



Five Star Daycare Registration Form

Registration Fee (\$100)

E-transfer: fivestardaycare24@gmail.com

Dear Parent(s)/Guardian(s),

Thank you for choosing Five Star Daycare! This registration package has been designed to ensure a smooth transition for your child into our care. Please complete all sections accurately and thoroughly. **By submitting this form, you acknowledge that the official start date for the daycare has not yet been finalized.** Rest assured, all registered parents will be notified as soon as the date is confirmed.

If you have any questions, please do not hesitate to contact us.

We look forward to partnering with you in supporting your child's growth and development!

Sincerely,

Ramandeep Grewal

Director

Child's Information

Child's Full Name: _____

Date of Birth (D.O.B): _____ Age: _____ Gender: _____

Home Address: _____

Parent/Guardian Information

Parent/Guardian 1: _____

Address: _____ Phone Number: _____

Email: _____

Place of Employment: _____ Work Number: _____

Parent/Guardian 2: _____

Address: _____ Phone Number: _____

Email: _____

Place of Employment: _____ Work Number: _____

Emergency Contact (Other than Parents)

1. Name: _____

- Relationship to Child: _____
- Phone (Home/Work/Cell): _____
- Address _____

2. Name: _____

- Relationship to Child: _____
- Phone (Home/Work/Cell): _____
- Address _____

3. Name: _____

- Relationship to Child: _____
- Phone (Home/Work/Cell): _____
- Address _____

Authorized Pick-Up Persons

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Attendance & Transportation

Anticipated Start Date: _____

Arrival Time: _____ Pick-Up Time: _____

Medical Information

- Allergies/Medications/Chronic Conditions: _____

- Alberta Health Care #: _____
- Immunizations Up to Date? Yes No
- Physician Name: _____ Physician Phone Number: _____

Meals and Nutrition

Five Star Daycare offers a meal plan that includes breakfast, lunch, and dinner for children in our care. Parents have the option to enroll their child in this meal plan for an additional fee.

Please check one:

- Yes, my child will require the meal plan, and I acknowledge that there is an additional cost associated with this service. I agree to pay the applicable fee.
- No, my child will not require the meal plan, and I will provide their own meals.

Additional Information About Your Child

General Information

- Favorite Activities: _____
- Dislikes: _____
- Reaction to Stress: _____

Behavioral and Emotional Information

- Fears (if any): _____

- Has your child experienced any trauma?

Daily Routines and Preferences

- Sleep Patterns: _____
- Preferred Method of Discipline: _____

Family and Home Environment

- Other Siblings: _____
 - Birth Order of Child (e.g., oldest, youngest, middle):

- Pets (if any): _____
- Parents with Custody of the Child:
Please list any agreements and attach copies of court orders or parenting agreements.

Previous Experiences and Goals

- Previous Daycare/Day Home (if any): _____

- Goals for Your Child: _____

Cultural and Language Information

- Cultural/Language Information: _____

Additional Notes

- Anything else you would like to share about your child: _____

Permissions and Consents

Medical Consent

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: _____

Field Trip Consent

- As a part of our regular programming, we will be taking various walking trips off the premises, within the neighborhood. I give permission for my child to participate in supervised walking trips within the neighborhood.

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

Photo Consent

I allow Five Star Daycare to use my child's photos/videos for:

- Displays
- Website
- Social Media
- Newsletters

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