



Address: Unit 200 - 2 Hebert Road St. Albert, T8N 5T8, AB
Email Address: beststartstalbert@gmail.com
Website: www.beststartdaycare.com
Phone: 780-590-4848

ENROLLMENT FORM

Child Information

1. Child's Full Name: _____
2. Date of Birth: _____
3. Gender: Male / Female / Other
4. Need Subsidy: Yes / No

Enrollment Details

1. Preferred Start Date: _____
2. Hours of Care Required/Day: _____ Days of the Week Care
required (Circle Each)

Mon Tues Wed Thurs Fri

Reason For Care: _____

Parent/Guardian Information: 1

Parent/Guardian Full Name: _____

Relationship to Child: Mother / Father / Guardian / Other

Email Address: _____

Home Address: _____ Cell# _____

City: _____ State: _____ Postal Code: _____

Work Address

Company Name: _____

Work # _____ City: _____ State: _____ Postal Code: _____

Parent/Guardian Information: 2

Parent/Guardian Full Name: _____

Relationship to Child: Mother / Father / Guardian / Other

Email Address: _____

Home Address Street: _____ Cell# _____

City: _____ State: _____ Postal Code: _____

Work Address: _____

Company Name: _____

Work # _____ City: _____ State: _____ Postal Code: _____



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Custody Agreement

Is there a custody agreement in place for the child? If yes, please provide a copy of the agreement.

Emergency Contact Information (must be different than parent/guardian)

First and Last Name	Relationship to the child	Address	Home Phone	Cell Phone

** Authorized Pick-up Persons: **

(Please provide names of individuals authorized to pick up your child from daycare. Photo ID will be required for verification.)

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Special Requests or Additional Information:

** Medical Information: **

Health Care Number		Doctor's Name		Doctor's Phone Number	
Does your child have any medical concerns?					
Does your child have any dietary restrictions or allergies?					
Are your child's immunizations up to date?					
Does your child receive medication on an ongoing basis?					
Does your child have any limitations that will not allow them to participate in all childcare activities?					
Please use this space to give us any insight into your child's physical or emotional needs.					



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Daily Routine and Habits:

Typical sleep schedule and any nap preferences. _____

Toilet training status (if applicable) and routine. _____

Favorite activities, toys, or comfort items. _____

Any specific routines or rituals the child follows at home. _____

Developmental Milestones:

Any specific developmental milestones achieved or developmental areas of focus.

Are there any therapies or interventions the child is currently receiving?

BACKGROUND INFORMATION

1. Has your child been in a child care setting before? Was it a positive experience?

2. Anything special that we should know about your child (ie. Behavioral problems, family living situation (divorce, separation, new baby)?

3. Relationship with Parents:

4. Relationship with Non-Custodial Parent (if applicable):

5. Any specific fears or anxieties?

6. General temperament of your child?



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7. What discipline techniques are used at home?

8. Interests, Hobbies, Extracurricular Activities?

9. What language(s) are spoken in the home?

10. What cultural celebrations does your family celebrate?

11. Does anyone in your family participate in cultural activities (dancing, singing, yoga)?

12. What areas of development or skills would you like to see your child improve on while in care?

13. Number and ages of siblings:

Behavioral and Social Information:

How does the child usually interact with other children and adults?

Any special behaviors, fears, or anxieties to be aware of?



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Preferred methods of discipline or redirection used at home.

SLEEPING INFORMATION

1. Does your child nap?

2. How long does your child typically nap for?

3. Does your child have a special toy or blanket that they sleep with?

Please complete the information below

1. Please describe your child's daily routine

2. Specific dislikes or fears?

3. Likes or special activities that your child enjoys?

4. Specific feeding routine? (Formula or Breast Milk, # and times of feedings)

Emergency Procedures and Contacts:

Are there any specific emergency procedures or protocols the daycare should be aware of?



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Cultural and Religious Considerations:

Are there any cultural or religious practices that should be respected during the child's time at daycare?

Additional Comments and Concerns:

Is there any other information, concerns, or special considerations you would like to share with us?

Fees Payment Process

I, _____, authorize The Best Start Daycare to automatically withdraw, childcare fees for _____ Child/children names via Electronic Fund Transfer.

This authorization is for all childcare amounts beginning (Date) _____ and ending when the child no longer attends, or this authorization is withdrawn by the parent. Amounts of withdrawal may vary each month and withdrawals will be made accordingly due to Age transition

Permissions Forms

Permission forms are essential documents that parents or guardians must complete to grant consent for various activities or actions involving their child while they are in the care of the daycare. These forms ensure that the daycare staff have the necessary authorization to act in the best interest of the child. This release shall expire when my/our child or children cease to be enrolled at the Daycare.

Emergency Medical Treatment Authorization: I/We _____ give the daycare educator permission to seek emergency medical treatment for my child if needed. It includes information about the child's medical history, allergies, and the contact information of the child's physician and parent/guardian.

Signature of Parent/ Legal Guardian _____ Date _____



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Field Trip Permission Form: I/We _____ give the daycare educator permission for off-site activities or field trips, parents/guardians provide consent for their child to participate. We will share details about the trip, transportation arrangements, and any special instructions. It may also include emergency contact information.

Signature of Parent/ Legal Guardian _____ Date _____

Photo and Video Release Form: I/We _____ give the daycare educator to obtain permission to take photographs or videos of the child during daycare activities. I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet. With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Signature of Parent/ Legal Guardian _____ Date _____

Sunscreen and Medication Authorization: If my child requires sunscreen application or medication during daycare hours, I/ We _____ grants permission for the daycare staff to administer them.

Signature of Parent/ Legal Guardian _____ Date _____

Special Activities or Events Permission Form: I/We _____ give the daycare educator permission for activities such as water play, special guests, or cultural celebrations.

Signature of Parent/ Legal Guardian _____ Date _____

Release of Liability Form: I/We _____ For activities that involve some level of risk, such as physical activities or outdoor play, this form acknowledges that the parent/guardian understands and accepts the associated risks and releases the daycare from liability.

Signature of Parent/ Legal Guardian _____ Date _____



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Special Diet or Food Allergy Accommodation Form: If your child has specific dietary needs or allergies, this permission provides details about the dietary restrictions, acceptable foods, and necessary accommodations.

Please check appropriate boxes:

- ☐ My Child has Dairy Allergy
- ☐ My Child has nut allergy
- ☐ My Child has wheat allergy
- ☐ My Child has no allergy
- ☐ My Child has special dietary restrictions. Please Specify _____
- ☐ My Child will not participate in food events sponsored by Best Start Daycare during operating hours.

Signature of Parent/ Legal Guardian _____ Date _____

I acknowledge that I have received and reviewed the daycare's policies and procedures.

Parent/Guardian Signature: _____

Date: _____

Thank you for choosing Best Start Daycare for your child's care.



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Electronic Funds Transfer Authorization Form

Section 1: Customer Details

Please fill in your details below in clear handwriting:

Full Name:

Address for Correspondence:

Street:

City:

State:

ZIP Code

Contact Number:

Email Address:

Section 2: Banking Information

Provide your bank details as requested:

Bank Name:

Branch Location:

Account Number for Deposits:

Transit Number:

Account Type: ☐ Checking (Internal Use)

Section 3: Authorization for Pre-Authorized Debits (PAD)

By signing below, you (-----) *the Account Holder* give permission to BEST START DAYCARE to initiate debits from the bank account specified above. This authorization applies each time the cost of acquired services, inclusive of taxes, matches the predetermined amount.

Usage Type: ☐ Business

Cancellation Policy: You have the right to withdraw this authorization anytime by giving a 30-day notice. For a cancellation form or more details about your cancellation rights, please contact your bank or visit www.payments.ca

Signatures:

Account Holder's Signature: _____

Co-Holder's Signature (if applicable): _____

Your Rights and Recourse- Should any debit not align with this agreement; you possess rights to be reimbursed. Unauthorized or incorrect debits are eligible for reimbursement. For further insight into your rights, please contact your bank or visit www.payments.ca for more information