Revised March 19, 2026

ACME DAYCARE CENTRE

Child Registration Form

Today's Date: **Category of Care: PT or FT** **Start Date:**

Child's Name: _____

Date of Birth: _____ Age: _____

***Physical Address: _____**

Mailing Address: _____

Mother's Name: _____ Last Name: _____

***Physical Address: _____**

Mailing Address: _____

Telephone Number: _____ E-mail Address: _____

Occupation: _____ Hours of Work: _____

Work Address: _____

Father's Name: _____ Last Name: _____

***Physical Address: _____**

Mailing Address: _____

Telephone Number: _____ E-mail Address: _____

Occupation: _____ Hours of Work: _____

Work Address: _____

Password: _____

*Address means the address of the person's primary residence. It can be the civic or rural address and/or the legal land description. It cannot be a post office box number or be left blank.

All of the above information **must** be filled out as it is a regulated requirement by Child and Family Services Authority.

The personal information contained on these forms is collected and protected under the Freedom of Information and Privacy Act. It will be used for medical or emergency purposes and Licensing requirements only.

ACME DAYCARE CENTRE

PORTABLE EMERGENCY INFORMATION FORM

Name of Child:	**AHC#:**	**D.O.B:**
Name of Guardians:		
Address:		
Home #:	**Work #:**	**Cell #:**
Physician:		
Office #:		
Immunizations Up-To-Date:	**Yes or No**	
Allergies:		
Medical Conditions:		
Emergency Contact #1:	**Relationship to Child:**	
Address:		
Home #:	**Work #:**	**Cell #:**
Emergency Contact #2:	**Relationship to Child:**	
Address:		
Home#:	**Work #:**	**Cell #:**

Audited: **Audited:** **Audited:** **Audited:**

****Persons unfamiliar to the Daycare staff will need to present a picture ID for the child/children to be released into their care. ****

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ACME DAYCARE CENTRE

MEDICAL RELEASE FORM

Child' Name	**AHC #:**	**Date Of Birth:**
Name of Guardian(s):		
Address:		
Home #:	**Work #:**	**Cell #:**

Physician:	**Office #:**
Office Address:	
Are your child's immunizations Up-To-Date: Yes No (circle one) **If no, please explain:**	
Health Unit Location where Immunization Records are held:	
Allergies:	
Medical Conditions:	
Medications:	
Does your child require any medical treatment or medicine on a daily basis? YES or NO	
If yes, please explain:	
Will Acme Daycare Staff need to administer? YES or No **(If yes, a separate form is required to fill out)**	
If yes, please explain:	

If your child has emergency medication, a separate form needs to be filled out with consent to administer. I give permission for the staff of Acme Daycare Centre to administer first aid to my child as named above, when necessary.

Parent Signature: _____ **Date:** _____

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ACME DAYCARE CENTRE

In the event that my dependent is injured or ill while under the care of Acme Daycare Centre, I hereby give permission to the Centre to provide first aid and to take the appropriate measures, including contacting the Emergency Medical Services (EMS) system and arranging for transportation to the nearest Emergency Medical Facility. In making the medical decisions of my behalf for the benefit of my dependent, I direct that the Centre attempt to call me and my emergency contacts. However, if medical care becomes essential, I give permission to the Centre to make such decisions regarding such treatment as deemed appropriate by the physician, hospital, or their authorized designate. I authorize the Centre to request, obtain, review, and inspect any and all information relevant to my dependent's health when making treatment decisions on my behalf for the benefit of my dependent.

Guardian Signature	**Date**
Guardian Signature (if applicable)	**Date**
Director Signature	**Date**
Witness Signature	**Date**

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ACME DAYCARE CENTRE

WAIVER OF NON-IMMUNIZATION, WAIVER OF LIABILITY AND PERMISSION TO TRANSPORT, AND PICTURE RELEASE FORM

Name of Child:
Name of Guardian(s):

****IF THERE ARE ANY SECTIONS ON THIS FORM THAT ARE NOT APPLICABLE, PLEASE MARK N/A AND INTITIAL****

Waiver of Non-Immunization

I understand that I have chosen not to immunize my dependent against any/all childhood illness and in this regard understand that due to contact with other children at the centre my dependent my become ill.

Waiver of Liability and Permission to Transport

I hereby do grant permission for the Acme Daycare Centre to transport my dependent in an emergency as is necessary. I also hereby agree to waive liability in the occurrence of any/all accidents/injuries incurred while attending the Centre.

Picture Release

I have no objection to the staff at the Centre taking pictures of my child, family, and friends for display purposes and/or publicity.

Guardian Signature **Date**

Guardian Signature (if applicable) **Date**

Witness Signature **Date**

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NIPISSING DEVELOPMENTAL SCREEN PERMISSION FORM

Name of Child:
Name of Guardian(s):

The Nipissing Developmental Screen is a tool designed to provide an easy-to-use method of recording the development and progress of infants and children. The areas of development covered by the Screen includes vision, hearing, communication, gross and fine motor skills, cognitive, social/emotional, and self-help.

These screens are to assist parent, healthcare professionals, and child care professionals with a convenient method of recording the development and progress of infants and children within certain age groupings.

These screen forms are not meant to be a substitute for the advice of and/or treatment by healthcare and child care professionals trained to properly and professionally assess the development and progress of children.

By signing this form, you as a guardian are giving permission for the Acme Daycare to screen the above-named child and you understand that the screen is for the child's record only and will not be discussed with any party not related to the Centre. You are acknowledging that you understand the importance of the screening process, that you have read what the screening involves and the Centre staff have answered any questions you might have had.

Guardian Signature	**Date**
Guardian Signature (if applicable)	**Date**
Witness Signature	**Date**

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If you do not wish to have your child participate in these screens, please explain:

_____

_____

_____

_____

_____ _____

Guardian Signature **Date**

_____ _____

Guardian Signature (if applicable) **Date**

_____ _____

Witness Signature **Date**

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ACME DAYCARE CENTRE
NO CALL – NO SHOW FORM

I, _____, the guardian of _____, accept the amendment of the Acme Daycare Association – Program Plan Cancellation and Withdrawal Policy 1-4 that now states within in it: "Repeated NO SHOW, NO CALL incidents will result in termination o your contract with the Acme Daycare Centre. The first (1st) offence you will receive a verbal warning, the second (2nd) offence you will receive a written warning, and the third (3rd) offence will result in the termination of your childcare effective immediately.

I accept this amendment as it has been explained to me.

Dated: _____

Guardian: _____

Witnessed by Director/Assistant Director: _____

NO CALL, NO SHOW INCIDENTS

1st Incident Dated: _____

Verbal Warning Acknowledged by Guardian: _____

Witnessed by Director/Assistant Director: _____

2nd Incident Dated: _____

Letter Received by Guardian and Acknowledged: _____

Witnessed by Director/Assistant Director: _____

3rd Incident Dated: _____

Termination Received by Guardian and Acknowledged: _____

Witnessed by Director/Assistant Director: _____

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ACME DAYCARE CENTRE

FIELD TRIP PERMISSION SLIP FORM

I, _____ hereby give Acme Daycare Staff permission to take my child, _____, on excursions from the Daycare which can include, but are not limited to the following activities:

- Neighborhood walks
- Parks
- Acme School
- The Public Library
- Acme Swimming Pool
- Fire Station

Please review the information carefully and sign. By signing this form, you are stating that you are giving permission to an Acme Daycare provider to take your child on excursions from the Centre around town. Your child will not be driven by car/van at any time by a daycare provider. Outings will be by foot, with first aid kit always on hand. An email will be sent out 5 days prior to the field trip with location and Staff contact information.

I _____ do hereby agree to wave liability in the occurrence of any and all accidents and/or injuries that may incur on these trips.

Signed on _____ of _____, 20_____.

_____

Guardian

_____

Witness

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ACME DAYCARE CENTRE

GUARDIAN ORIENTATION CHECKLIST

Instructions:

Orientation must be documented for each new child who will be attending the Centre by their guardian. Upon completion of orientation, the guardian and staff shall initial and date the spaces correspond to each completed item, as well as signing the bottom of this form. This form will be placed in the child's file for review by the Licensing Representative.

Name of Child:	
Name of Guardian(s):	
Name of Staff Member:	**Position:**

ITEM	GUARDIAN INITIAL	STAFF INITIAL	DATE
Completion of Registration			
Completion of Emergency Contact Information			
Record of Immunization			
Review of Guardian Program Plan			
Review of Policies and Procedures			
Review of Appendix A Child Guidance/Guiding Children's Behavior			
Schedule of Activities at the Centre			
Schedule of Snacks, Lunch, and Nap Time			
Staff Answered Any Questions or Concerns the Guardian Had			

Guardian Signature **Date**

Staff Signature **Date**

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ACME DAYCARE CENTRE

YOUR CHILD'S PREFERENCES

Habits:
Fears:
Likes:
Dislikes:
Beliefs:
Heritage:
Do you have any celebrations/cultures that you would like to share?
Describe how the Centre could incorporate your family celebrations/cultures.

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Any Important Information:
Describe what is most important for you to see in a childcare centre.

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ACME DAYCARE CENTRE
GUARDIAN/CENTRE CONTRACT

The guardian(s) _____ agree to give temporary care of their child to Acme Daycare Centre during the following contracted hours. They have read, understood, and have accepted the policies and standards of care as recommended in the Guardian Program Plan.

Child's Full Name: _____

CONTRACTED HOURS OF CARE

The Centre's hours are 6:30am – 6:00pm and we cannot accommodate earlier openings or later closings.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Or a monthly schedule in writing (Calendars are available at the Centre - please attach to form)

The guardian(s) understands that their child's spot will be reserved for the on the above noted days. The guardian(s) will be charged for those days whether they are used or not. The Centre requires a minimum of 24 hours notice for all cancellations.

In consideration of the Centre staff, the guardian(s) understand and accept that they must advise the centre if they are going to be unavoidably detained and late in dropping off or picking up their child. If they do not advise the Centre, a late fee will be charged as per the most recent Centre Fee Schedule.

The guardian(s) understand and agree that the Centre has agreed to accept their child into care based on the hours stated on this contract. If the guardian(s) schedule changes, the Centre has the option of terminating this contract.

The guardian(s) agree that they will give the Centre at least 2 weeks written notice of termination of this contract. See the Guardian Program Plan, Section 1, Policy 1-8.

The Centre agrees to give the guardian(s) at least 2 weeks written notice of termination of this contract. See the Guardian Program Plan, Section 1, Policy 1-8.

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ACME DAYCARE CENTRE

ENROLLMENT RATES

The terms of this contract begin on _____

Guardian Signature	**Date**
Guardian Signature (if applicable)	**Date**
Director Signature	**Date**
Witness Signature	**Date**

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Schedule "A"

FUNDING

Child Care Fee minus Parent Fee = **Affordability Funding Rate**

Affordability Funding and Preschool Funding (if applicable) is outlined in the tables below.

Program Name: ACME DAY CARE - CURIOSITY CORNER
Program ID: 80001341

DAY CARE PROGRAM

Age of Child	Child Care Fees [per month per child]	Flat Monthly Parent Fees [per month per child]	Affordability Funding Rates [per month per child]
Children Registered to Attend: 100 or more hours (Full-time care)			
Infants (less than 12 months)	$1,206.77	$326.25	$880.52
Infants (12 to less than 19 months)	$1,206.77	$326.25	$880.52
19 months to less than 3 years	$1,050.71	$326.25	$724.46
3 years to less than 4 years	$993.92	$326.25	$667.67
4 years to not yet attending kindergarten	$993.92	$326.25	$667.67
Kindergarten-age children requiring child care during school hours	$993.92	$326.25	$667.67
Children Registered to Attend: 50-99 hours (Part-time care)			
Infants (less than 12 months)	$784.40	$230.00	$554.40
Infants (12 to less than 19 months)	$784.40	$230.00	$554.40
19 months to less than 3 years	$682.96	$230.00	$452.96
3 years to less than 4 years	$646.05	$230.00	$416.05
4 years to not yet attending kindergarten	$646.05	$230.00	$416.05

Privacy Act. It will be used for medical or emergency purposes and Licensing requirements only.

Age of Child	Child Care Fees [per month per child]	Flat Monthly Parent Fees [per month per child]	Affordability Funding Rates [per month per child]
Kindergarten-age children requiring child care during school hours	$646.05	$230.00	$416.05

OUT OF SCHOOL CARE PROGRAM

Age of Child	Child Care Fees [per month per child]	Flat Monthly Parent Fees [per month per child]	Affordability Funding Rates [per month per child]
Children Registered to Attend: 100 or more hours (Full-time care)			
Kindergarten-age children requiring child care during school hours	$993.92	$326.25	$667.67
Children Registered to Attend: 50-99 hours (Part-time care)			
Kindergarten-age children requiring child care during school hours	$646.05	$230.00	$416.05

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ACME DAYCARE CENTRE

Permission to Share Information for the creation of Child Care Participant number

What is the child Care Participant Number?

Starting in Spring 2025 all licensed childcare programs will be required to register children attending their childcare program to generate a unique Child Care Participant Number. In addition to improving the claim and payment process for providers, the Child Care Participant Number will eventually make it possible for parents to receive more information on government funding being invested on your behalf to reduce childcare fees.

Licensed Childcare facilities must share children's names, date of birth, guardian's names, email addresses and phone numbers, as well as the child's start date and attendance hours. It is required that guardians give consent to their childcare facility to share this information. Not agreeing to share this information will result in your child not receiving a Child Participant Number and not qualifying for funding. Guardians will then be responsible for covering the full cost of childcare.

☐ I allow Acme Daycare Association to share my and my child's information with Alberta Government for the purpose of creating a Child Care Participant Number to attend childcare and receive funding.

☐ I do not allow Acme Daycare Association to share my and my child's information with the Alberta Government for the purpose of creating a Child Care Participant Number to attend childcare, choosing to pay the full cost of childcare or no longer attend.

Child's Full Name: _____

Child's Date of Birth: _____

Guardian #1 Name _____

Email: _____

Phone Number: _____

Guardian #2 Name: _____

Email: _____

Phone Number: _____

Attendance Hours ☐ Part Time 50 – 99 hours ☐ Full Time 100 + hours

Guardian Signature _____ Date: _____

Director Signature _____ Date: _____

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