



OFFICE USE ONLY	Enrollment Date:	Start Date:	
	<input type="checkbox"/> FT <input type="checkbox"/> PT3 <input type="checkbox"/> PT2 <input type="checkbox"/> PT2		
	Days Attending: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		
	Assigned Classroom:	<input type="checkbox"/> HM <input type="checkbox"/> AC	
Updated on:		Initials:	

## REGISTRATION FORM

Child's Information			
Last Name:	First Name:	Middle Name:	
Date of Birth:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Nickname (if any):
Child's Address:			
Child lives with:	Subsidy: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, have you applied for it: <input type="checkbox"/> Y <input type="checkbox"/> N	
Alberta Health Card #		Family Doctor Name:	
Phone Number:		Clinic Name:	
Clinic Address:			
Allergies. Please list all allergies and any important information we need to know about your child including food he/she is NOT ALLOWED to have:			
Ongoing medical condition: <input type="checkbox"/> Y <input type="checkbox"/> N			
Any prescribed medications for an ongoing treatment: <input type="checkbox"/> Y <input type="checkbox"/> N		Immunizations up to day: <input type="checkbox"/> Y <input type="checkbox"/> N	
Special Needs Diagnosis: <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, please give details:	

*For security purposes, please provide both parent/legal guardian information*

Parent/Legal Guardian 1 Information		
Last Name:	First Name:	
Home Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Best number to reach you:	
Employer:	Job Title:	
Interests:	DOB:	

Parent/Legal Guardian 2 Information		
Last Name:	First Name:	
Home Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Best number to reach you:	
Employer:	Job Title:	
Interests:	DOB:	

Who should we contact first in case of an illness or emergency?

### Emergency Contacts/ Authorized Pick – Ups:

One contact must have a different address than your child. No PO boxes. Must be a local contact.

Name:		Relation to Child:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relation to Child:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	

Name:		Relation to Child:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	

Any other persons authorized to pick up child:

1.
2.
3.

Additional Information:

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*If you are a single parent, please provide us with much information as you can about the other parent, including custodial arrangements, visitations, if there is contact with the other parent, if the other parent has permission to take the child from the center (if not, a copy of a court order needs to be attached to the registration form)*

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### Custodial Acknowledgement:

*I understand that providing both parents/legal guardians information gives both parties the right to visit/pick up the above-mentioned child at any time. If custody circumstances change for any reason, Great Adventures Active Learning Centre must be notified in writing and we may request documentation by the proper authority.*

Parent 1 Signature:	Parent 2 Signature:
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## Custodial Information:

*If a non-custodial parent is not among those persons authorized to pick up the child or if a court order pertains to your custodial agreement, a court order must be provided. Please check the appropriate box below.*

Yes, this situation applies. A court order is attached

Not Applicable

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*I consent to the enrollment of the child listed above in Great Adventures Active Learning Centre and have been advise of the centre's policies and procedures.*

*I have provided information of my child's special needs (allergies, diet, disabilities, and or medical information to the provider, as may be necessary to assist the program in properly carrying for my child in case of an emergency.*

*I agree to review and update this information whenever a change occurs or at least once every six months.*

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Parent Name

Signature

Date

**FOR OFFICE USE ONLY**

# PERMISSION FORMS

Child's Name:

## Medical Care

*In the event that a medical emergency occurs, I authorize Great Adventures Active Learning Centre to seek emergency care for my child as deemed necessary by the Director and I authorize such medical provider to carry out required emergency treatment. I understand that I will be responsible for associated fees incurred for medical care.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Administration of Medicine

*In the event that medication needs to be administered during the program hours, I understand that the prescribed medication must be in the original container labelled with the pharmacy name, child's name, doctor's name, name of medication, dosage, and time to be taken.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Child Image Usage Consent Form

*This parental consent form serves to both inform you and to request permission for your child's photo/image and personally identifiable information to be published online, including our public website, social media sites, other Internet sites and to be used for Great Adventures Active Learning Centre publicity purposes.*

*If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the director and such rescission will take effect upon receipt.*

Check one of the following choices:  I/We GRANT or  DO NOT GRANT permission for my child's photo/image to be used.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Practicum

*I give permission for my child to be observed, recorded or photographed by a practicum student while they are carrying out their practicum at Great Adventures Active Learning Centre. I understand that the material is kept in confidence, and will only be reviewed by staff members, students, and ECE college supervisor just for educational purposes.*

\_\_\_\_\_  
Parent/Guardian Name (Print):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HIMAMA SOFTWARE PARTICIPATION AGREEMENT

## To email and publish my child's work, photographs or videos via HiMama

*Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.*

*In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form, you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.*

*Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.*

*To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the centre if you wish to participate. We encourage you to contact us if you have any questions.*

*I hereby acknowledge that I wish to voluntarily participate in the Program:*

_____ Parent/Guardian 1 Name: (Print)	_____ Parent/Guardian 1 Signature:	_____ Date
_____ Parent/Guardian 2 Name: (Print)	_____ Parent/Guardian 2 Signature:	_____ Date

# SECURITY ACCESS AGREEMENT

*Like all parents, you need reassurance that your child is safe at daycare. Building security plays a big role in creating a safe environment where children can learn, play and grow. To keep children safe Great Adventures Active Learning Centre has turned to high quality security technology to help protect children in our care. We have in place a comprehensive security plan to ensure our program has done its best to secure the safety of our children and our staff members. This is allowing us to take control of building access and security with a key pad lock granting entry only to authorized staff and families. Unique ID codes are assigned to each family, as well as to each staff member. Entry cameras, video surveillance, motion detection, key pad lock, and alarm system are connected to the security company which monitors our facility 24 hours a day.*

*Our goal is to work with you to implement an overall security solution that protect our children, prevent violent acts, as well as prevent theft and vandalism at our facility.*

*By signing this agreement, I understand that only people who is authorized to pick-up my child from Great Adventures Active Learning Centre facility, will have access to our family unique ID code, and that is my responsibility to communicate to the Program Director of any changes.*

_____ Parent/Guardian 1 Name: (Print)	_____ Parent/Guardian 1 Signature:	_____ Date
_____ Parent/Guardian 2 Name: (Print)	_____ Parent/Guardian 2 Signature:	_____ Date

**Privacy Note** – In order to protect the privacy of our employees and the children we care for, we keep security cameras in public places, classrooms and playground.