



Kristopher Robyn's Childcare Centre

115 23 Akins Drive, St. Albert, AB T8N 3B3
780-460-9711 | krccc@telus.net | www.krchildcare.com

Enrollment Package

Name of Child: _____

Office Use Only

Start Date: _____ End Date: _____

Full Time: _____ Part Time: _____



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Parent Orientation Checklist

Please check if the following has been reviewed and explained to you by management.

- _____ I was given a tour of the Centre and the outdoor play area; including my child's room
- _____ I received a current parent handbook that indicates clearly all of Kristopher Robyn's policies and procedures.
- _____ Management reviewed the four week menu that the centre provides. All of my questions were answered regarding the menu and food preparation procedures.
- _____ Management/lead staff explained the Centre's philosophy of learning through play and child interest based programming.
- _____ Management has taken the time to show me the staff biography board and information that is posted in the lobby; including licensing and health inspection report.

Parent/Guardian Signature

Date



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Dear Parent(s),

Welcome to Kristopher Robyn's Childcare Centre.

This registration package consists of all the information that is required to make sure that your child transitions smoothly into our Centre. We look forward to making this a pleasant experience for all the 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 us in person. We appreciate any suggestions or recommendations you may have.

Thank you,

Shaista Virani

Director



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Registration Form

Child Information:

Child's Name: _____

Date of Birth: _____

Home Address: _____

Child's Home #: _____ Mobile #: _____

Parent's Email Address: _____

Parent Information:

Mother's Name: _____

Address: _____

Home Phone #: _____ Mobile #: _____

Occupation: _____

Work Address: _____

Work Phone #: _____ Email: _____

Father's Name: _____

Address: _____

Home Phone #: _____ Mobile #: _____

Occupation: _____

Work Address: _____

Work Phone #: _____ Email: _____



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Family Information:

Marital Status: _____

Siblings and their ages:

1. _____

2. _____

3. _____

4. _____

Parents with custody of the child please list any and provide copies of agreements/ orders:

Emergency contact Information:

1. Name: _____ Relationship to Child: _____

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

2. Name: _____ Relationship to Child: _____

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

Authorized people to whom the child may be released:

1. Name: _____ Relationship to Child: _____

Phone #: _____

2. Name: _____ Relationship to Child: _____

Phone #: _____



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My child must not be released to following people:

1. Name: _____
2. Name: _____

Administrative Information:

Desired Start Date: _____ Today's Date: _____

Subsidy: () Yes () No If Yes, Amount: \$ _____

All about my child:

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

1. Favourite Activities: _____

2. Fears: _____

3. Dislikes: _____

4. Reaction to stress: _____

5. Self-care skills: _____

6. Pets: _____
7. Language(s) spoken at home: _____
8. Holidays and traditions celebrated at home: _____



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9. Why are these holidays and traditions important to your child: _____

10. Parent's method of guidance/discipline: _____

11. Eating habits, food preferences and food restrictions: _____

12. Let us know what you expect from our Centre: _____

Medical Information:

Alberta Health Care #: _____

Name of Physician: _____ Phone #: _____

Immunization up to date: () Yes () No

Date of last Immunization: _____

Any allergies, regular medication, chronic conditions, etc.: _____



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Parent/Admission Agreement (please sign and return)

Child's Name: _____

- Fees are due at the first business day of each month and must be paid in time in order to avoid late charges. A late fees of \$75 comes into effect if payment is not made by the 3rd business day of the month. Notices of late payments will go out on the 3rd business day of the month. A charge of \$35 will be charged for N.S.F cheques.
- A one month written notice is required when you withdraw your child(ren) from the Centre.
- A deposit of \$250 per child is required before commencement. This will be refunded if a 30 day notice is given prior to leaving the Centre.
- All childcare fees are subject to change with 30 days' notice.
- If your child is taking holidays or is absent from the Centre for some time during the month, you are required to pay for your child's full month fees. Fees are not reduced for statutory holidays or Christmas holiday week.
- The daycare is closed on New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Heritage Day, Labor Day, Thanksgiving Day, Remembrance Day, Christmas Day, Boxing Day and one week for Christmas holidays.
- Spaces are not saved for children leaving the Centre during summer months or for extended periods of time during the year. Children's names may be placed on the waiting list for re-entry into the program.
- Parents on subsidy are responsible for ensuring that the child's subsidy is valid and kept up to date. In an event of lapsed or expired subsidy, parent will be responsible and required to pay all the fees at the beginning of each month. If you have been granted backdated subsidy to the expiry date and have been paying full fees for the month, you will be refunded for the amount you have paid over and above the non – subsidized portion. Please send in your renewal and all requiring document for subsidy one month before the expiry date to avoid disappointment.



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- The Centre closes at 6:00 p.m. Parents are expected to pick their children up before that time. Late fees will be charged as follows:
 - No charge for pickup before 6:10 pm;
 - \$5.00 charge for pickup between 6:10 pm and 6:20 pm; and
 - \$1.00 for every minute after 6:20 pm.

Late pick-up due to unusual circumstances such as car accident, bad weather conditions is okay, however, a phone call to the Centre is required. If a parent/guardian has not arrived or contacted the Centre we will contact one of the emergency contact persons for them to pick up your child (this is if you fail to contact us about your delay). If after 7:00 p.m. we have not been contacted, social services will be called.

- The Educators will not permit your child to leave the Centre with anyone other than the individuals listed as authorized persons and emergency contacts. If a person other than parent/guardian will be picking up your child, please notify the Centre of this arrangement. At the time of departure the person will be asked to show photo ID.
- PLEASE NOTE: In case of a separated (formally or informally), or divorced situation, we cannot prevent either parent from taking the child unless there is a legal custody agreement or a restraining order on file at the Centre. In a situation like this, please provide a copy of the court order.
- We ask that you send your children in comfortable clothing and footwear. Please dress your child appropriately for the weather as children are taken out everyday weather permitting.
- Please do not bring sick children to the Centre as it is unsafe for your child and others. Parents are required to pick up their child from the Centre if the child is vomiting, has a fever, diarrhea, and an unexplained rash and/or cough.
- The Centre agrees to use all care and diligence in the caring of children and their personal belongings, but is not responsible for any loss or damage to clothing or other effects of the children, and also for any accidents, sickness or diseases, that may have occurred to a child while in the care of the Centre, but with the exception of those resulting from gross negligence.
- We are a NUT free facility. We strive to protect all our children's best interest. Many children do have nut allergies that are very severe. At the Centre, we provide meals that are all NUT free. Any children that do bring their own snacks or lunches are required to have them nut free.



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- Staff will administer first aid and, if required, obtain medical assistance for any child in their care when required/necessary. It is the parents' responsibility for costs of any medical assistance/expenses.

If a child requires medical assistance the following will be done:

- a. Parents will be contacted, if parents are unavailable, an emergency contact, if provided, will be contacted.
- b. If required, in the event of an emergency, the child will be transported to the nearest hospital in an ambulance. Cost of the ambulance will be the parents' responsibility.

I have read and understood the above admission policies, and the policies in the Parent Handbook and am not aware of all the policies and procedures that are in place at Kristopher Robyn's Childcare Centre.

I have read and understood the above admission policies, and hereby certify that the information in the registration form is true, correct and complete in every respect.

Parent/Guardian Name

Date

Parent/Guardian Signature

Phone Number



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PORTABLE EMERGENCY RECORD

CHILD'S NAME: _____

CHILD'S ADDRESS: _____

DATE OF BIRTH: _____ AHC #: _____

PARENT/GUARDIAN (1): _____ PLACE OF WORK: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ WORK/CELL: _____

PARENT/GUARDIAN (2): _____ PLACE OF WORK: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ WORK/CELL: _____

HOME ADDRESS IF DIFFERENT FROM ABOVE: _____

*** PRIMARY PARENT CONTACT IN EMERGENCY: _____

EMERGENCY CONTACTS TO WHOM CHILD MAY BE RELEASED:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

ADDITIONAL HEALTH INFORMATION:

FAMILY PHYSICIAN NAME: _____ TELEPHONE: _____

KNOWN ALLERGIES: _____

ONGOING MEDICATION: _____

IMMUNIZATION UP TO DATE (circle one): YES NO

DATE UPDATED/REVIEWED: _____



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Email Consent Form

In an effort to become paperless and lessen our carbon footprint, the Centre offers the option to receive our monthly newsletters, parent and child handbooks, policy changes and any other information by email correspondence.

Please include your email address below to receive updates.

Family Name: _____

Email: _____



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Social Media Policy

Kristopher Robyn's Childcare Centre takes the safety and privacy of the children and families in our care very seriously and have developed this social media policy. We realize that social media can be a great way for families to stay connected and share information, however, it can also breach privacy of others. Therefore, families are asked not to post any pictures or information about children in our care on any social media sites. This is for the safety and protection of everyone.

I understand the above policy and agree to adhere to all terms.

Parent/Guardian Name

Date

Parent/Guardian Signature

Phone Number



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Permission for Walks and Neighborhood Outings to Parks

I hereby give the staff at Kristopher Robyn's Childcare Centre my permission to take my child out for walks in the Akinsdale area and to go to the following neighborhood parks.

- Attwood Park
- Alpine Park
- Gish Park
- Alderwood Park
- Leo Nickerson Park (only OSC children)
- Sir Alexander Mackenzie Park (only OSC children)

I am aware that all staff that will be taking the children will have their current first aid, portable emergency binder, a cell phone and first aid kit.

Parent/Guardian Name

Date

Parent/Guardian Signature

Phone Number



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Sunscreen and Bug Spray Permission Form

During the warmer weather/ summer seasons when UV becomes evident, before going outside the staff will apply sunscreen to protect their skin from the sun with your consent.

Also depending on the year/season mosquitos can stop the enjoyment of outdoor play. The staff may apply mosquito/bug spray to child with your consent.

Parents are responsible to provide sunscreen and bug spray for their child(ren). Please label any bottles with your child(ren)'s name(s).

I acknowledge that I have read the above information about Sunscreen and Bug Spray and hereby give permission to the staff at Kristopher Robyn's Childcare Centre to apply sunscreen and bug spray to my child and that I have provided the sunscreen and bug spray.

Parent/Guardian Name

Date

Parent/Guardian Signature

Phone Number