



Rising Star Daycare & OSC

REGISTRATION PACKAGE

(Registration fee (non-refundable) - \$100.00)

Name of Child: _____

Start Date: _____

Parent's Email I.D.: _____

Rising Star Daycare & OSC

6102 29 Ave #101

Beaumont AB T4X 0H5

Phone: (780) 929-1135

Email: risingstardaycare19@gmail.com

Website: <https://risingstardaycare.ca>



Rising Star Daycare & OSC

Dear Parent(s),

Welcome to the Rising Star Daycare & Out of School Care. This registration package consists of all the information that we need, to ensure your child/children's smooth transition into our facility. Visit our website for the Parent Handbook, which outlines our policies and procedures. Kindly fill out all the required sections clearly. We look forward to making this partnership a pleasant experience for all families, staff and children, in their journey through the important years of their growth and development. If you have any questions or concerns, please do not hesitate to call or talk to any of us in person. Any suggestion or recommendations are welcome for consideration.

Yours truly,

Raman Grewal

Updesh Grewal

(Owners/Directors)



Rising Star Daycare & OSC

Registration Form

Child's Information

Child's Name: _____ Age: _____ D.O.B _____

Address _____

Parent's Information

1. First Parent(Mother/Father): _____

Address: _____ Phone Number: _____

Place of Employment: _____ Work Ph Number: _____

2. Second Parent(Mother/Father): _____

Address: _____ Phone Number: _____

Place of Employment: _____ Work Ph Number: _____

Emergency Contact Information (mandatory)

1. Name: _____

Phone #: (H) _____ (W) _____ (C) _____

Address: _____

Relationship to Child: _____

2. Name: _____

Phone #: (H) _____ (W) _____ (C) _____

Address: _____

Relationship to Child: _____



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Medical Information:

1. Any allergies, regular medication, chronic condition, etc.:

2. Alberta Health Care #: _____

3. Immunization up to Date: Yes ____ No ____

4. Date of last Immunization: _____

5. Name of Physician: _____ Phone#: _____

Daycare attendance/transportation:

1. Time of Arrival: _____ Pick-up Time: _____

2. Bus Service Required: Yes ____ No ____

Authorized People to whom the child may be released:

1. Name: _____ Phone#: _____

Relationship to the child: _____

2. Name: _____ Phone#: _____

Relationship to the child: _____

3. Name: _____ Phone#: _____

Relationship to the child: _____

Please answer the following questions to help us understand your child's needs and interests.

1. Favourite Activities: _____
2. Fears (if any): _____
3. Has your child experienced any trauma? _____

4. Dislikes: _____
5. Reaction to stress: _____
6. Previous Daycare/Day home (if any): _____
7. Sleep pattern: _____
8. Physical Goal: Goals and dreams for your child: _____
9. Personal Goal: _____

Info pertaining child's life:

1. Parents with custody of the child, please list any agreements: **Please attach copies of court orders/parenting agreements)** _____
2. Other siblings: _____
- If yes, birth order of child: (oldest, youngest, middle...) _____
3. Pets (if any): _____
4. Anything else that you would like to share about your child/children:

5. Cultural/language information? Method of discipline?



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MEDICAL CONSENT FORM

- In case of an accident and/or illness and unavailability of the parent, we need permission to be able to:
- Yes _____ No _____ Contact the child's physician or if the physician is not available, to be able contact another physician for the purpose of administering the necessary treatment to your child and release of necessary information for care.
 - Yes _____ No _____ Be transported by ambulance, if required and ready to pay the ambulance fee.
 - Yes _____ No _____ Provide medical attention in the form of first aid if necessary. First aid is provided only by an educator with a valid first aid certificate.
 - Yes _____ No _____ Have your child be transported to a medical facility by ambulance. Any costs incurred will be the responsibility of parents/guardians. (The Director or an educator will accompany the child until a parent or emergency contact is present.)

Parent/Guardian Name: _____ Signature: _____ Date: _____

Program Director or Designate: _____ Signature: _____ Date: _____

PERMISSION TO TRANSPORT TO SCHOOL

I, _____ authorize Rising Star Daycare & OSC, to transport my child/children to and from _____ School by the authorized daycare vehicle or walking if weather permits.

FIELD TRIP PERMISSION FORM

As a part of our regular programming, we will be taking various walking trips off the premises, within the neighborhood. The consent form below will give us more flexibility and allow for more spontaneity in our planning. We will continue to have you provide consent forms for any motor transportation trips.

OFF-SITE ACTIVITY PERMISSION

I, _____ hereby give permission for my child to go on trips to the parks which are within reasonable walking distance of the center's premises, and walks within the center's neighborhood, under normal daycare and out of school care supervision standards.

Parent/Guardian Name: _____ Signature: _____ Date: _____

- Four Seasons Park (5417 43rd Ave.)
- Leaf Park (30th Ave., 60th St.)
- Les Champs Vallee Soccer Fields (30th Ave., 60th St.)
- Hinse Park (32nd Ave., 60th St.)

USE OF PHOTO CONSENT

I, _____ hereby give Rising Star Daycare & OSC permission to take and use my child/children's or family photographs and/or videos.

- ☐ I understand that these photographs will be used for displays .
- ☐ For use on our website.
- ☐ For use in local newspaper
- ☐ For our Facebook Page
- ☐ For use in Hi Mama communication app
- ☐ For use on monthly daycare Newsletter

Parent/Guardian Name: _____ Signature: _____ Date: _____

Observation & Assessment Consent

I, _____ hereby give consent to Rising Star Daycare & OSC for my child
_____ to be a part of:

- ☐ Internal (room staff)
- ☐ External (FCSS-Family & Community Support Services & Other agencies) Observations and Assessments done for Developmental and Physical Environment success.

Parent/Guardian Name: _____ Signature: _____ Date: _____