

Dominican Sisters Day Care Centre

Child Application

Child profile

Expected arrival time: _____ Method of referral: _____

Expected pick-up time: _____

Commencement date: _____

Termination date: _____

Name of child: _____ Birthdate: _____

Address: _____

Home telephone _____ Postal code: _____

Current address and phone number of the child's mother and father (guardian) if different from above:

Mother: _____

Father: _____

Mother's name: _____ Father's name: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Hours of Work: _____ Hours of Work: _____

Bus. Telephone: _____ Bus. Telephone: _____

Marital Status:

Single ___ Married ___ Separated ___ Widowed ___ Divorced ___ Common Law ___

Who has custody: Parents ___ Joint ___ Equal ___ Mother only ___ Father only ___

Other(explain): _____

Custody papers on file(yes, no): _____

EMERGENCY INFORMATION

Doctor's name: _____ Address: _____ Tel: _____

Child's Alberta Health Care Number: _____

Immunization up-to date(yes, no): _____

Is your child on any medication on regular basis(describe): _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

GENERAL

To whom can your child be released?: _____

Name anyone not allowed access the child: _____

How will the child be transported? Car____ Bus____ Walking____

Days in Care: Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Other children in Family:

Name	Age	Sex	School	Grade

VITAL INFORMATION

Does your child have allergies? (food or drug): _____ If so, Please describe: _____

Are there any foods your child cannot eat?: _____

Please describe any medical conditions or physical handicaps your child may have: _____

Please describe any major injures or surgery your child may have had: _____

To the best of your knowledge, describe any existing developmental concerns your child may have: _____

Please check the diseases your child has had, and give the year:

Measles _____

Rubella (German Measles) _____

Scarlet Fever _____

Hepatitis _____

Mumps _____

Whooping Cough _____

Chicken Pox _____

Reumatic Fever _____

Menengitis _____

Others _____

Does your child have the following? :

Frequent colds _____

Ear infections _____

Hearing problems _____

Eyesight problems _____

Convulsions (fever) _____

Nosebleeds _____

Tonsilitis _____

Kidney/ Bladder infections _____

Frequent diarrhea _____

Diabetes _____

Asthma____ What triggers it? _____

Eczema____ What triggers it? _____

Epilepsy _____
AIDS or HIVT _____
Others _____

HABITS

Is your child toilet trained? Yes _____ No _____
Child's Normal Sleep Habits: Hours per night _____
Time to bed _____
Time up in AM _____

Does your child normally have an afternoon nap? : Yes _____ No _____
Does your child normally take anything to sleep with him/her? : _____
How would you describe your child: _____

How does your child relate to other children? : _____

Is your child used to being cared for by other adults other than the immediate family? : _____

Are there situations that your child finds stressful? : _____

How does your child handle frustration? : _____

Does your child prefer to play: Alone _____
With a special friend _____
With many friends _____

What sort of play does your child enjoy most? : _____

BEHAVIOR GUIDANCE POLICY

What techniques do you use to reassure your child?: _____

What is your method of discipline when your child misbehaves? : _____

- We do not believe in punishment but rather natural consequences. In this way, the child learns to be responsible for his/her own actions.
- Different techniques are sometimes required to deal with more difficult behaviors. Logical consequences and offering children a quiet, private place to organize

thoughts and feelings are usually effective. The children are provided with an explanation of why the behavior is not acceptable and are redirected appropriately. Caregivers will discuss ongoing concerns with parents and strategies will be developed with input from the parents to ensure ongoing communication in problem solving.

- No physical punishment is used in this centre. This means under no circumstances (even at a parent's request), will we spank, shake, grab or use verbal abuse towards a child.
- We do not inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation.
- We do not deny or threaten to deny any basic necessity.
- We do not use or permit the use of any form of physical restraint, confinement or isolation.

COMMENTS

The staff at Dominican Sisters strive to demonstrate respect for and interest in the different cultures of the children in our care. To assist us please list any special events, customs or holidays: _____

Please add any comments that you may have that will help us to know and understand your child better while he/she is setting into our Day Care: _____

CONFIDENTIAL INFORMATION

Have there any recent changes in the family which may have affected your child?

Do you wish to indicate whether you or your child are using any other Social Services?

Name of the Social Worker: _____ Office: _____

PARENT AGREEMENTS

The information contained in this child application is accurate and up to date and I understand that I am responsible for informing the Day Care regarding any changes in the following:

Emergency contact person, people to whom the child may or may not be released, allergies, health problems, addresses and phone numbers.

Signature _____ Date _____

I agree to pay the fee for child care services upon the acceptance of my child into Dominican Sisters Day Care Program and promptly on the first two working days of each month thereafter. I understand that if arrears are not pay promptly, the Dominican Sisters Day Care has the right to terminate services.

I also understand that I must give one month written notice of care termination.

Signature _____ Date _____

AMMENDMENT

(Release for Field Trips)

This certifies parental consent for my child _____ to participate in any supervised activity (walks, bus trips-special notice will be given) off the day care facility.

Signature _____ Date _____

(Release for Photographs)

I hereby grant the Dominican Sisters’ Daycare permission for my child to have his/her photograph/video taken. These photographs/videos may be used for the centre’s display, educational information or newspaper human interest stories, and for the daycare website which will be accessible only to individuals who have authorization from the Dominican Sisters Daycare.

Name of child _____

Parent signature _____

Date _____

STATUARY HOLIDAYS

It is understood that Dominican Sisters Day Care will be closed on the following holidays:

Statutory Day) New Year’s Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Labour Day, Thanksgiving Day, Remembrance Day and from December 25th (Christmas to January 1st (New Year’s Day) inclusive.

Non-Statuary

We reserve the right to close on professional development days with proper prior notification of parents. We will be closed for the month of August (sometimes For July and August).

I, _____ give permission
For my child _____ to participate
In play activities taking place at the daycare playground.

I also agree to let my child take part in recreational activities in the community area. This includes the walks in the nearby vicinity and playing at the University Elementary School Playground.

Thank you for your cooperation in this matter.

* I have received a copy of the Parent Handbook. _____
Initial

* I have read and understand the Behavior Policy. _____
Initial

* I have read and understand the policies of the Dominican Sisters' Daycare _____
initial

Daycare Director

Parent or Guardian

Date

Revised February 2013