



Two Hills Play Development

Registration form will not be accepted unless all of this form is filled out and signed
1 registration form per child

What Age is your child attending? (PLEASE X ONE)

0 to 12 months

19 months to 3 years (not yet turned 3 years)

Attending Kindergarten

12 months - 18 months

Ages 3 to 5 preschool

Grades 1 to 6

PLEASE INDICATE ATTENDANCE OF YOUR CHILD

*The Program Director will use these times to issue you a time for drop off/pickup, see Terms & Conditions sheet for more information.

DAYS OF THE WEEK ATTENDING (Please CHECK)

START DATE: _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

DROP OFF TIME

PICK UP TIME

Extended Hours

Past 6pm please see Fee policy

Child's Name _____ Date of Birth _____

Primary Parent/Guardian Mailing Address _____

(Indicate if addresses are the same or mark N/A)

Mothers Name _____ Fathers Name _____

Mothers Address _____ Fathers Address _____

Mothers Legal Land Location _____ Fathers Legal Land Location _____
(Must be provided if you don't have a street address) (Must be provided if you don't have a street address)

Mothers Cell Phone _____ Fathers Cell Phone _____

Mothers Home Phone _____ Fathers Home Phone _____

Mothers Work Phone _____ Fathers Work Phone _____

Emails are used for billing, communication and pictures, if you don't have email, please let us know below

Mothers Email: _____ Fathers Email _____

Please list the first name and age of any siblings: _____

People allowed to pick up child: _____

People not legally allowed access to your child (i.e. custody agreements) _____

Relationship _____

Emergency Contact - if the parents cannot be reached (must be within 20 mins of program)

Name: _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Address _____ Legal Land Location: _____
Must be provided if you don't have a street address

Parent Orientation - PLEASE SIGN ONCE YOU'VE RECEIVED AND READ OUR PARENT MANUAL

Before your child is registered with our program you must read and be familiar with our policy & procedures in the Parent Handbook, and our Terms & Conditions. When returning this registration package along with your deposit, ***please check the boxes below:***

I have read the parent handbook and am familiar with all the programs policies and programming. I understand by signing this, I agree and comply with all policy and procedures and terms & conditions as read with this registration package for Two Hills Play Development a division of Vermilion Play Development. By signing, I consent to allow the program to support public health contact tracing efforts with my child's daily records.*

DATE _____

SIGNATURE _____

Information collected on these forms is subject to the freedom of Information and Protection of Privacy Act. The information will be used solely for the purpose of Vermilion Play Development, Central Alberta Licensing Authority and Alberta Health Services.

Parent Permission

I give permission for _____ (child's name) to participate in the field trips to: Hillside Senior Citizens Lodge, and Neighborhood walks. Location: Eagleview Lodge is about 1 block across from our park, neighborhood walks will be within a 1 km radius of the program. Supervision: Staff will follow our staff to child ratio policies and supervision policies as they supervise the children on the field trips. Any other field trips will be advertised, and a separate permission form will be filled out. I understand that during field trips off the program premises, the child will walk to and from the location. Our program has access to our cell phone with us as well as our Lillio app for communications on outings.

DATE _____

SIGNATURE _____

Freedom of Information and Protection of Privacy Act

I/We, hereby give permission to share necessary personal information (name, phone number, email) with Two Hills Play Development program, Northern Alberta Licensing Authority, Alberta Health Services (contact tracing) for the purposes of program coordination, and Alberta Online Childcare Licensing Portal for the purposes of affordability funding for families.

DATE _____

SIGNATURE _____

Photo Permission

I/We hereby release for publication or telecast in any medium, photographs of my child _____.

DATE _____

SIGNATURE _____

Emergency Medical Treatment Release Form

I/We _____ allow for my child, _____ emergency medical treatment, to be effective during the hours _____

that my/our child is in the care of the program. I/we understand that if an emergency should occur the Program will make every effort to contact me/us, the parent(s)/guardian(s). Should they be unsuccessful in locating me/us, and/or child needs immediate medical care, I/we authorize any and all employees of Vermilion Play Development to sign for medical treatment of my/our child, including transportation by ambulance if deemed necessary. I/we also give permission to the attending physician and/or ambulance attendant to treat my/our child for illness or injury as is necessary under these circumstances. This release form will be in effect from the date below until termination of enrollment in the program.

DATE _____

SIGNATURE _____

Health Record

ALBERTA Health Care # _____
(Optional)

Child's Physician _____

Physician's address _____ Physicians Phone # _____

Are your child's immunizations up to date? (Circle one)

YES

NO

Date of update: _____

Allergy Instructions N/A -

If N/A do not fill out or sign and skip to Medical Treatment Instructions & Release

Please list any allergies your child has: _____

This allergy is (please check): ☐ Mild ☐ Moderate ☐ Severe

Please explain your child's symptoms: _____

I entrust Program Staff to do the following upon an allergic reaction (Please specify steps):

I understand that it is my responsibility to inform Program Staff if there are any changes to the above direction/condition.

DATE _____

SIGNATURE _____

Medical Treatment Instructions and Release

N/A -

If N/A do not fill out or sign

Please list any medical conditions (i.e. Asthma) that your child has: _____

Please explain what triggers the condition: _____

Does your child need medication administered? (Circle one) **YES** **NO**
(You must fill out an Individual Medication Record for your child if they need medication administered)

Program Staff will administer antidote/allergy/seizure medications on an emergency basis.

Should a life threatening emergency occur, is there any medical treatment that you would *not* wish your child to have (Please explain): _____

DATE _____

SIGNATURE _____

Terms & Conditions *

for registering your child in Two Hills Play Development

*By signing this registration form you agree and consent to the following terms and conditions to keep your child in our program. Failure to comply with these terms and conditions may result in the termination of your child's registration in our program(s). These Terms & Conditions may change without notice, updated terms & conditions will be distributed in a timely manner.

1. **Parent/guardian is responsible to read and comply** with all our policy and procedures outlined in our program manual.
2. **Health and safety guidelines are followed in our programs as we work in partnership with Alberta Health Services. If your child displays symptoms as outlined in our Health Policy or any AHS outbreak guidelines, you are expected to follow procedures in order to remain in our program.**
3. **Personal information collected on our registration forms will be used for the purpose of registering a child in our program and for the Child Care Accountability Program on the Alberta Child Care Licensing Portal for the purpose of managing childcare services. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act.**

BRINGING ITEMS INTO PROGRAMS

NO OUTSIDE ITEMS may be brought into our programs. This includes items such as: toys, devices -electronics or otherwise, blankets. **EXCEPTIONS: Diapers & change of clothing.** Change of clothing must be brought in a plastic bag or backpack with child's name on it. This clothing will be left at the program until used, parents/guardians will be responsible for laundering clothing sent home.

Entering and Exiting the Program

Parents are to use the North entrance of the school across from the park to enter and exit the program. Staff can buzz the door upon arrival and the staff will let you in, if there is no response, please call the program as the buzzer sound is not very loud or we could be in another room. Parking is available against the building between the sheds or on the side of the street on the North side of the school



Two Hills Play Development

Fact Sheet

REGISTRATION

- **Each child must have:** a completed (all areas filled out), signed registration form with payment for the month attending to start attending our program. We will not accept incomplete registration forms.
- All fees are billed as monthly fees according to your calendar, fees are due by the 1st of the attending month.
- A \$25 late fee will be applied after 5 days from the 1st of the month for unpaid fees, additional \$25 late fee will be applied to the same invoice for each additional month the fees are late.

SUBSIDY

- **Subsidy is available for qualifying families for children Grades 1 to 6 and Kindergarten children attending only before and after school.**
- ANYONE CAN APPLY REGARDLESS OF YOUR STATUS IN CANADA
- QUALIFYING INCOME - \$89,999 or less household gross income qualifies for subsidy. Subsidy is \$366 or less a month / July & August- \$644 or less a month

Here's how to apply:

- Go to <https://www.alberta.ca/child-care-subsidy.aspx> where you can apply online
- OUR PROGRAM NAME IN SUBSIDY IS: TWO HILLS PLAY DEVELOPMENT DAYCARE
- OUR LOCATION ADDRESS IS : 4806 - 51 Avenue TOB 4K0
- OUR MAILING ADDRESS IS: Box 3806 T9X 2B8
- You must have how many hours your child needs per month, please see our Fee Schedule for prices.
- If your child's hours drop over a 3 month period your subsidy amounts may change.
- You may have subsidy retracted from your first and/or last month depending on the amount of hours attending for the month.
- You must have documentation that qualifies your income i.e.: Notice of Assessment from Revenue Canada or recent pay stubs. Failure to produce these will result in refused subsidy.
- There are some exceptions, so it is best to call them regarding your circumstance.
- Please see our Fees Policy for info on Shared Subsidy when your child attends more than 1 licensed program
- YOU CAN APPLY ONLINE FOR SUBSIDY AT ANY OF OUR CENTRES

School age: Grades 1-6

Family income

Threshold

Subsidy amount

\$0 to \$49,999	\$366 (50 or more hours)
\$50,000 to \$54,999	\$348
\$55,000 to \$59,999	\$311
\$60,000 to \$64,999	\$275
\$65,000 to \$69,999	\$238
\$70,000 to \$74,999	\$201
\$75,000 to \$79,999	\$165
\$80,000 to \$84,999	\$128
\$85,000 to \$89,999	\$92

Subsidy is calculated by hours, if over a 3 month period your child's hours are less than you applied for, your subsidy will be reassessed. For circumstances such as sickness, or other unavoidable reasons your child has not attended the program please call the subsidy office at: 1-877-644-9992, and explain your child's circumstance, they may take this into account.

BILLING CHILDCARE FEES

YOUR CHILDCARE FEES ARE BILLED ON THE LILLIO APP FOR EACH CHILD ATTENDING OUR PROGRAM
Please ensure you accept the invitation to the app upon registration.

Payments

PAYMENTS ON Lillio - AUTO PAY AVAILABLE

Bank Transfer payments - FREE Credit Card payments - FREE

- a) All childcare fees paid by the parent will be receipted with an official Child Care Tax receipt in January/February for the prior year, **your receipt is available on the Lillio App**. This receipt will include all fees paid from all our programs from the year prior. Subsidy payments by the Government of Alberta are **not** receipted.
- b) **You can pay right on the Lillio app by bank transfer or credit card** - these have no charges and auto pay is available. Auto pay function will only pay your next month fees on the night of the last day of the month for the next month, it will not pay any fees added throughout the month, these you will have to do manually
- c) Families are responsible for letting us know any changes to their address, the receipt will be mailed or given to you. Please look for the "Change of Information" form in the program.
- d) **Cheques** are to be made payable to the **Vermilion Play Development**.
- e) **Cash** - you will be receipted for cash upon receiving it, please give cash directly to staff, **do not leave it in backpacks or on counters**.
- f) **Interact E-Transfers**
 - i. Log into your online bank account and choose option: Interact e-Transfer
 - ii. Set up Two Hills Play Development as a Recipient
 - i. Our email address for payment is: vpdprograms@gmail.com
 - ii. We have automatic deposit – no password is required.
 - iii. In the –memo–, please include your name and your child(ren) name
 - iv. Billing will send you a receipt once they've applied your payment.
 - v. Please e-transfer one payment for all programs attended.

Eat well. Live well.

Eat a variety of healthy foods each day

Have plenty
of vegetables
and fruits

Eat protein
foods

Make water
your drink
of choice

Choose
whole grain
foods



Discover your food guide at

Canada.ca/FoodGuide

Eat well. Live well.

Healthy eating is more than the foods you eat



Be mindful of your eating habits



Cook more often



Enjoy your food



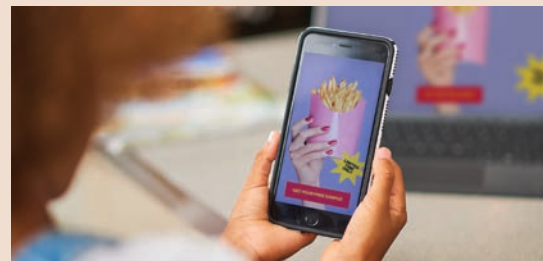
Eat meals with others



Use food labels



**Limit foods high in sodium,
sugars or saturated fat**



Be aware of food marketing