



# **CHILD APPLICATION FORM**

**AKASI'S KIDZ DAYCARE**

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## **AKASI'S KIDZ DAYCARE CHILD APPLICATION**

NAME:OF CHILD: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ MALE ☐ FEMALE ☐

### **GUARDIAN/PARENT**

NAME: \_\_\_\_\_

GUARDIAN'S BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

### **GUARDIAN/PARENT**

NAME: \_\_\_\_\_

GUARDIAN'S BIRTHDAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

CHILDS RESIDENCE YES ☐ NO ☐

CHILDS RESIDENCE YES ☐ NO ☐

HOME PH#: \_\_\_\_\_ CELL: \_\_\_\_\_

HOME PH#: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER/SCHOOL: \_\_\_\_\_

EMPLOYER/SCHOOL: \_\_\_\_\_

WORK/SCHOOL #: \_\_\_\_\_

WORK/SCHOOL #: \_\_\_\_\_

WORK/SCHOOL ADDRESS: \_\_\_\_\_

WORK/SCHOOL ADDRESS: \_\_\_\_\_

ALL client information can be released to the above parents/guardians. ☐ Initials

\*If parent/guardian attends school, please attach a copy of class schedule including items and room numbers.

### **ESSENTIAL INFORMATION;**

EMERGENCY CONTACT: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

My child(ren) may be released to the emergency contact person listed above

Yes ☐ No ☐

Authorized persons to whom my child(ren) may be released (List all, (Must be at least 18 years of age): \_\_\_\_\_

Authorized locations to where my child(ren) may be released (i.e. kindergarten, school, park): \_\_\_\_\_

Persons NOT allowed access to my child (IF YOU ARE LISTING A PARENT HERE PLEASE SEE NEXT PAGE) \_\_\_\_\_

## PHOTOGRAPHY WAIVER

I agree to allow photographs of my child(ren) to be taken for the purpose of Daycare and public activities such as,  
Child Portable Record, scrap books, posters (ie. Family wall) daycare pamphlets/profiles and displays. Initials [ ]

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## **Child Medical and Custodial Information Form**

Does your child have any allergies to: (please describe)

Foods: \_\_\_\_\_ Medications: \_\_\_\_\_

Animals: \_\_\_\_\_ Other: \_\_\_\_\_

Does your child have any reoccurring medical problems? ☐ Yes ☐ No

Please describe and list regular treatment for the conditions:

\_\_\_\_\_

Does your child have any dietary restrictions? ☐ Yes ☐ No

Please describe: \_\_\_\_\_

## **MEDICAL CONSENT:**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

AHC #: \_\_\_\_\_

In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my physician, or, if not available, by any other physician selected by a designated of Akasi's Kidz Daycare.

Is your child's immunizations current? ☐ Yes ☐ No

Please describe: \_\_\_\_\_

### **IMMUNIZATION WAIVER:**

The above-mentioned child is not immunized as recommended by Alberta Health. I understand that this may put my child at risk if she/he is exposed to a communicable disease while attending the daycare. If a communicable disease occurs in my daycare, my child may be excluded from the daycare until such time as she/he is immunized or authorized to return by the Medical Health Officer. I indemnify and save harmless Akasi's Kidz Daycare for any condition arising as a result of my child being exposed to a communicable disease.

Initials: \_\_\_\_\_ (please read the above carefully and initial if your child is NOT immunized)

PLEASE NOTIFY THE DAYCARE OF ANY CHANGES IN THE ABOVE INFORMATION. ALL INFORMATION CONTAINED IN THE APPLICATION IS REQUIRED BY AND MAY BE SHARED WITH SOUTHWEST ALBERTA CHILD AND FAMILY SERVICES AUTHORITY.

Signature of parent/guardian: \_\_\_\_\_ (Date): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ (Date): \_\_\_\_\_

### **CUSTODIAL INFORMATION:**

(Please complete only if parents/guardians do not reside together)

Does your child have contact with his/her other parent? ☐ Yes ☐ No

How often? \_\_\_\_\_

Does the other parent have permission to take your child from the daycare? ☐ Yes ☐ No

If YES, ENSURE the other parent's name is listed on the front page as someone to whom the child may be released.

## Child Profile and Family Information Form

If NO, ENSURE a court order stating the other parent is not allowed access accompanies this application. If no court order is applied, the caregiver may not deny the other parent access.

### CHILD PROFILE FOR:

Child's Name: \_\_\_\_\_

Does your child receive a prescribed medication each day? ☐ Yes ☐ No

Is the medication administered at home? ☐ In the daycare ☐

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time administered: \_\_\_\_\_

Please describe your child's typical reaction to illness (e.g., quiet, tired, cranky, tells an adult, etc.):

\_\_\_\_\_

Describe any situations that may be stressful and/or cause a change in your child's behavior (e.g., moving, death of a loved one, custodial circumstances, etc.). It is important to inform the center when any of these situations occur:

\_\_\_\_\_

### GENERAL INFORMATION:

Please describe the following in as much detail as possible.

Child's routine:

\_\_\_\_\_

Child's favorite articles (e.g., toy, blanket, etc.):

\_\_\_\_\_

Child's fears:

\_\_\_\_\_

Child's usual habits (e.g., thumb sucking, rocking, etc.):

\_\_\_\_\_

Child guidance methods used at home:

\_\_\_\_\_

Is your child toilet trained? ☐ Yes ☐ No Does your child use the toilet independently? ☐ Yes ☐ No

Primary language spoken at home:

\_\_\_\_\_



Please describe your expectations with the daycare:

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Estimated Daycare drop-off time: \_\_\_\_\_ Estimated daycare pick-up time: \_\_\_\_\_

### **FAMILY INFORMATION:**

Name of siblings      Age      Dayhome/Daycare/School/Other

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Do you have children with special needs? ☐ Yes ☐ No

Please describe:

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Do you have any pets at home? ☐ Yes ☐ No

Identify any other people who are important to your child(ren) (e.g., grandparents, friends, other relatives, etc.):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **CONDITIONS OF AGREEMENT: AKASI'S KIDZ DAYCARE**

**\*\*IMPORTANT\*\*** Payments are due before the first of every month. Fees are paid to Akasi's Kidz Daycare by e-mail money transfer [info@akasisdaycare.com](mailto:info@akasisdaycare.com), cheque or cash. Any late payments will be charged \$10/day up to 10 business days. After 10 days, if the payment is still not received childcare will be terminated immediately and alternate actions will be taken to recover money owed. \*\*

1. In the event that a child becomes ill in the center the parent agrees to arrange for immediate pick up from the center.
2. The center reserves the right to engage emergency medical assistance for any child if deemed necessary by caregiver. Any expenses shall be borne by the parent of the child concerned.
3. The parent agrees to notify the center of immediate changes such as address or phone number changes or authorization for pick-ups.

4. The parent agrees to report all absences, including all communicable diseases must be disclosed to the center immediately.
5. The center is not liable for any loss or damage to clothing or other items the child brings to the center.
6. There is absolutely NO reduction fee; this includes holidays or missed days.
7. The parent agrees to give one month's written notice if they decide to withdraw the child from the program. If notice is not given parents agree to pay one full month's fee. If the center needs to give notice due to unacceptable behaviors, they will give parents a 2-week written notice.
8. The parent agrees to abide by the drop off and pick up times. After 5:30pm a late fee of \$5.00 every 5mins will apply. This must be paid on the next business day before dropping off your child.
9. There will be a \$50.00 fee for any NSF cheques.

**\*\*Please remember that this is a NUT FREE center when packing lunches for your children\*\***

I agree I have read and understood the above conditions. ☐ Initials

Date: \_\_\_\_\_  
(Mother/Guardian)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Father/Guardian)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Director)

Signature: \_\_\_\_\_

## CHILD GUIDANCE POLICY

We believe in a positive approach when guiding children. Our goals in guidance are to encourage mastery and independence by providing the children with opportunities to do things for themselves. We support the children's feelings and promote their individuality by allowing for choices throughout the curriculum. We strive to be warm, caring, nurturing, respectful, and supportive caregivers. Children will always be talked to where developmentally appropriate.

### Guidance

1. Respect the children
2. Model and teach respect for others

3. Model and teach respect for property
4. Encourage the children, be genuine
5. Avoid criticism, be positive
6. Listen to your tone of voice
7. Promote independence and self-respect
8. Be firm, fair, and consistent
9. Talk with children, not to them or at them
10. Enjoy children, have fun with them
11. Avoid conflicts, redirect children before a problem occurs
12. Be willing to admit mistakes, smile and start again

## **Interventions**

When the child's behavior is not appropriate, the approach and consequences must be reasonable under the circumstances. The caregiver lets the child know that it is the behavior, not the child, that is unacceptable. Acceptable interventions are:

- Ignoring inappropriate behavior and not the child
- Giving logical consequences (child wipes spilled water)
- Distracting and removing the child from the situation and redirecting the activity
- Problem solving and giving choices

## **Unacceptable Approaches to Guiding Children**

Physical or emotional punishment must not be used in the daycare center, which includes spanking, slapping, hitting, biting, shaking, squeezing, kicking, ridiculing, and threatening.

Child guidance actions must never:

- Inflict or threaten to inflict any form of physical punishment, verbal physical degradation, or emotional deprivation
- Deny or threaten to deny any basic necessity
- Use or permit the use of any form of physical restraint, confinement, or isolation

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Parent's/Guardian's Permission to Apply Sunscreen to Child**



(Name of Child)

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As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for staff at Akasi's Kidz Daycare permission to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

☐ I do not know of any allergies my child has to sunscreen.

☐ Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle if mine runs out.

☐ I have provided the following brand/type of sunscreen for use on my child:

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☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

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☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

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**Parent/Guardian full name (print):**

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**Parent/Guardian signature:** \_\_\_\_\_ **Date**

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## **Peanut and Nut Policy**

Akasi's Kidz Daycare would like to inform all parents that we are a PEANUT AND NUT FREE CENTRE. There will be no snacks provided that contains peanuts or nuts of any kind.

Please ensure that your child's lunch does not contain peanuts or nuts traces as well.



Thank you for your cooperation.

I \_\_\_\_\_ have read and agree to abide by the policy to the best of my ability.

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Director Signature                      Date