



Little Stars

12400 Crestmont Blvd SW

Calgary Alberta T3W5B5

403-241-6261

APPLICATION FOR PROGRAM ENROLLMENT

REGISTRATION FEE \$100.00 PER CHILD
Applies to any program (non-refundable)

Daycare Programs (Please check applicable class)

_____ Full Time	Toddler (19m-3y)	7:00am-6:00pm	\$1100/month
_____ Part Time	Toddler (19m-3yr)	7:00am-6:00pm (4.5 hrs/day)	\$550/month
_____ Full Time	Preschool (3y & up)	7:00am-6:00pm	\$1000/month
_____ Part Time	Preschool (3y & up)	7:00am-6:00pm (4.5 hrs/day)	\$500/month
_____ Kindergarten School: _____		7:00-6:00pm	\$900/month

One month deposit fee required (**non-refundable/nontransferable**). Post dated cheques for the 1st of each month or preauthorized credit card payments required. Fees include all meals and snacks and a preschool program offered in the morning. Part time is considered to be 4.5 hours per day; Full time is considered 5 hours or more per day. Kindergarten spots are limited to 4 children only.

Child's Name: _____
(surname) (given)

Address: _____

Phone: _____ (postal code)

Birthdate: _____ Health Care# _____
Month Day Year

Family Physician: _____ Phone: _____

ADDRESS: _____

Are Immunizations up to date? Yes _____ No _____ If NO, please indicate reason. _____

Parent Information:

Mother: _____ Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email Address _____ Cell Phone: _____

Father: _____ Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email Address _____ Cell Phone: _____

Please notify us immediately of any changes in address or phone numbers.

EMERGENCY CONTACT INFORMATION
(other than parents)

1. Name: _____ Phone: _____
Relationship to child: _____
Address: _____
2. Name: _____ Phone: _____
Relationship to child: _____
Address: _____

Emergency contacts are persons **other than the parents**, who are available during school hours to pick up the child in an emergency when parents cannot be contacted. Please provide cell phone or business numbers when possible and complete address (including postal code).

HEALTH INFORMATION

Is there anyone who is not allowed access to your child? Yes ___ No ___ Supporting documents **MUST** be on file.

Details: : _____

Does your child have any medical conditions or allergies? Signs and symptoms for teachers to look for: _

Does your child have any special diagnosis or behavioral issues? Please provide details: _____

Is your child taking medication on a regular basis? Please provide details: _____

If your child has Epi-Pen or Asthma inhalers that could be administered at school, parents must fill out a separate medication administration form. Children that have allergies, parents will be asked to fill out an allergy form to provide more details.

Immunization records-Please attach a copy of your child's records.

ABOUT YOUR CHILD

Please list family members residing with the child, their relationship to the child, and ages of siblings: _____

Has your child attended a childcare program before? _____

Does your child have any special interests? _____

Favorite indoor activity? _____

Favorite outdoor activity? _____

What language is spoken at home? What languages does the child understand? _____

Does your child have any fears or phobias we should be aware of? _____

How does your child express their feelings? (anger, frustration, etc): _____

Do you have a special diet that needs to be maintained? _____

Does your child nap? YES ___ NO ___ Nap time: _____

Does your child have a favorite blanket or toy in order to go to sleep? _____

Is your child potty trained? Diapers? ___ Pullups? ___ Underwear? ___

Potty issues? _____

What words does your child use for the use of bathroom? _____

Child's usual dining habits (circle all that apply): Bottle, Sippy Cup, Cup, High Chair, Table, Uses Fingers, Uses utensils

Favorite foods: _____

Strong food dislikes: _____

Is there anything else you feel we should know? _____

REGULAR DAYS/HOURS REQUIRED

This information helps us plan the days accordingly. Full time care is considered 5 hours or more per day; Part time is considered 4.5 hours per day. Please enter the times needed beside the day/days needed.

Monday		Tuesday	
Wednesday		Thursday	
Friday			

PERMISSION FORM
Please read and
initial all terms
below.

____*I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school and to leave the school premises in an authorized vehicle, under the supervision of staff or parent volunteers on field trips, or on supervised walks off the school premises. I understand that if my child is being transported in a parent volunteer vehicle, it is my responsibility to provide that parent with the proper seat restraint for my child. I understand that my child may be transported in a school bus for field trips and that these vehicles do not have seat belts or child seats.

____*I hereby grant permission for my child to be included in evaluations, photographs, video or interviews connected with the school program. I understand my child's photograph may be used on Little Stars website, Facebook, Instagram or Twitter. Photos on any social media site will have the child's face blocked.

____*I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact persons listed on the Emergency Contact list.
4. If any of the above are unsuccessful, we will do any or all of the following:
 - a. Call another physician
 - b. Call a Emergency Medical Services
 - c. Have child transported to Hospital in the care of a staff member.
5. Any expense incurred under 4. (above) will be borne by the child's family.

____*I / We have read, understood and agree with Little Stars parent handbook. Little Stars will not be held responsible for anything that may occur as a result of false information given at the time of enrollment or withheld after. I / We hereby indemnify and save harmless Little Stars, their agents or employees from any lawsuit arising unless such damages are due to proven negligence or any event which may result from the actions of any child, employee or agent associated with Little Stars.

____***WITHDRAWAL:** We assume that parents have put in time and consideration in selecting Little Stars for their child's childcare facility, and we strive to make the experience a positive one for both parents and children. Withdrawals will **only** be considered in cases where children are not coping well in the program, or where Little Stars staff recommends other placement for the child. Refunds for deposit fees will **only** be given under these exceptional circumstances, and parents agree that if they withdraw their child prior to or during the school year, they forfeit the deposit and registration fees. There will be **NO EXCEPTIONS** to this policy.

I / WE AGREE TO ALL OF THE TERMS OUTLINED ABOVE:

Parent / Guardian Name _____ Signature _____ Date _____

Parent / Guardian Name _____ Signature _____ Date _____

This form is not valid unless signed by at least one parent or guardian.

PAYMENT

Payments accepted are cheque or credit card.

Cheques must be post dated for the 1st of every month.

Credit card information may be written below.

THERE WILL BE A \$40.00 CHARGE FOR ALL RETURNED CHEQUES OR CREDIT CARD PAYMENTS

For Automatic Credit Card Payments:

Visa _____ Mastercard _____

_____ Card Number _____ Expiry Date _____

_____ Name on Card _____

I hereby authorize Childspace Learning Centres Ltd. to charge to my credit card the registration fee of \$100.00, the applicable deposit fee for the program registered, and the monthly fee of the program registered, each month that the program operates from Sept to June. Also, **I understand the registration and deposit fees are non-refundable.**

_____ Signature of Cardholder _____

We encourage children to reach for the stars!

For Office Use only

Form complete in full: Yes No

Payment received: Yes No Method of Payment _____

Parent handbook given: Yes No

Parent initials on permission form: Yes No

Parent signature: Yes No

Withdrawal date: _____