementary School facilities with respect by:

- Parking on the east or north side of the school
- Using the front entrance of the school to enter and exit
- Removing boots and shoes upon entrance to the building
- No smoking or vaping on the school property
- Respecting posters, information and displays within the school



Early Learning Program/**Kids Korner**/**Kindercare**

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: links to fill out calendars will be sent through email, 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

- a) Calendars are sent digitally through your email, you may receive more than one, please disregard extra links. Please fill it out digitally, if you fill it out on the email link you will receive a copy of your calendar. An extra link is provided by your Program Director if you miss the email link. 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.

PAYMENT OPTIONS

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

- a) **Auto Pay on the Lillio App – you can automatically pay your regular monthly fees. Any other fees invoiced throughout the month separately cannot be Auto Paid, rather you will have to manually pay using the options below.**
- b) **Bank Transfer – paid on the Lillio App manually or auto paid (this takes about 3-5 business days to come out of your account depending on your bank), there are no fees for these transactions from our program**
- c) **Credit Card – paid on the Lillio App manually or Auto Paid**

FEES FOR CREDIT CARD PAYMENTS:

- I. **No fees for invoices \$100 or less**
- II. **You will be separately invoiced 2.4% of the invoice fee the following month, this invoice must be manually paid (our program is charged 2.9% - 3.25% per credit card transaction).**
Example: credit card transactions made in September will be billed in October. Late fees apply to unpaid invoices.

- d) **Cheques are to be made payable to the Vermilion Play Development.**
- e) **Cash - please give cash directly to staff, do not leave it in backpacks or on counters.**

Interact E-Transfers

- i. **Log into your online bank account and choose option: Interact e-Transfer**
- ii. **Set up Vermilion Play Development as a Recipient**
 - i. **Our email address for payment is: vpdprograms@gmail.com**
 - ii. **We have automatic deposit – no password is required.**
 - iii. **In the –memo–, please include your name and your child(ren) name**
- iv. **Billing will send you a receipt once they've applied your payment.**
- v. **Please e-transfer one payment for all programs attended.**

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



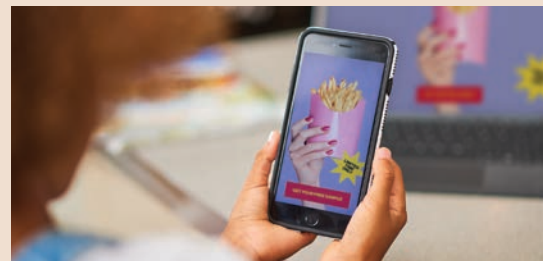
Eat meals with others



Use food labels



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



Be aware of food marketing