

Child's Name: _____

Does your child have a nickname? Yes No If Yes, what is it? _____

Family

Names of brothers and sisters (include nicknames)	Birth dates	Does this sibling live in the same home as this child?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of others living in the home	Relationship to child
_____	_____
_____	_____
_____	_____

What languages are spoken in your home? _____

Does your child have any pets? Yes No If Yes, what are they? _____

Food

Describe your child's appetite: _____

What foods does your child dislike? _____

What foods does your child like? _____

What foods do you not permit your child to eat? _____

Does your child feed him/herself? Yes No If help is needed, what kind of help? _____

What time does your child usually eat: Breakfast _____ Lunch _____ Snack _____ Supper _____

Self-Care

Please comment about bathroom routines or training procedures:

Is your child in diapers? Yes No _____

Has training begun? Yes No _____

Is your child completely trained? Yes No _____

Does your child need help? Yes No _____

Do you use any special words pertaining to toileting? Yes No If Yes, please list: _____

Does your child need any help with dressing? Yes No If Yes, what kind of help? _____

Does your child nap? Yes No If Yes, what are his/her current nap time routines? _____

Do you or does your child have any concerns relating to nap time? Yes No Please describe: _____

Social/Emotional Development

Does your child separate easily from you? Yes No Please comment: _____

Is your child shy? Yes No Sometimes

With whom? _____

When? _____

Is your child afraid of anything? Yes No Please describe: _____

How does your child show feelings of:

Affection _____

Fear _____

Anger _____

Frustration _____

Excitement _____

Does your child have a favorite toy, blanket, bottle, or soother? Yes No

Please identify. _____

Has your child experienced play with other children? Yes No Please describe: _____

Does your child have any imaginary playmates? Yes No If Yes, please comment: _____

What activities does your child like? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

**Note: Personal health information may be disclosed to the Ministry of Education
in the course of reviewing the facility's record keeping obligations.**

Date: ____/____/____
Year Month Day

Parent/Guardian signature

Agreement for Child Care Services

Early Years Branch
2nd Floor 2220 College Avenue,
Regina, SK, S4P 4V9

(see guidelines on reverse)

Agreement between:

_____ and _____
 Parent or guardian Child care centre or child care home provider, hereinafter called the Child Care Service

_____ and _____
 Street Address/Box Number Street Address/Box Number

_____ and _____
 Town/City Postal Code Town/City Postal Code

This agreement is a legal and binding contract between the child care service and the parent. **Please ensure that all terms and conditions are thoroughly discussed, and clearly and accurately recorded in the agreement. A copy of this Agreement for Services is to be retained by both the parent and the child care service. The parent may be required to sign additional documentation regarding policies of the child care service.**

1. The parent agrees to place the following children in the above named child care service:

Name: _____	Date of birth: _____	Name: _____	Date of birth: _____
	Year / Month / Day		Year / Month / Day
_____	Year / Month / Day	_____	Year / Month / Day
	Year / Month / Day		Year / Month / Day

2. The parent and the child care service agree that child care services will be available for the above named children as indicated below.
The child care service will provide alternate care when the provider or centre staff is not available (including reasons of illness and vacation) during the hours indicated below unless other arrangements are agreed upon between the parent and the child care service.

Monday _____ a.m. to _____ p.m. Thursday _____ a.m. to _____ p.m. Sunday _____ a.m. to _____ p.m.
 Tuesday _____ a.m. to _____ p.m. Friday _____ a.m. to _____ p.m.
 Wednesday _____ a.m. to _____ p.m. Saturday _____ a.m. to _____ p.m.

Additional care schedule arrangements: _____

Alternate arrangements: _____

3. The parent and the child care service agree that the total child care fee shall be \$ _____ per month/week/day/hour, payable by the _____ day of the month.
 The fee may be adjusted by providing _____ month(s) written notice. Non-payment of fees may be cause for immediate termination without notice.
 Additional fee payment arrangements: _____

4. (Optional) The parent and the child care service agree that the following fee shall be charged for late pick-up of a child: _____

5. (Optional) Either party shall give _____ days/weeks written notice during the first _____ days/weeks/month of care.

6. The parent and the child care service agree that this agreement may be terminated upon _____ weeks(s)/months(s) written notice by either the parent or the child care service. Notice shall be received by the _____ day of the month. The fee may be paid in lieu of notice.

The parent and the child care service agree to comply with the child care facility policies and The Child Care Regulations, 2015 as amended from time to time, a copy of which is available from the Ministry of Education.
I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by these requirements.

In witness whereof the parties hereto have set their hands this ____ day of _____, _____ (year) at _____ in the province of Saskatchewan.

Signature of parent or guardian

Signature of the supervisor or operator of the child care centre or the child care home provider



Guidelines for Completion

This form is completed by the child care service and the parent prior to admitting a child. It is a contract between parent and child care service and serves as a legal document. The child care service keeps the original on file and gives the parent a copy. A new agreement must be completed whenever there is a change in number of children covered by the agreement, hours of care, fees or other relevant policies. Be sure you discuss all aspects of this agreement with the parent prior to signing.

Section 1. All children from one family may be included on one agreement or separate agreements may be used if fees and/or care schedules differ.

Section 2.

Fill out normal hours of care required each day. The parent and the child care service must discuss and make arrangements for any variations that could occur in the schedule. Any permanent changes require that a new agreement must be completed.

Under additional care schedule arrangements, parents and child care service should include when care may or may not be provided, variable or casual work/care schedules, statutory holidays, part-time care and extended care hours. Under alternate care arrangements child care services should reflect their policies regarding use of alternates not provided by the child care service (reimbursement, provision of receipts, etc.)

Section 3.

Total child care fee includes parent portion and subsidized portion. Child care services should inform the parent of his/her responsibility for any portion of the fee not received through Child Care Subsidy. Indicate the day of the month payments are due. Any change in fees requires a new agreement (i.e. facility fee increase, child moving from infant to toddler fee).

Under additional fee payment arrangements, the parent and the child care service should include payments other than monthly payments, specifics regarding fluctuating fees, additional fees for outings or activities, agreements for payments during parent vacations and child illnesses, interest charges for late payments, summer school-age increases, deposits and holding fees.

Section 4.

Completion of this section is optional. Any fees that are charged for overtime or late pick-up should be specified. Be sure to specify the dollar amount for the period of time and the time when late charges become effective. (i.e. \$1.00 per minute after centre closing hours, \$5.00 per half hour after 5:30 p.m.)

Section 5.

Completion of this section is optional. Facilities may establish a shorter period of notice during a specified trial period. (i.e. one week during the first month of care).

Section 6.

If the facility has a policy stating the notice must be received by a certain date, such as the first of the month, this line should be completed.

Section 7.

Signature of witnesses is optional, however, signature of a witness further authenticates the document. Any adult can be a witness to a legal document and it is preferable for the witness to be present when the form is signed, however, it is not legally required. A witness can state to the person after the person has signed the document: "Is that your signature?" and if the person responds "yes", the witness can then witness the document in writing.

Child's Health Resume (Required Form)

Child Care Regulation 36 requires every licensee to keep a record with respect to each child attending the facility that includes: (a) child's name and date of birth, (b) names, addresses and telephone numbers of the child's parents, persons to contact in the case of an emergency and the child's medical practitioner, (c) any allergies, illness or other medical condition and (d) the child's immunization status.

Note: *Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.*

Child's Name: _____ Starting Date: _____/_____/_____
Year Month Day

Date of Birth: _____/_____/_____
Year Month Day

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Home Address: _____ Home Address: _____

Postal Code: _____ Postal Code: _____

Home phone: _____ Home phone: _____

Place of business: _____ Place of business: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Are both parents listed above authorized to remove the child from the child care facility? Yes No

Comments: _____

In case of emergency, the child care service will contact the following physician for medical treatment:

Physician's Name: _____

Address: _____

Phone: _____

Provide the names of two other persons to contact in case of emergency.

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Home phone: _____ Home phone: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Medical History

Check (√) any of the following illnesses which the child has had:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Injuries – please list _____ |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Other - please list _____ |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Scarlet fever | _____ |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Tonsillitis | _____ |

Are your child’s immunizations up to date? Yes No

Allergies

Does your child have any known **drug** allergies? Yes No If Yes, what are they, and what are your child’s reactions?

Does your child have any known **food** allergies? Yes No If Yes, what are they, and what are your child’s reactions?

Does your child have any **other** allergies? Yes No If Yes, what are they, and what are your child’s reactions?

Other Medical Information

Does your child take any medication on a regular basis? Yes No If Yes, please give the name of the medication and the medical condition for which it is taken. _____

Was your child born prematurely? Yes No If Yes, how many weeks? _____

Do you have any concerns about your child’s development? Yes No If Yes, please comment.

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate?

Yes No If Yes, please identify. _____

Has your child ever undergone surgery? Yes No If Yes, please list. _____

Are there any special diets necessary for your child’s health? Yes No If Yes, please describe. _____

Please comment on any other medical information the child care service should be aware of. _____

Date: _____ / _____ / _____
Year Month Day

Parent/Guardian Signature



**Biggar & District Daycare Required Form:
Child Release Form**

Date: _____

I, _____ (Parent / Guardian Name)

The Parent or Guardian of:

_____ (print all applicable Children's Names)

Hereby give permission to the Person(s) detailed below to remove my Child(ren) from the Biggar & District Daycare at any time with no other notice required from me:

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home Phone: _____

Home Phone: _____

Cell / Work Phone: _____

Cell / Work Phone: _____

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home Phone: _____

Home Phone: _____

Cell / Work Phone: _____

Cell / Work Phone: _____

Note: Children's safety is our first concern. This Daycare reserves the right to require Individuals to show **proof of identification** prior to releasing any Child. It is our expectation that children riding in vehicles will be placed into **proper car seats** for their size, and **always in the back seat**. And finally, if Daycare Employees have reason to believe that an Individual who is here to pick up any Child(ren) at the Daycare is under the influence of any controlled or uncontrolled substance to the point of **Impairment**, Daycare Employees **will not release** any Child(ren) to the care of that Individual – regardless of relationship status to the Child(ren) in question. It will be required that another Individual on the approved Child Release Form must come to sign the Child(ren) out of the Daycare for that day.

By signing below, the Parent/ Guardian understands that their Child(ren) listed above will be released without question to the individuals listed above unless and until the Parent / Guardian provides the Daycare with written notification of changes. At any time the Parent/ Guardian can make changes by completing a new Child Release Form.

Parent / Guardian Signature: _____

Date: _____

Child's Emergency Information (Required Form)

Child Care Regulation 32 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

Date: ____/____/____
Year Month Day

Child's Name: _____

Date of Birth: ____/____/____
Year Month Day

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Two other persons to contact in case of emergency:

1. Name: _____
Relationship: _____
Home phone: _____
Business phone: _____
Cell phone: _____
Email: _____

2. Name: _____
Relationship: _____
Home phone: _____
Business phone: _____
Cell phone: _____
Email: _____

Child's Emergency Information (Required Form)

Child Care Regulation 32 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

Date: ____/____/____
Year Month Day

Child's Name: _____

Date of Birth: ____/____/____
Year Month Day

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Two other persons to contact in case of emergency:

1. Name: _____
Relationship: _____
Home phone: _____
Business phone: _____
Cell phone: _____
Email: _____

2. Name: _____
Relationship: _____
Home phone: _____
Business phone: _____
Cell phone: _____
Email: _____

Check (✓) any of the following illnesses which the child has had:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Injuries | <input type="checkbox"/> Rheumatic fever | _____ |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Scarlet fever | _____ |

List all known allergies:

Drug: _____ **Food:** _____ **Other:** _____

List all medications taken on a regular basis: _____

List all known medical conditions: _____

List any concerns/limitations in regard to this child's medical treatment: _____

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Check (✓) any of the following illnesses which the child has had:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Injuries | <input type="checkbox"/> Rheumatic fever | _____ |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Scarlet fever | _____ |

List all known allergies:

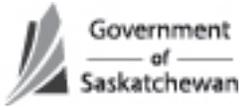
Drug: _____ **Food:** _____ **Other:** _____

List all medications taken on a regular basis: _____

List all known medical conditions: _____

List any concerns/limitations in regard to this child's medical treatment: _____

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Excursion and Transportation Consent

(Required Form)

Child Care Regulation 35(2)(f) requires every licensee keep a record with respect to each child attending the facility that includes any authorization provided by the child's parent for i) an excursion not involving transportation and (ii) an excursion involving transportation.

I hereby give permission to _____
(Name of child care home provider or child care centre)

for my child _____ for the following:
(Name of child)

to participate in excursions not involving transportation such as walks in the neighbourhood,

walks to playgrounds, parks and libraries.

to participate in excursions involving public or private transportation to locations such as

libraries, parks, playgrounds, museums and pet stores.

Comments or Exceptions:

Date: _____ Parent/Guardian Signature _____



Biggar & District Daycare Required Form

Media Release Form

From time to time, the Biggar & District Daycare will post pictures of participating children on bulletin boards at the Daycare, on posters or brochures promoting the Daycare, and in the local newspaper. Biggar Daycare also uses a Closed Facebook Group and BrightWheel for communication with Current Daycare Families. Our posts to this group will sometimes include photographs of children engaged in activities at Daycare. It is our expectation that these photographs are not to be copied or shared in any way.

I, _____ (Parent / Guardian Name)

Hereby give permission for my child(ren): DO NOT give permission for my child(ren):

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Brightwheel **ONLY**

BOTH Brightwheel and Social Media Posts (Facebook posts for organization recognition)

To have their names and pictures used by the Biggar & District Daycare at the discretion of program staff to promote or advertise Biggar & District Daycare's program-related activities.

Signed: _____

Date: _____

(Parent/ Guardian Signature)

Additional Notes or Exceptions:

