



Building Blocks Day-Care BBPS Southview

BBPS FALL REGISTRATION FORM 2011/12

Child's Full Name _____ Nickname _____
Birth Date (month/day/year): _____ Date of Enrollment _____
Address: _____ City _____
Province _____ Postal Code _____ Home Phone _____
Alberta Health Care Number _____

Operational hours: 8:00am to 5:00pm

Fees: \$600pr/month for full time space (100hrs and over pr/month)
Sorry, No part time spaces available (Less than 100 hrs pr/month)

Daycare Stat Closures

October: Monday 10th Thanksgiving
November: Friday 11th Remembrance Day
December: Monday 26th Tuesday January 3rd Christmas Break
February: Monday 20th Family Day
April: Friday 6th and Monday 9th Good Friday & Easter Monday
May: Monday 21st Victoria Day
July: Monday 2nd Canada Day
August: Monday 6th Civic Holiday

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Mother's Full Name _____
 Mother's Address: _____
 City _____ Province _____
 Postal Code _____ Mother's Home Phone _____

Mother's Employer _____
 Employer's Address _____ City _____
 Mothers Occupation: _____
 Hours at work: _____ to _____. Days at work: _____
 Work Phone: _____ ext. ____ Pager or Cell # _____

Father's Full Name: _____
 Father's Address _____
 City _____ Province _____
 Postal Code _____ Father's Home Phone _____

Father's Employer _____
 Employer's Address _____ City _____
 Father's Occupation: _____
 Hours at work: _____ to _____. Days at work: _____
 Work Phone: _____ ext. ____ Pager or Cell # _____

Emergency Contact and Persons Authorized to remove child from Day Care

Emergency Contact (other than parents/guardian):
 Name _____
 Home Phone: _____ Cell/Pager _____ Work Phone: _____
 Emergency Contact Address _____
 Relationship to Child: _____

Person(s) authorized to pick up my child(Besides parents/guardians or emergency contacts):
 #1 _____
 #2 _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Building Blocks Day Care. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment if necessary. We will always try to contact you first.

Parent/Guardian Signatures: _____
 Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians Signatures: _____ Date: _____

Building Blocks Day Care will not be responsible for paying for the child's health care.

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1. Child's Physician: _____ Phone: _____
2. Regular Medications: _____
3. Medicine allergies: _____
4. Food Allergies: _____
5. Any other Allergies: _____
6. Any special health conditions: _____
7. Are your child's immunizations up to date? (please circle) yes no
8. Is your child toilet trained? If not please provide further details _____
9. Please tell us why you are registering your child in Day Care _____

Signatures:

We hereby state that all the information in this registration form is true and that we agree to notify Building Blocks Day Care of any changes.

Parent/Guardian: _____ Date: _____
 Parent/Guardian: _____ Date: _____

We hereby state that we have been informed of and accept Building Blocks Day Care’s Behavior Management Strategies.

Parent/Guardian: _____ Date: _____
 Parent/Guardian: _____ Date: _____

At Building Blocks Day Care, we have a positive approach to behavior management. We use redirection and a “quiet place” and **at no time will corporal punishment or verbal abuse be used.** A day care setting is busy and activities move quickly. We use many transitional cues to help the children leave from one activity and move on to the next.

If a child is having trouble managing in an area the teacher will explain what is expected at day care. For example: “At day-care we use quite voices” or “walking feet” “or share toys” or “sit on chairs”

If the child continues to have difficulty the teacher will repeat the expectation and give choices. For example: “Would you like to stay at the play-dough table or come build blocks with me?” or “I see Logan. It looks like he may need some help building that puzzle. Do you think you might be able to help him? Let's ask him.”

If the child is still not managing then the teacher will redirect the child to the “quiet place” which is any chair that is in the classroom which does not face a wall. While there the child can use the time to gather his/her thoughts, figure out what is troubling him/her or just have a bit of a wind down time. This is different than a time-out in that the child can come join the classroom when he/she feels they are ready. A child is not on a chair for more than two minutes. For example: “Johnny, I see that you are having trouble managing at the play-dough table. You are finished with play-dough. Please come to the quiet place so you can take some time and figure out why you feel the need to take Sally's play-dough away. When you think you can manage please feel free to come join us.”

This approach to behavior management encourages decision-making, problem solving and independence. **At all times the child's age and development is considered and all “consequences” are reasonable to the circumstance. Never will a child be inflicted upon any form of physical punishment, verbal or physical degradation or emotional deprivation nor be denied or threatened to be denied food or any other basic necessity nor will a child ever experience any form of restraint, confinement or isolation.**

If a child seems to have repeated difficulties we will discuss it with you. Together we will come up with a solution. Please feel free to come and talk to us at any time if you have any questions or concerns about our behavior management strategies or anything else.

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Parent Contract

By enrolling our child in Building Blocks Day Care, I/We agree to the following:
(Please initial on the blank lines)

I/We will pay the fee of \$40 for NSF charges if any are incurred. _____

I/We will provide 30 days written notice of termination **by the first of the month**, for all sessions or just some, and realize that failure to do so will result in forfeiture of fees until one full month's notice (first to the thirtieth) has been given. _____

I/We agree to pay \$1.00 per minute for every minute we are late picking up our child. The day care allows for a five minute grace period and starts charging after that. _____

I/We will not hesitate to speak to my child's teacher if any questions or concerns arise. _____

If any changes occur that are different on my child's registration form, I/We will notify the teacher about these changes. _____

I/We agree that our child can be photographed and video taped for the sole purpose and usage of BBPS. No pictures or video will be placed on the internet or given to the media without additional consent from you. _____

I/We agree that when the school is closed for holidays/severe weather/special family days or my child is absent for any reason that there is no adjustment in monthly fees. _____

I/We agree that we will work with our child's teacher to make our child's day care year one of the most fun and exciting years yet! _____

Please note that a registration form will not be considered complete (your child's name will not be on a class list) nor will it be accepted without the following:

1. **The registration form must be filled out completely**
2. **A registration fee of \$25 must accompany the form**
3. **Subsidy approval documentation if applicable**

If you have any questions, please do not hesitate to call Andrea at 504-7544.

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