



Alberta
Approved
Family
Day Homes

CHILDCARE REGISTRATION FORM



Commencement Date: _____ Review Date: _____

Child's Legal Surname

First Name

Middle Name

Child's Preferred Name

Date of Birth

Sex

Legal Guardian's Name _____ **Home Phone** _____ **Cell** _____

Mailing Address _____ **Legal Address** _____

Place of Work _____ **Work Phone** _____

Legal Work Address _____

Email Address _____

Drivers Licence No: _____

Legal Guardian's Name _____ **Home Phone** _____ **Cell** _____

Mailing Address _____ **Legal Address** _____

Place of Work _____ **Work Phone** _____

Legal Work Address _____

Email Address _____

Drivers Licence No: _____

Names and ages of other children in family

1. _____ 2. _____

3. _____ 4. _____

Name of person to be contacted in an **EMERGENCY (other than legal guardian):**

Name: _____ **Relationship to Child:** _____

Legal Address: _____

Phone _____ **Cell** _____

Names of people your child **can be released** to:

Name and relationship to child

Name and relationship to child

Phone

Phone

Names of people your child **may not be released** to:

Name and relationship to child

Name and relationship to child

Is there a restraining order? _____

Is there any **medical / allergy information** we need to be aware of? If yes, please describe.

Are your child's immunizations up to date? _____

Parent Initial _____

Parent Signature: _____

Date: _____



Administration of Medication

Family Day Home Policy

In all cases where medications are administered:

1. Parents must fill out and sign a Medication Authorization Form prior to bringing their child into the day home.
2. Providers must provide a copy of the signed Medication Authorization Form to the FDH Coordinator.
3. Providers must record all information as required on the Medication Authorization Form and provide this form to the FDH Coordinator at the month's end.
4. All medications must be returned after authorized period has ended.

'Providers must consult with the parent about special handling of children with medical conditions (e.g., allergies, diabetes, asthma, eczema, epilepsy); and may require special instruction or training from medical personnel on how to handle certain conditions or medical emergencies (e.g., asthma attack, administering insulin).' (FDH Standard 10E) This training must be obtained prior to providing care to a child requiring this type of service. Providers must administer medication according to the label directions.

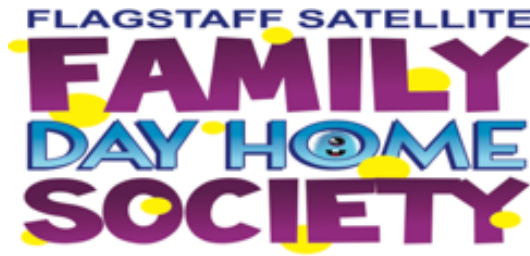
The reason these rules have been put into place is to protect your child against accidental overdose of any medication, which could easily occur when times are not directed.

Permission for Emergency Medical Treatment

I hereby give authorization for _____, to obtain emergency medical treatment for my child. I understand that I will be notified immediately of any situation that requires such treatment.

Date

Parent /Guardian Signature



Understanding the Parent Handbook

I have read and understand the policies and guidelines presented in the Parent Information Handbook. I agree to comply with policies outlined in the Parent Information Handbook.

Date

Parent/Guardian Signature

Transportation Release

I/we authorize _____, Provider, to transport my/our child during the course of outings, which may have been arranged by the Provider.

The children must be transported in accordance with safety and operating requirements of Alberta Motor Vehicle and Highway Traffic Acts, and must be in enclosed vehicles.

I agree to supply a car seat, if necessary, as long as there is a tether strap installed in the vehicle so safety requirements will be met. The provider will maintain child restraints appropriate to the ages of the children and these restraints will be installed according to the manufacturer's instructions. At no time are the children to be left unattended in the provider's vehicle. The provider will inform the agency and the parents of any field trips.

I/we release the Family Day Home Provider and Flagstaff Satellite Family Day Home Society (the agency) from any liability related to accidents or injuries incurred by my child during the course of such field trips or outings.

Date

Parent/Guardian Signature

Local Field Trip Permission

Providers are expected to provide a variety of programming for the children in their care. Field Trips/outings may include going to the local park, community events, and local businesses. Providers will ensure the proper supervision and safety of the children while on a field trip. Out of town field trips require additional permission to this form.

I hereby give permission for my child to accompany their provider on local field trips.
Check: ____ if by foot only.

Date

Parent/Guardian Signature

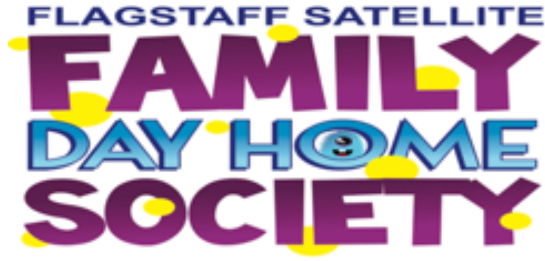


Photo Permission

Occasionally, the provider may want to take pictures of the children at the day home.

From time to time, photos will be used for promotional reasons and news releases.

You have the right to say whether you want your child picture to be taken and used for publication in any medium or not.

I hereby release for publication or telecast, in any medium, the photograph of my child.

Date

Parent/Guardian Signature

I **DO NOT** want my child's name or photograph to be released in any news medium.

Date

Parent/Guardian Signature

Application of Sunscreen and Bug Repellant

Providers are expected to put the safety of your child first. To ensure your child is protected from insect bites and sunburn, providers will administer bug repellent and sunscreen to your child. It is the responsibility of the parent to provide insect repellent and sunscreen for the provider to use on your child.

I hereby give permission for the provider to administer bug repellent and sunscreen to my child. I will supply the sunscreen and bug repellent to the provider.

Date

Parent/Guardian Signature



Child Guidance Policy

It is important that appropriate child guidance techniques be used within the program. The Provider is required to ensure that the child guidance used is reasonable and suitable to the circumstances. Limits will be set taking into consideration differences in age, temperament and experience. **Child guidance is Not discipline and it is Not punishment.** The agency believes that children depend on adults to provide safe and nurturing early learning and care that meets their individual developmental needs. It is our belief that children develop to their fullest potential in environments that are true to life experiences. We aim to provide a program that supports, strengthens and supplements the role of the family. A part of promoting the role of family in the day home program is through consistency in child guidance.

Acceptable approaches to child guidance include: setting limits, setting standards of appropriate behavior, providing explanations and choices, making sure that the child understands the limits, and consequences to actions. Consistency is important. Distraction, redirection, using logical and natural consequences, active listening and "I" statements are all acceptable guidance techniques. A time out or time away from an activity is acceptable given the following conditions are met:

- The child displays a continuing behavior that is creating a health or safety hazard for the child or others in the home.
- Providers have already tried using the following guidance techniques; distraction, redirection, logical / natural consequences, offering explanations and choices, active listening and "I" statements.
- During a time out the child will not be isolated.
- The child will be offered a choice of quiet activities, (books, puzzles, puppets, coloring etc.) which they may choose to have during the time out.
- The child decides when he or she is ready to return to regular activities.

It is unacceptable for physical or emotional punishment to be used. It is also unacceptable to manage a child's behavior by slapping, spanking, shaking, biting, ridiculing or threatening. Use of these techniques may result in immediate termination from the program.

Parents should take the time to discuss guidance techniques with their Provider. It will help create consistency if parents and providers practice the same techniques.

I have read, understood, and agree with the Child Guidance Policy of the Flagstaff Satellite Family Day Home Society.

Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____

Provider signature: _____ Date: _____
Coordinator Signature: _____ Date: _____



Social Media Policy

Flagstaff Family Day Home Society understands the importance of utilizing social media for the promotion of our program but want to ensure we are safeguarding the rights and privacy of the families, providers, staff and children. Flagstaff Family Day Home Society will use an Agency Facebook page to communicate with the community, families and staff. Posts will be related to projects and activities the children are participating in, child care related news or articles and upcoming events. Posts on the Agency page will never include pictures of children directly unless permission is obtained from the parent and/or guardian.

If child care professionals choose to create a private, secret Facebook group for their individual day home, it will be monitored closely by the Director of the program. The Director will monitor the content of posts, ensuring they are consistent with the values and beliefs of the program. Any posts or comments made will be deleted immediately if they are found to be inappropriate and the offending user will be reported and blocked from the site. The provider will use high privacy settings to only allow current families to see the posts. Parents will be asked not to save pictures unless they are only of their own children. Each provider's group will only include families that are actively in care in that home.

Providers need to be aware of the agencies policies and practices surrounding social media. At no time should an individual's personal page be used to talk in a negative manner about the program or any of the providers, families or children.

All parents must indicate on the agencies consent form whether they give approval for the program to use the child/children's images on individual social media sites. All posts will be removed from the group after 2 years.

The Agency will welcome feedback from families, providers, staff and the community on the effectiveness and content of the sites. Any grievance or feedback will be documented in writing and responded to by the Director.

I give permission for my day home provider to use my child's name and photograph in their secret Facebook group only.

Date

Parent/Guardian Signature

I **DO NOT** want my child's name or photograph to be used on my provider's secret Facebook group.

Date

Parent/Guardian Signature



Permission to Share Personal Information

Flagstaff Satellite Family Day Home Society is accountable to East Central Alberta Children's Services. By being held accountable, CS needs to have access to your child's files. CS and Flagstaff Family Day Home Agency go to great lengths to keep your child's files confidential. The information in these files will not be shared with any other agency or outside source. Your child's files are only looked at to ensure that your child is receiving the best care possible.

I hereby give permission for East Central Alberta Children's Services to look at my child's files.

Date

Parent/Guardian Signature

LookSee Checklist Permission

The **LookSee Checklist**, formerly known as the **ndds** is a very quick developmental screening tool designed to be completed by a parent or caregiver. It provides a snapshot of your child's development. The areas of development covered by the **LookSee Checklist** include vision, hearing, emotional, fine motor, social, self-help, communication, and learning and thinking. The screens coincide with key developmental stages up to the age of six.

Flagstaff Family Day Home Society would like to complete these screens on every child within the program and file the results in the child's file. The screens will be completed by the coordinator and day home provider together during a home visit. A copy of the completed screen will be shared with parents/guardians via mail after they have been completed. If concerns arise from the completion of the screen, the provider will be asked to complete the more extensive "Ages & Stages Questionnaire" for the child (if permission is given).

I hereby give permission for Flagstaff Family Day Home to complete the LookSee Checklist developmental screens on my child.

Date

Parent/Guardian Signature



ASQ – Ages & Stages Questionnaire Permission Form

See ASQ information below. Please check:

_____ I have read the description of the ASQ monitoring program, and I wish to participate. I am willing to fill out questionnaires about my child's development and send them back promptly.

_____ I have read the description of the monitoring program, and I wish to participate. I allow my Family Day Home Provider to fill out questionnaires about my child's development and to plan developmental programming accordingly.

Parent's or guardian's name: _____

Parent's or guardian's signature: _____

Date: _____

(ASQ) Ages & Stages Questionnaire Information

The first five years of life are very important to your child because this time sets the stage for success in school and later life. During childhood many experiences should be gained and many skills learned. It is important to ensure that each child's development is proceeding without problem during this period; therefore, we are interested in helping you follow your child's growth and development.

You can help us by completing a simple questionnaire and allowing your day home provider to complete a questionnaire on your child as well. The purpose in allowing your day home provider to complete a questionnaire on your child is to give all of us a broader perspective on the development of your child. We will be doing the Ages & Stages Questionnaire at 12 month intervals. You will be asked to answer questions about some things your child can and cannot do, and to give the questionnaire back to your day home provider who will then pass it onto the FDH Coordinator.

If the completed questionnaire indicates that your child is developing without problems, we will send a letter stating that your child's development appears typical. We will ensure you get another questionnaire at the appropriate time.

If there are concerns about your child, we will contact you directly, and with your permission send a letter of reference on to PRISM. You may wish to have your child's doctor conduct a further examination as well. All information about your child and family will be kept confidential.

The ASQ questionnaire also helps us to provide intentional developmental activities geared specifically for your child's growth. Whether they are developing typically or have concerns, we will continue to work with our Family Day Home providers in creating a setting where your child can continue to develop in a safe and healthy way, regardless of what stage they are at.

If you have any questions about the ASQ program, please feel free to call 780-895-7751 or toll free at 1-877-895-2233.

FAMILY BACKGROUND SURVEY

FAMILY BACKGROUND

What cultural background do you connect with? (ie. German, Norwegian, Ukrainian, Italian, African American, etc.) What languages are spoken at home?



FAMILY TRADITIONS

What are some family traditions that happen in your home? (ie. Easter egg hunt, hunting for the perfect Christmas tree, annual family camping trip, etc.)



FAVOURITE FAMILY RECIPE

Please share a family recipe! It does not have to be a cultural dish (but it can be!)
Share a recipe that is common in your home on a regular basis. (ie. pancakes, homemade pizza, popcorn balls, perogies, etc)

My provider wants to know:

Childs Name:

Date:

How well do I:	Not so well	Very Well
Do in the morning?	1	3 5
Do in the afternoon?	1	3 5
Do in the evening?	1	3 5
Sleep?	1	3 5
Nap?	1	3 5
Eat lunch?	1	3 5
Eat dinner?	1	3 5
Play with adults?	1	3 5
Play by myself?	1	3 5
Play with another child?	1	3 5
Play in a small group?	1	3 5
Play in a large group?	1	3 5
Play inside?	1	3 5
Play outside?	1	3 5
Play with younger children?	1	3 5
Play with older children?	1	3 5

How do I let people know:

I am angry or upset (crying, screaming etc)?

I am happy (laughing hopping etc)?

I want something (reaching, talking etc)?

I don't want something (push away, say NO etc)?

I like something (smiling, talking, laughing etc)?

I don't like something (crying, throwing, talking etc)?

What helps me when I am:

Sad?

Angry?

Scared?

What makes me angry/upset?

What makes me happy/excited?

My Preferences:

1. My provider wants to know about my favorite toys/activities:

MY FAVORITE

MY LEAST FAVOVIRTE

2. My provider wants to know about foods:

MY FAVORITE

MY LEAST FAVOVIRTE

3. My provider wants to know what activities I like:

Blocks/Lego	Dress up	Pretend cooking
Computer	Coloring	Paints
Sand Table	Water table	Books
Cutting	Pasting	Play doh
Baby dolls	Cars/trains	Outside play
Action figures	Real cooking	Other:
Other:	Other:	Other:

Parent Signature: _____

Date: _____

