

Kids Cove Daycare & OSC

HELLO AND WELCOME TO OUR DAYCARE!

Just a little information for you upon enrolling your child at our centre.

We provide lunch and two (2) snacks for our daycare side and 2 snacks for our OSC program, snacks include two (2) food groups. Our menus are posted in each room and in the front entrance. You are welcome to provide snacks but they are not required.

Our morning snack is at between 7:15 -7:45 AM for school children and 9:00 AM for daycare children. Lunch is served at 11:30 and afternoon snack is at approximately 3:00 PM for daycare children & 3:30-4:00 PM for school children.

We are a peanut/nut-free centre.

Needed Items Checklist (*please label all items*)

- Indoor shoes (slippers are fine)
- Change of clothes
- Wipes and Diapers if needed
- Blanket
- Comfort items for nap time
- A picture from home your child may look at to help with his/her transition.

Our late fee after 5:45 PM is \$1.00 per minute.

Please call us in the morning if your child will be late or absent.

We all look forward to getting to know your family better.
Please fill out all information forms to help us gain a better understanding of your family.

If you have any questions or concerns, please do not hesitate to speak to me.

Sharron Ammann– Director

Kids Cove Daycare & O.S.C Registration and Portable Emergency Information

Personal Information:

Start Date:

Child's Name:	Birthdate:
Address:	Postal Code:

Mom/Guardian:	Home Phone:
Home Address:	Cell Phone:
Place of Work & Address	Work Phone:

Dad/Guardian:	Home Phone:
Home Address:	Cell Phone:
Place of work & Address:	Work Phone:

Emergency Contacts: Please provide full address or land description (No P.O. Box numbers).

Emergency Contact # 1	Relationship
Address:	Phone Number HM: Cell:
Emergency Contact # 2	Relationship
Address	Phone Number HM: Cell:

Health Information:

Child's Doctor's Name:	ALLERGIES/DISABILITIES:
Doctor's Phone #	Allergy reaction:
AB Health Care #	Immunizations up to date? Yes _____ No _____ Copy of Immunization submitted to Center _____
Ongoing Medications? List:	

MEDICAL TREATMENT/TRANSPORTATION

Dietary Restrictions:

I give permission to Kids Cove daycare and OSC to take my child to the nearest Medical Center or Hospital for emergency medical treatment I, give permission for my child to use the Center's transportation for areas around the center without special or prior notification. All other field trips will be posted and individual permission will be requested. **Parent signature:** _____

I, give permission for my child for neighbourhood walks around the center without special or prior notification. All other field trips will be posted and individual permission will be requested. **Parent signature:** _____

AUTHORIZED PERSONS: TO WHOM YOUR CHILD MAY BE RELEASED

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Parent's Signature: _____ Date: _____

Updated parent's Signature: _____ Date: _____

Updated parent's Signature: _____ Date: _____

NOTE: Portable Emergency Forms updated every Six (6) months. EMAIL ADDRESS: _____