

Registration Form

**General Information:** Start Date: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Hours: \_\_\_\_\_



## Parent/Guardian with legal custody

\_\_\_\_\_

Parents are: Married \_ Common Law \_ Living Together\_ Divorced \_Separated \_Widowed-  
Single-

Previous Care: Has your child been in childcare before? YES / NO

May we contact them for a reference? YES / NO

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Why was care terminated? \_\_\_\_\_

## Emergency Contacts:

Primary Emergency Contact (other than parents or guardian)

\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian)

\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Person (s) NOT authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups) Name: \_\_\_\_\_ Comment \_\_\_\_\_

## Emergency Information:

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Medicine allergic to: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Any other Allergies: \_\_\_\_\_

Special instructions in case of an allergic reaction \_\_\_\_\_

Any special health conditions:

\_\_\_\_\_  
\_\_\_\_\_

Immunizations complete? YES/NO

## All About My Child

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters, their names and ages are:

\_\_\_\_\_

How would you describe your child's personality?

\_\_\_\_\_

\_\_\_\_\_

Favorite things \_\_\_\_\_

\_\_\_\_\_

Favorite places... \_\_\_\_\_

Favorite food \_\_\_\_\_

Favorite activities \_\_\_\_\_

Favorite books... \_\_\_\_\_



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Favorite colors \_\_\_\_\_

Any particular fears? \_\_\_\_\_

\_\_\_\_\_

What comforts your child \_\_\_\_\_

What goals would you like your child to accomplish while at the Center?

What are some aspects of your culture you would like to share?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your home language?

\_\_\_\_\_

What are some words in your home language?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have a regular bedtime schedule? YES / NO

AM Wake up time: \_\_\_\_ PM Bedtime: \_\_\_\_\_

Does your child have a regular nap time? YES / NO

Naptime: \_\_\_\_\_ Wake up time: \_\_\_\_\_

How does your child sleep? STOMACH / SIDE / BACK

Are there any special dolls, blankets, etc. that your child needs to go to sleep? \_\_\_\_\_

What is your child's disposition upon waking up?

Happy/Clingy/Grouchy/Sad/Energetic/Hungry/Confused/Scared/Other: \_\_\_\_\_



## Special Considerations:

Does your child have any medical conditions or special needs:

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Does your child have any behavioural concerns:

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Development:

YES / NO            My child has a hearing or visual problem (other than glasses).

YES / NO            My child has a developmental delay.

YES / NO            My child has a behavioural disorder (ADD, Autism, PDD, etc.).

YES / NO            My child has delays with gross and/or fine motor activities.

YES / NO            My child has strong separation anxiety.

YES / NO            My child has a speech delay.

If YES please explain:

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Previous Experiences:

YES / NO            My child has had a traumatic experience (i.e., family divorce, abuse, violent experiences).

YES / NO            My child has been terminated from a childcare facility previously.

YES / NO            My child requires one-on-one care in a childcare facility.

YES / NO            My child is sensitive to loud noise or quick movements.



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If YES please explain:

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How did you hear about Bon Accord Montessori?

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How long are you planning on attending our facility?

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Fees Agreement:

**Total Fee** \$ \_\_\_\_\_

**Subsidy** \$ \_\_\_\_\_

**Parent Portion** \$ \_\_\_\_\_

**Non-refundable registration fee of \$100.00:** PAID / UNPAID \$ \_\_\_\_\_

I \_\_\_\_\_ agree to pay the above fees / parent portion on the 1st of every month.

I \_\_\_\_\_ agree that non-payment of fees for time used at daycare will result in notification to a collections agency to obtain any outstanding fees.

I \_\_\_\_\_ agree to inform the Center thirty (30) days before terminating care for my child. I understand that failure to do so will result in additional charges. Charges will be determined by the current monthly fee. Person/s signing contract are responsible for payment: I understand this is a legally binding contract and I have read it and understand it.

Parent/Guardian (Mother) signature \_\_\_\_\_

Parent/Guardian (Father)signature \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Registered by : \_\_\_\_\_



# Bon Accord Montessori Child Development Centre

## Terms and Conditions:

Please read through the following and initial beside if you agree to the terms and conditions:

\_\_\_\_\_ I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Bon Accord Montessori Child Development Centre. I also give permission for my child to be transported by car, ambulance or Aid car to an emergency center for treatment and agree to hold Bon Accord Montessori Child Development Centre and its employees harmless.

. \_\_\_\_\_ In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Bon Accord Montessori Child Development Centre and its employees harmless.

\_\_\_\_\_ I hereby request that my child, \_\_\_\_\_ be permitted to participate in field trips, to the park or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

\_\_\_\_\_ I understand that I cannot store my personal stroller used to transport my child at the Center. Due to limited space storing strollers inside the Center is not an option; strollers are often too large and may block fire exits, harm children and/or get damaged at the Center.

\_\_\_\_\_ I understand that I must bring my child before 10:00 AM unless prior arrangements were made with the Director. I am aware that the Center may refuse my child after 10:00 AM if previous arrangements were not made.

\_\_\_\_\_ I understand that Bon Accord Montessori Child Development Centre may terminate my child from the facility immediately for the following: written, verbal or physical abuse against staff or children in the Center and/or non-payment of fees.



# Bon Accord Montessori Child Development Centre

\_\_\_\_\_ I allow Bon Accord Montessori Child Development Centre to photograph my child. I am aware that these photographs may be used for art, bulletin boards and goodbye books for other children.

\_\_\_\_\_ I allow Bon Accord Montessori Child Development Centre to videotape my child. I am aware that these videos may be used around the Center.

\_\_\_\_\_ I allow Bon Accord Montessori Child Development Centre to use photographs and videos of my child on the website and for promotional materials. I understand that only my child's first name will be used, and all confidentiality will remain intact.

. \_\_\_\_\_ I understand that once I leave the program, I will be provided with a tax receipt.

If I require any further tax receipts in the future, I will be charged a \$30.00 fee. \_\_\_\_\_

I have read and understand the parent handbook. I agree to abide by the policies and procedures outlined in the parent handbook. \_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

