



2024 Summer Registration

Child General Information

Child's Name: _____ Gender: M F NA
First Last

Address: _____ DOB: _____
(Primary Home) Street Address Including Postal Code YYYY/MM/DD

Siblings: _____

DRCA Membership: _____ Start Date: _____ Week #'s: _____
YYYY/MM/DD

Parent/ Guardian Information

Guardian #1 <input type="checkbox"/> Child's Primary Residence	Guardian #2 <input type="checkbox"/> Child's Primary Residence
Name: _____	Name: _____
Address: _____	Address: _____
Main Phone: _____	Main Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
<input type="checkbox"/> I would like to receive emails/ newsletters. <input type="checkbox"/> No emails.	<input type="checkbox"/> I would like to receive emails/ newsletters. <input type="checkbox"/> No emails.

Emergency Contacts

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Main Phone: _____	Main Phone: _____

**Persons named above shall be authorized to pick up the child in the parents'/ guardians' absence. **

Persons NOT Authorized to Pick Up Child

Name: _____	Name: _____
Relationship: _____	Relationship: _____
<input type="checkbox"/> Check this box if custody order in place and attach copy.	<input type="checkbox"/> Check this box if custody order in place and attach copy.

I, _____, certify that the information provided above is correct and accurate to the best of my knowledge. I have read, understand and agree with the policies, rules and regulations stated in the Deer Run Community Child Care Parent Manual.

Parent/Guardian Signature: _____ Date: _____
YYYY/MM/DD



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Child Health Information/ Medical Release Form

Child's Name: _____ Gender: M F NA
First Last

Address: _____ DOB: _____
(Primary Home) Street Address YYYY/MM/DD

Alberta Health Care No: _____

Primary Care Physician/ Clinic: _____ Phone: _____

Illnesses/ Injuries

Are the child's immunizations up to date? Yes No

Please check off any illnesses/ injuries your child has had in the past or if they have them chronically.

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Asthma | <input type="checkbox"/> Other _____ |

Are there additional past or chronic illnesses/ injuries you think we should know about?

Current Medical Conditions/ Medications

Current Medical Conditions: _____

Current Medications: _____

Times of Medications: _____

Known Side Effects: _____

Allergies: _____

I, _____, hereby give my permission to the Deer Run Community Child Care staff to seek emergency medical treatment for my child, _____, due to circumstance of accident or sudden illness, followed by a phone call to myself.

Parent/Guardian Signature: _____ Date: _____
YYYY/MM/DD



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Family Information/ Traditions

Family Preferences

Deer Run Community Child Care endeavours to be an inclusive and respectful place. Please inform us of any preferences regarding the care of your child in the space below. These may be moral, ethical, cultural, religious, or personal choice reasons.

Examples: Food or clothing restrictions. Holidays observed or not observed.

Family Traditions/ Skills

Do you have any skills, interests or cultural traditions you would be willing to share with the program?

It is a fantastic bonding opportunity for children to be able to share things from their home that their friends may not have had the chance to experience.

Examples:

- Baking a traditional dish from your family heritage or a dish that is served at a certain holiday in your family.
- Sharing a special craft, song, dance or possibly a special game that your family plays.
- Sharing a family/ cultural holiday tradition.

Please list them below:



Deer Run Community
Child Care

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To / From the Centre Permission Slips

Permission for Child to Walk To and From Centre Alone

Not Applicable. My child is not allowed to walk to/ from the Deer Run Community Centre alone.

I, _____ , hereby give my permission to childcare staff to release my child,
_____, to walk home alone. I will not hold Deer Run Community Child Care
staff responsible for any accident that may occur before my child arrives at/ or after they leave the Deer Run
Community Centre.

Parent/Guardian Signature: _____

Date: _____
YYYY/MM/DD

Permission for Child to Take Public Transit/ School Bus To and From Centre Alone

Not Applicable. My child is not allowed to take public transit/ school bus to/ from the Deer Run Community Centre alone.

I, _____ , hereby give my permission to childcare staff to release my child,
_____, to take public transit/ school bus alone. I will not hold the Deer Run
Community Child Care staff responsible for any accident that may occur before my child arrives or after they leave
the Deer Run Community Centre.

Parent/Guardian Signature: _____

Date: _____
YYYY/MM/DD



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Behaviour Policy

We have an inclusive community. We require the cooperation of all participants to make this space fun for everyone. Should a child display behaviour that is unacceptable, the parent will be informed, and the child may not be allowed to participate in certain activities until the child's behaviour improves and the staff feels secure in allowing the child to participate. In extreme cases immediate pickup from a parent may be required. If the child is unable to participate due to behaviour, the parent will be asked to make alternate childcare arrangements for the day. This policy must be read and signed by both the parent/ guardian and the child. Even for our younger children, it is important that the child understands that it is everyone's responsibility to maintain Deer Run Community Child Care core values as an important member of our community.

I, _____ , understand and agree with the behaviour policy outlined above.

Parent/Guardian Signature: _____ Date: _____
YYYY/MM/DD

I, _____ , understand and agree with the behaviour policy outlined above.

Child/Participant Signature: _____ Date: _____
YYYY/MM/DD

I, _____ , have read, understand and agree with the policies, rules and Regulations stated in the Deer Run Community Child Care Parent Manual.

Parent/Guardian Signature: _____ Date: _____
YYYY/MM/DD



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Weekly Fees

(Check off all boxes that apply)

<input type="checkbox"/>	Week 1	July 2 to 5 (Closed July 1 for Canada Day)	\$275/\$285
<input type="checkbox"/>	Week 2	July 8 to 12	\$275/\$285
<input type="checkbox"/>	Week 3	July 15 to 19	\$275/\$285
<input type="checkbox"/>	Week 4	July 22 to 26	\$275/\$285
<input type="checkbox"/>	Week 5	July 29 to Aug 2	\$275/\$285
<input type="checkbox"/>	Week 6	August 6 to 9 (Closed Aug 5 for Heritage Day)	\$275/\$285
<input type="checkbox"/>	Week 7	August 12 to 16	\$275/\$285
<input type="checkbox"/>	Week 8	August 19 to 23	\$275/\$285
<input type="checkbox"/>	Week 9	August 26 to 27 (Closed Aug 28 for Back to School Transition)	\$120

Additional Options

Drop-In (per day)	Campers not registered in full weeks.	\$75
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Deer Run Community Child Care provides an afternoon (3:00pm) snack that follows the Canadian Food Guide. Parents are required to provide a morning snack (10:00am) as well as lunch for their child on school days, pro-days and during winter, spring or summer breaks. Deer Run Community Child Care is willing to accommodate different types of dietary requirements based on each child's situation.

Deer Run Community Child Care accepts childcare subsidy. Subsidy is calculated by the Alberta Government and must be applied for through the government, not Deer Run Community Child Care. It is done on an income basis.

I, _____, have read and understand the monthly fees owed as outlined above.

I understand that fees are due on the first (1st) of the month and are subject to a late fee if paid later than 6:00 pm on the first (1st). I understand that fees are subject to change and that I will be notified should a change in fees occur.

Parent/Guardian Signature: _____ Date: _____
YYYY/MM/DD

OFFICE USE ONLY

Staff Name: _____ Initial: _____ Date: _____
Please Print YYYY/MM/DD

Entered in Time Savr: Subsidy Amount: _____