BRIGHT LEARNERS EARLY LEARNING AND CHILDCARE

ADMISSIONS APPLICATION PROCESS

VISIT BRIGHT LEARNERS' DAYCARE

The first step in the admission process is to visit our facility and take a tour Which will be available in the month of June 2023. Tours are available by appointment only. To schedule a tour, please contact **Bright Learners** Assistant Director at 780-782-5167.

ADMISSIONS PROCESS

A. Submit an application

- Please complete this Application and send the completed package to **brightlearners253@gmail.com.**

B. Meet with the Child Care Administrator

- At least **1** week prior to the child's start date, the Child Care Administrator will contact the parents/guardians and schedule a meeting to ensure all forms, documents and additional paperwork has been completed. This can include (but is not limited to): Medical Needs, Individual Support Plans (ISP), Anaphylaxis Action Plan (AAP), reviewing of the application forms, gathering emergency contact information, permission forms, etc.

OTHER DOCUMENTS REQUIRED

- A copy of the child's **most recent Immunization Records** are to be submitted along with the application and Parent Handbook Consent form.
- A copy of Child Custody Agreement papers is required (if applicable). **In case of custody disputes,** we cannot refuse a parent access to his/her child unless we have a court-ordered custody agreement on file, stating that the parent in question **may not** have access to the child. Please keep this in mind if you are requesting that we deny access to a parent.

It is the parent's/guardian's responsibility to notify Bright Learners Daycare and inform us of any changes/updates to the information contained within the application package.

CHILD ENROLLMENT FORM

Child's Full Name _____

Child's Preferred Name _____

Child's Date of Birth _____

Start Date _____

School Attending _____

Grade _____

ADDRESS

Home Address _____

City _____ **Postal Code** _____ **Cell Number** _____

Home Phone Number _____ **Alternative Number** _____

Personal Email Address _____

NOTE: Each child will have their own enrollment form and policy agreement.

PARENT/GUARDIAN 1

Full Name _____

Relationship _____

Phone Number _____

Occupation _____

Home Address _____

City _____ **Postal Code** _____

Parent Email _____

PARENT/GUARDIAN 2

Full Name _____

Relationship _____

Phone Number _____

Occupation _____

Home Address _____

City _____ **Postal Code** _____

Parent Email _____

Is there a custody agreement in place? **YES** ☐ **NO** ☐

(*If yes, please provide a copy)*

If yes, please describe custody/living arrangements:

_____

Who will usually be dropping off and picking up your child? _____

AUTHORIZATION FOR PICKUP

Please provide the contact details of the people you authorize to remove your child from the Centre. We will always check identification before releasing a child only to an unknown person. Please remind those listed below to bring an official government issue I.D. when collecting your child.

Full Name _____

Relationship _____

Cell Number _____

Home Number _____

Home Address _____

City _____ **Postal Code** _____

Full Name _____

Relationship _____

Cell Number _____

Home Number _____

Home Address _____

City _____ **Postal Code** _____

EMERGENCY CONTACT INFORMATION

Please provide the details of people to contact in the event of an emergency, if the parents/guardians cannot be reached. By listing the contacts below, you are also authorizing those below to remove your child from the Centre in the event of an emergency. **A minimum of 1 emergency contact is mandatory.**

☐ **Check here if the emergency contact(s) are the same as the person with permission to remove your child from the Centre. The emergency contacts listed must be someone other than the parents.**

Emergency Contact 1

Full Name _____

Relationship _____

Cell Number _____

Home Number _____

Home Address _____

City _____ **Postal Code** _____

Emergency Contact 2

Full Name _____

Relationship _____

Cell Number _____

Home Number _____

Home Address _____

City _____ **Postal Code** _____

PARENT/GUARDIAN AGREEMENT

Child's Name(s) _____ _____

1. Upon arrival, I will sign my child in using the Sign In Sheet and sign out when picking up my child. (Signing your child in and out is important and helps notify the daycare employees of your child's arrival and departure). ____

2. If someone other than the parent/guardian is picking up my child, I will provide written consent so that you may release my child into appropriate care. _____

3. I give permission for my child to participate in neighborhood walks and outings during their attendance at **Bright Learners Daycare.** _____

4. If my child takes part in field trips, I will be notified in advance. _____

5. If my child has any signs of communicable diseases, I agree to immediately collect my child from the Centre. If a parent/guardian cannot be reached, I understand the emergency contact will be contacted. _____

6. In the event of an emergency medical situation, I grant permission to the Director or Staff to apply first aid and/or obtain medical care for my child and then be contacted. I will not hold the Centre liable for taking such action and I agree to reimburse the Centre for any expenses in the event of such an emergency. _____

7. I agree to give **one month's written notice** of termination. If I do not provide one month's notice, I understand that I will be charged a fee equivalent to one month's childcare fees. This notice also applies to any changes made to my child's schedules. _____

11. I agree to pay the full monthly fees regardless of days missed for vacation or illness or for days the Centre is closed. Additionally, there are no refunds for the aforementioned. The monthly fee covers both actual care and the guaranteed space. Absence for different circumstances are expected and have already been taken into consideration when the fees were set. Part-time children who attend in excess of enrolled days will be charged based on drop in fees for additional time. Fees are non- refundable, despite the circumstance. _____

12. **Bright Learners** is not responsible for lost or stolen articles. _____

I have read and understand all of the above agreement indicators.

_____ _____

Parent/Guardian's Signature Date

Medical Condition Form

COMPLETE ONLY IF YOUR CHILD HAS A MEDICAL CONDITION THE DAYCARE NEEDS TO BE AWARE OF

In the case that Daycare staff need to provide emergency medical treatment to your child due to allergies or any other life-threatening health issues, please complete this form and return it to the daycare ASAP. This will help us to create a medical management plan if required.

By completing this form, you are giving permission to post details regarding your child's condition in the staffroom and medical binders so that all staff are aware of which students may require special attention.

Sincerely,
Bright Learners Daycare Staff

I am the parent/guardian of _____and the medical condition my child has is: _____.

- ☐ My child has a medical condition that requires a medical management plan in case daycare staff need to provide emergency medical treatment. (This includes administering an Epi-Pen)
- ☐ My child requires prescription medication to be kept at daycare, or in the office and administered by daycare staff. Please send home a consent form for staff to administer medicine. (This includes Epi-Pens, inhalers, and prescription pills)
- ☐ My child carries and self-administers their own medication. (This includes Epi-Pens, inhalers, and prescription pills)
- ☐ My child has a medical condition that is monitored at home and does not require a medical management plan or a prescription authorization form. (Please provide details below)

Please provide any relevant information including details of the ailment and medications:

_____

_____

_____ _____

(Print Parent/Guardian Name) (Signature of Parent/Guardian

Health Information

If your child has had any history of communicable diseases (e.g chicken pox, measles) Please list them here

Does your child have any medical needs that require additional support (e.g diabetes)?

_____

Immunization Records

Alberta childcare and health regulations do not require immunization records for all children attending the center, however we do request this information to support the health and well-being of all individuals within the program. For parents who choose not to immunize, please sign the immunization exemption below. The purpose of documenting to keep families informed of the communicable disease outbreaks that might affect your child. If there is confirmed outbreak, the program or Alberta health may require that your child be excluded from care, until Alberta Health declares the outbreak closed. If you have chosen not to immunize your child, please sign the exemption below indicating that you have read and agree to abide by the immunization records policy.

I_____ the parent/guardian of_____ (child's name) have read and understood the above policy and agree to follow the required procedures in the case of communicable disease outbreak.

Parents name/Signature _____
Date _____

Allergy information

Does your child have a life-threatening allergy? **Yes** ☐ **No** ☐

If yes, an **individualized plan for an anaphylactic allergy** that includes emergency procedures must be developed between parent and the childcare provider prior to child's start date

Does your child have any allergies that are not life-threatening (food or other substance) **Yes** ☐ **No** ☐

If, Yes please provide relevant information, including what your child is allergic to, symptoms of a reaction and treatment required

ALLERGY	SYMPTOMS	TREATMENT REQUIRED

Additional Information:

How did you hear about our daycare?

_____

_____

Are there any cultural or religious practices that we should be aware of?

_____

_____

Is there anything else you'd like us to know about your child?

_____

_____

_____

Consent and Signature: By signing below, I give consent for my child to attend the daycare and agree to the terms and conditions outlined in the daycare policies and procedures.

Parents name/Signature _____

Date _____

Consent Information

1. **Transportation** (Check All That Apply):

Give consent for my child to be transported and supervised by the operation's employees:

☐ For Emergency Care ☐ on Field Trips ☐ To And From Home ☐ To And From School

2. **Field Trips**

☐ Give consent for my child to participate in field trips.

☐ Do not give consent for my child to participate in field trips. Comments

3. **Water Activities**

I give consent for my child to participate in the following water activities:

☐ Water Table Play ☐ Sprinkler Play ☐ Splashing/wading Pools ☐ Swimming Pools
☐ Aquatic Playgrounds

4. **Receipt of Written Operational Policies (Check All that Apply)**

I acknowledge receipt of the facility's operational policies, including those for:

☐ Discipline and guidance

☐ Suspension and expulsion

☐ Emergency plans

☐ Procedures for conducting health checks

☐ Safe sleep

☐ Procedures for the release of children

☐ Illness and exclusion criteria

☐ Procedures for dispensing medications

☐ Immunization requirements for children.

☐ Meals and food service practices

5. **Days and Times in Care**

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

We would appreciate it if parents completed this consent form in order to allow their children to be photographed during special events or normal daily activities organized at Bright Learners Daycare.

In order for a child to have their photograph taken, they must have a parental signed consent form on file at Bright Learners Daycare..

If you **do not** want to have your child photographed, please do not hesitate to indicate this in the section below. Also, if you do object, please ensure that your child is aware of this – if possible.

As the parent of a child/children at Bright Learners Daycare., I agree to the following:
Check all the following that apply:

_____I understand that my child(ren) whose name(s) are listed below may be photographed at Bright Learners Daycare. During normal daycare hours, field trips, or activities.

_____I give permission for my child(rens) photographs to be used in school newsletters or posted on the Bright Learners Daycare website.

_____I give my permission to have my child(rens) photographs to be posted on our **CLOSED/PRIVATE** Facebook group. (Daycare events, daily activities, etc.)

_____I give permission for my child (rens) photographs to be printed off and used in classroom photo albums.

Please print your child(ren)'s full name: _____

☐ Yes, I confirm that I have read and understood the above and agree to have my child (rens) photos taken, and used for newsletters, daycare websites, and closed Facebook Page.

☐ No, I do not wish to have my child(ren) photographed.

Parent Name (please print) _____

Parent Signature: _____

Date:_____

Any Additional information that you want to discuss about your child :