FAMILY

Registration Pakage

Seeds of Success
Early Learning Inc.
240 90 Ave SE,
Calgary,
AB T2J 6P6
403-383-9243

APPLICATION CHECKLIST

Before you hand in or email your paperwork, please …

Include photocopies of your child(ren)'s	• Alberta Health Care Card • Immunization records
Include photocopies of your identification (as per the Financial Agreement)	• Driver's license • Other photo ID if you do not have a driver's license. • Alberta Health Care card
Completed doctor's note	• Make an appointment to have your physician complete your child's doctor's note (Thank you)
Include payment information	• Voided cheque or banking info for monthly debit • Visa # / MasterCard # along with expiry date • Registration fee of $126.00
Alberta Children's Services Subsidy	• **VERIFICATION OF SUBSIDY:** proof that subsidy has been applied for or is currently being received must be submitted before care can start. • If you are transferring your subsidy, Seeds of Success requires proof that you have notified the subsidy office that you have changed child care program. • Apply online. • alberta.ca/child-care-subsidy.aspx • Alberta's Affordability Grant significantly reduces Early learning and childcare fees. You do not need to apply for it.
Ensure you have read and fully completed and understand	• Child Profile for each of your children • Client/Daycare Agreement • Client/ Daycare Financial Agreement • Seeds of Success Family Handbook
	Any questions you may have: Don't hesitate to get in touch with us
	As a last resort, Seeds of Success reserves the right to interrupt care if all the information required is not submitted as requested and/or Seeds of Success is not notified if the paperwork or payment will be delayed.

Child Profile

Child's Name:	Gender:	**Child's Name**:	Gender:
Birthdate: Year Month Day		**Birthdate**: Year Month Day	
Languages Spoken by Your Child:		**Languages Spoken by Your Child:**	
Please circle your preferred program based on number of days:		**Please circle your preferred program based on number of days:**	

○ 5 Days/ Week	○ 3 Days/ Week	○ 2 Days / Week	○ 5 Days/Week	○ 3 Days/ Week	○ 2 Days / Week
Monday	Monday	Tuesday	Monday	Monday	Tuesday
Tuesday	Wednesday	Thursday	Tuesday	Wednesday	Thursday
Wednesday	Friday		Wednesday	Friday	
Thursday			Thursday		
Friday			Friday		

Date for care to start:	**Date for care to start:**

Parent / Guardian Information – All information must be included			
Child(ren)'s Residence □ Yes □ No		Child(ren)'s Residence □ Yes □ No	
Parent:		**Parent and/or non-custodial parent:**	
Street Address:		Street Address:	
Postal Code:	Cell Phone:	Postal Code:	Cell Phone:
E-Mail:		E-Mail:	
Mailing Address (if different from street address):		Mailing Address (if different from address):	
Employer:		Employer:	
Address:		Address:	
Phone: Ext:		Phone: Ext:	

HEALTH INFORMATION	HEALTH INFORMATION
Child's Name:	Child's Name:
Alberta Health Care Number: □ Copies must be provided	Alberta Health Care Number: □ Copies must be provided
Immunizations: Are they up to date? □ **Y** □ **N** □ Copies must be provided	**Immunizations: Are they up to date?** □ **Y** □ **N** □ Copies must be provided
Child's Physician:	Child's Physician:
Address: Phone:	Address: Phone:
□ **Please complete only those issues that are applicable, N/A for those that do not apply**	□ **Please complete only those issues that are applicable, N/A for those that do not apply**
Diagnostic Impressions of The Child:	Diagnostic Impressions of The Child:
Definition Of Diagnosis:	Definition Of Diagnosis:
Other Agencies Supports.	Other Agencies Supports.
Contact Person: Phone:	Contact Person: Phone:
□ **Please indicate if your child experiences any of the difficulties listed below**	□ **Please indicate if your child experiences any of the difficulties listed below**
Allergies to…	Allergies to…
Asthma:	Asthma:
Ear Infections: □ Common □ Uncommon	Ear Infections: □ Common □ Uncommon
Frequent Colds: □ Common □ Uncommon	Frequent Colds: □ Common □ Uncommon
Diarrhea: □ Common □ Uncommon	Diarrhea: □ Common □ Uncommon
Fevers: □ Common □ Uncommon	Fevers: □ Common □ Uncommon
Other: Hearing: Eyesight: Mobility: Speech: Behaviour Concerns:	Other Hearing: Eyesight: Mobility: Speech: Behaviour Concerns;

If there is additional medical information that Seeds of Success should be aware of, please provide it.	***If there is additional medical information that Seeds of Success should be aware of, please provide it.***

Emergency Contact (someone other than parent/guardian)	
Name:	**Relationship to the child:**
Address:	Phone:
Employer:	Phone:
Release of the child (ren) to anyone other than the parent or guardian is strictly prohibited without prior written or verbal phone consent to the Seeds of Success Early Learning Inc. The alternate pick-up person must show photo Identification to the Seeds of Success.	Release of the child (ren) to anyone other than the parent or guardian is strictly prohibited without prior written or verbal phone consent to the Seeds of Success Early Learning Inc. The alternate pick-up person must show photo Identification to the Seeds of Success.
DEVELOPMENTAL BACKGROUND Has your child been given any health or developmental assessment that Seeds of Success should know about? If yes, please provide us with additional information. □ YES □ NO	**DEVELOPMENTAL BACKGROUND** Has your child been given any health or developmental assessment that Seeds of Success should know about? If yes, please provide us with additional information. □ YES □ NO
Child's Name:	Child's Name:
Children must be **washroom independent** before they can attend the Seeds of Success.	Children must be **washroom independent** before they can attend Seeds of Success.
Favourite Toys / Activities:	Favourite Toys / Activities:
Favourite Foods / Beverages:	Favourite Foods / Beverages
Dislikes / Fears:	Dislikes / Fears:
Recent events that have happened regarding your child (i.e., Birth of a sibling, death of a relative or pet, divorce)	Recent events that have happened regarding your child (i.e. Birth of a sibling, death of a relative or pet, divorce)
Other Comments:	Other Comments:

NAMES OF PERSONS ALLOWED TO PICK UP YOUR CHILD/REN:	***NAMES OF PERSONS NOT ALLOWED TO HAVE ACCESS TO YOUR CHILD/REN (per court orders):***

Emergency Treatment

Due to circumstances beyond our control, your child(ren) may require emergency treatment while attending the Seeds of Success Early Learning Inc.

1. **Emergency Medical Treatment**

   I hereby permit Seeds of Success Early Learning Inc. to administer necessary first aid.and/

   or call for emergency transportation for my child (ren) by:
   - a Seeds of Success Educator/ Program Supervisor

   I acknowledge the following:
   - Any ambulance expenses incurred will be the responsibility of the child's family.
   - If time permits, the Seeds of Success will attempt to call the parent/guardians or the emergency contact before contacting the ambulance.
   - At no time will the Seeds of Success drive the sick or injured child to an emergency medical facility.

   Parent/Guardian signature: _____

2. **Release of Confidential Information to EMS Personnel**

   In an emergency, I permit all required and confidential information for my child (ren) to be released to any Emergency Medical Service personal.

   Parent/Guardian signature: _____

Off-Site/Transportation

Your child (ren) may be required to be transported/ taken off the premises while attending the Seeds of Success Early Learning Inc. to conduct day-to-day programming.

1. **Off-Site Excursions**

I permit the Seeds of Success Early Learning Inc. to take my child on regular daily outings under the supervision of the Seeds of Success Early Learning Inc. educator. This may include but is not limited to:

- neighbourhood walks
- visits to community parks and greenspaces
- local libraries
- school pick-up and drop-offs

Parent/Guardian signature: _____

2. Transportation

I hereby permit Seeds of Success Early Learning Inc. to have my child be transported by:

- a Seeds of Success Early Learning Inc. Educator
- A Seeds of Success Educator, in the case of an emergency

I acknowledge that the transportation of my child/ren is deemed necessary on occasion. I also understand that approved safety restraints are being used during transportation.

Parent/Guardian signature: _____

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Photo Release

This gives Seeds of Success Early Learning Inc. permission to utilize your child (ren)'s photo. Usages may include but are not limited to:

- in and around the Seeds of Success Early Learning Centre by posting on walls, bulletin boards, family tree, learning Stories, etc.
- the Seeds of Success social media accounts and website
- the social media accounts mainly contain visual documentation of the daily activities carried out by the children and educators in the Seeds of Success Early Learning Inc.
- The children's learning stories may be shared with, and a portion taken by the program director to educate Seeds of Success educators for training.

Please note the following:

- Confidentiality will always be maintained.
- The last names of the child and/or your family will never be disclosed.

Thank you for your understanding and participation.

Child #1 name: _____

Child #2 name: _____

Parent/Guardian signature: _____**Date:** _____

Client/SOSEL Agreement

The following is an agreement between the client _____ and the Seeds of Success Early Learning Inc.

- As a client with SOSEL, I agree to the following Standards and Policies, as well as all of the Standards and Policies contained in SOSEL Family Handbook

- To cooperate with the requirements of SOSEL, the educators at Seeds of Success have been screened, approved, and monitored by following the Child Care Licensing Act and Early Learning and Child care regulations and guidelines.

- The entire child profile form regarding the client's children will be shared with the Educators at SOSEL to inform her/him of the needs of the client's children and all pertinent information.

- If the desired childcare and early learning Inc. agreed upon in the child profile should change and SOSEL agrees to change, a new child profile cover sheet / financial agreement must be completed and submitted back to SOSEL.

- It is the client's responsibility to notify the Seeds of Success Early Learning Inc. if your children will be late or absent from care.

- I understand that I must provide a **month written notice of withdrawal** from the program. If this notification is not provided, I agree to pay fees for one month, whether or not my child attends. I understand that when my child is withdrawn, they will only be eligible for re-admission based on space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new nonrefundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I must bring my account current before completing a re-enrollment application. I understand all fees (Tuition or Registration) are non-refundable.
  (client initials _____)

- Written permission must be given:
  - for any off-site field trips that the SOSEL arranges. SOSEL requests your permission to be documented on a field trip form.
  - for any medication that the Educator must administer to your children. The Educator will request your permission to be documented on a SOSEL medication form. All medication **must** come in its original container and be handed to the Educator. A child's backpack/or belongings cannot have any

medication at any time. Emergency medication such as EpiPen would be stored and labelled in an accessible location for the needy child.
(client initials _____)

- Holiday / Statutory Closures are as follows:
  - New Year's Day
  - Family Day
  - Good Friday
  - Easter Monday
  - Victoria Day
  - Canada Day
  - Heritage Day
  - Labour Day
  - Day for Truth and Reconciliation
  - Thanksgiving
  - Remembrance Day
  - Christmas Day
  - Boxing Day

  ***Summer Break (June/ July 4 days)
  ***Winter Break (Dec/ January 5 days)
- Holiday closures and closures in lieu of holidays, summer and winter breaks are indicated in the SOSEL yearly calendar. Fees are not prorated for vacation or holiday closures, illness, or other absences from care.

  The client has read, understands, and follows the Seeds of Success Family Handbook with specific reference, but not limited to the following policies and procedures:
  (client initials _____)

  - emergency medical procedures
  - medication administration
  - signatures and initials on all attendance records
  - contagious disease/illness policy
  - Withdrawal from program
  - behavioural guidance
  - financial agreement
  - holiday, summer, and winter break closure policy
  - late pick-up fee

I have read and understood the Client/ SOSEL Agreement and will comply with its requirements and the Family Handbook. I acknowledge that the information provided for my child/ren is accurate to the best of my knowledge. I will notify Seeds of Success Early Learning Inc. in the event of any changes pertinent to my child.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Program Supervisor signature: _____**Date:** _____

Seeds of Success / Client Financial Agreement

The following is an agreement between the client _____ _____ and the Seeds of Success Early Learning Inc.
The Start date of care is _____.

The client is contracting for childcare services as described below and agrees to pay the following fees as indicated:

5 Days/week, care to be billed at a monthly rate of $ _____**(client initials _____)**

3 Days/ week care to be billed at a monthly rate of $ _____**(client initials _____)**
2 Days/ week will be billed separately at the rate of $ _____**(client initials _____)**
An additional fee of *$15.00* is applied to *all* credit card charges $ ___**(client initials _____)**
Total $_____**(client initials _____)**

Registration Fee
A non-refundable registration fee of $126.00 is required for newly registered families to be paid at the time of registration. This fee is per family registration fee and is not applied per child.
(client initials _____)

Payment of Fees / Invoicing
- Childcare fees are due by the first (1st) working day of each month or the day your care begins.
- Childcare fees include the SOSEL monthly and credit card fees, should that be your payment option.
- Childcare services may be interrupted without prior notice if payment or subsidy is not received. If, for any reason, you cannot meet your payment commitment, please get in touch with Seeds of Success immediately to discuss payment arrangements. 403.383.9243
- Fees must be paid directly to Seeds of Success using one of the payment options outlined below.
- A fee of $50.00 will be charged for any payment returned unpaid by your bank. Replacement payment must be received online within 24 hours to avoid an interruption of childcare services. **(client initials _____)**

Identifying Information and Payment of Fees

Seeds of Success requires the following information to provide childcare services:

Alberta Health Care #: _____
Driver's License #: _____
Social Insurance #: _____ (for income tax receipt purposes only)

Seeds of Success is pleased to offer the following payment options. Please indicate your choice of payment method.
Note that all fees are due on the first working day of the month.
(client initials _____)

Bank account information
Transit # _____Institution # _____ Account #_____

Credit card information
MasterCard #: _____expiry month_____ year _____
Visa #: _____expiry month_____ year _____
CC charges are processed on the first working day of the month. Each and every credit card charge is subject to a $15.00 fee.
(client initials _____)

Subsidy
Childcare Subsidy is available to families who qualify through Alberta Children Services. Fee for the subsidized clients who fail to complete 100 full-time or 50 part-time hours of care in a month. Clients will be responsible for any additional fees not covered by subsidy. Care can start with verification of subsidy and parent portion or full payment. **(client initials _____)**

Seeds of Success will assist clients with the subsidy application; however, it is the client's responsibility to complete the subsidy process. Applications take 2 – 3 weeks to process. The client will be held responsible for full payment of childcare fees if the subsidy is not approved or applied for in a timely manner and, as a result, payment of the subsidy is not received by Seeds of Success.
(client initials _____)

The subsidy is the sole responsibility of the Client; please ensure that you notify SOSEL at 403 383 9243 with any changes to your subsidy: Subsidy ID#:_____ Child's Name:_____ Expiry Date:_____ Subsidy ID #:_____ Child's Name:_____ Expiry Date:_____
Care will be interrupted/terminated if the client's account falls into arrears and /or if the subsidy expires; *Keeping your client account current and up to date is your responsibility.* (client initials _____)

Govt Affordability Grant
The government affordability grant is available to all Canadian families based on the number of hours of childcare used per month. Families do not need to apply for it.

Vacations/ Illness / Statutory Holidays
There is no reduction or proration of fees for vacation, illness, statutory/provincial holidays, or other absences taken, as the space is being held for the client (your child/ren).
(client initials _____)

Termination of Services
Seeds of Success Early Learning Inc. respectfully ask you for a minimum of one month written notice to terminate childcare services. There is no pro-rate fee that would apply.
(client initials _____)

Income Tax Receipts
Seeds of Success will mail to each client with an account in good standing, by February 28 of the following year, a receipt for income tax purposes showing all childcare payments received.
(client initials _____)

Unpaid Accounts
Delinquent accounts are reported to the Credit Bureau, Equifax, and Revenue Canada and forwarded to a collections agency. Legal action will be pursued in small claims court if all other collection efforts fail. Additional charges will be applied, including interest, court costs, collection fees, etc.
(client initials _____)

I have read and understood the financial agreement and will comply with its requirements and the Family Handbook.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____

Program Supervisor signature: _____

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Dear Parent/ Guardian and Family Physician,

As per Seeds of Success Early Learning Inc. Policies and Procedures, we request that your child (ren) have a medical examination before starting care in the Seeds of Success Early Learning Inc.

Please complete the following medical statement, certified with the doctor's stamp and signature, indicating whether your child is in good health and able to attend childcare.

Should you not have your child's immunization records on hand, please obtain a copy from your doctor's office at this time as well. A copy of up-to-date immunization records is required before starting care.

Your cooperation in this matter is greatly appreciated.

Thank you,

Mrs. Sadaf Firdos
Program Director
Seeds of Success Early Learning Inc.
403.383.9243
info@seedsofsuccess.kids

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Medical Certification Form

Legal Name of Child:	**Date of Birth:**

Please check any ongoing illnesses, disabilities or limitations:

- □ asthma
- □ behavioural concerns
- □ bronchitis
- □ chronic diarrhea
- □ development delays
- □ ear infections
- □ eczema
- □ eyesight problems
- □ fevers
- □ frequent colds
- □ hearing problems
- □ reflexes
- □ other (please explain)

Does the child have any known allergies? Please list it beside the category.

- □ food
- □ environment
- □ medication
- □ other

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

Declaration: I have examined the above-named child and consider the child to be in a state of health appropriate to being cared for in the Seeds of Success Early Learning Inc.

Physician's signature and/or office stamp	**Date:**
	Address:
	Postal Code:
	Phone:
	Fax: