

**MEMBER REGISTRATION FORM  
2019 – 2020**



Lower Level of Lord of Life Lutheran Church  
2710 79th Street, Edmonton, AB T6K 3Z1

[www.playdayprogram.com](http://www.playdayprogram.com)

[info@playdayprogram.com](mailto:info@playdayprogram.com)

**Office Use Only**

\_\_\_\_\_ \$60  
Reg. Fee Received

\_\_\_\_\_ 5 x \$50  
\_\_\_\_\_ 1 x \$100  
Parent Commitment Cheques  
Received

\_\_\_\_\_ \$25 Yearbook  
\_\_\_\_\_ Security Complete  
\_\_\_\_\_ Tuition Received

**Preferred Day:** \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ No Preference  
Please indicate at least **two** preferences to avoid disappointment.

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ (YYYY/MM/DD)

**Mother/Guardian Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ Can we text you? \_\_\_ Y \_\_\_ N  
**Home #:** \_\_\_\_\_

**Full Mailing Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ Can we text you? \_\_\_ Y \_\_\_ N  
**Home #:** \_\_\_\_\_

**Full Mailing Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Family Email Address (for notices/updates):** \_\_\_\_\_

**Emergency Contacts (other than Parents)**

**1) Name/Relationship:** \_\_\_\_\_

**Phone Number/Alternate Number:** \_\_\_\_\_

**2) Name/Relationship:** \_\_\_\_\_

**Phone Number/Alternate Number:** \_\_\_\_\_

Please explain any **Custody Arrangements** or special family circumstances: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# CHILD'S HEALTH RECORD

Full Name: \_\_\_\_\_ ABHC#: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Immunizations Up-To-Date: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Does not receive

Any Allergies/Diet Restrictions: \_\_\_\_\_

List any 'on-going' Medication your child is taking: (For asthma, diabetes, ADHD, etc.)

\_\_\_\_\_

Special Needs or Health Concerns: \_\_\_\_\_

Toilet Abilities: \_\_\_ Diapers \_\_\_ Training Pants \_\_\_ Fully Trained

Please list any un-parented programs the child has attended:

\_\_\_\_\_  
\_\_\_\_\_

Please explain any situations where the child had problems when left in the care of others:

\_\_\_\_\_  
\_\_\_\_\_

Please provide any other information about your child/family you feel might be helpful:

\_\_\_\_\_  
\_\_\_\_\_

Name and DOB (YYY/MM/DD) of any younger siblings (information is used for the 2 Year Old Wait List)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## MEDICATION ADMINISTRATION POLICY

*PLAYDAY STAFF WILL NOT ADMINISTER ANY MEDICATION. If your child requires medication while under PlayDay care, we request that the parents make arrangements to return, at the appropriate time, to administer it. (Inhalers are permitted). **Because PlayDay is in a shared facility, it cannot provide a nut-free environment. We cannot accept children with peanut allergies.***

## MEDICAL EMERGENCY POLICY

*All children registered in the PlayDay Program MUST have a completed EMERGENCY CARD. This card will be provided and filled out at PlayDay. This portable information is used whenever we go on field trips, in case of an emergency or practice fire drills. In the event of illness or injury to a child, the parents will be notified. If an ambulance has to be called, a teacher will accompany the child to the hospital where the parents will meet them. The parents will be held responsible for their own child's medical, hospital or other expenses which may incur as a result.*

## PRIVACY AND USE OF PERSONAL INFORMATION POLICY

*The use of names, phone numbers, and email addresses are used for the purpose of providing a class list for PlayDay parents and notifying families of upcoming PlayDay events. This information may not be used to solicit any products or events not affiliated with the PlayDay Program. If you want any information to be omitted, please inform the Vice-President.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I, \_\_\_\_\_ have read and understand the **Medication Administration Policy** and **Medical Emergency Policy** and agree to conform to these policies.

I, \_\_\_\_\_ have read and understand the **Privacy and Use of Information Policy** and agree to conform to these policies.

### **Photograph Waiver**

I, \_\_\_\_\_ give permission for my child's photograph to be used in the PlayDay Newsletter, Website, Year Book or other advertising projects.

### **Email Waiver**

I, \_\_\_\_\_ give permission for the teachers, executive members and parents seeking a ghost parent or shift change to contact me through email as the primary form of communication.

### **Field Trips & Outings**

I, \_\_\_\_\_ give permission for my child to accompany his/her class on any field trips or daily outings that the staff may plan as part of the PlayDay program. Children may be taken out, weather permitting, to the local playground, Meyonohk School, or will go outside on the Lord of Lutheran Church grounds. Parents will be notified of any special activities.

### **Behavior / Discipline**

I, \_\_\_\_\_ acknowledge that my child will be on probation for the entire time that they are enrolled in the PlayDay Program. I permit the teachers to use disciplinary strategies outlined in the Parent Handbook to handle disruptive behavior. If a child is continuing to be disruptive to the classroom environment, there will be a parent/teacher/committee conference to discuss a course of action or possible withdrawal from the PlayDay program.

I, \_\_\_\_\_ agree, that as a PlayDay Parent, I am required to fill one VOLUNTEER COMMITTEE (1) position and attend each TOY WASH/GENERAL MEETINGS(4). This ensures that the PlayDay Program runs smoothly throughout the year. If no one comes to represent my household, I understand a \$50 PARENT COMMITMENT cheque will be cashed. I understand that PlayDay enforces a No Excuse Policy with the "More Hands means Less Work" philosophy.

I, \_\_\_\_\_ agree, that as a PlayDay Parent, I am required to fulfill two **Parent Helper Days** each term per child enrolled in the program. I may be required to do more if enrolment is low. I am given the opportunity to choose which days would work best for my schedule at the September and February Meetings. If I cannot work my chosen days it is MY RESPONSIBILITY to find a replacement. I am aware that I may chose to switch with another parent or hire a Ghost Helper at my cost.

### **Vulnerable Persons Check**

Currently have

Need Check

Will be paying ghost parent

I, \_\_\_\_\_ understand **all fees must be up to date** and post-dates cheques are to be received for the **ENTIRE YEAR BEFORE** a child can attend the PlayDay Program. This includes; Registration, School Fees, and Parent Commitment cheques.

I, \_\_\_\_\_ understand that **four weeks paid written notice** must be given in order to **Withdraw from the PlayDay Program**.

I, \_\_\_\_\_ understand that if my cheque is returned NSF from the bank for any reason while in the PlayDay Program you must replace the funds ***immediately*** with guaranteed funds: either certified cheque; bank draft; or cash. If a cheque is returned NSF a second time all remaining fees owed for that **term** must be paid in full prior to your child returning to class. If a cheque is returned NSF for a third time you will be required to pay the remaining portion of that year's fees ***before*** my child can return to class. I will also be responsible for the NSF charges of \$7.00 incurred by the bank.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## PlayDay Program 2019/2020 Fee Payment Plans

**All cheques should be made payable to "PlayDay". Please Do Not Date Cheques as they can be used for following years and siblings if not used.**

**Registration Fee – per family** \$60

Non-refundable – payable with registration form to hold spot in program.

**Parent Commitment Cheques** **Please Do Not Date Cheques** (5)-\$50.00 + (1)-\$100.00

- need one for each of the General Meetings (September, November, January & April) and one for your Volunteer task
- please do not date these cheques or date them the first of each respective month (volunteer task cheque dated for June)
- these cheques will only be cashed if you do not attend each of the toy wash/general meetings (1 per term) or if you do not fulfill your Volunteer task
- \*\$100.00 cheque (not dated) will only be cashed if a Parent Helper no shows for their day.

<b>Annual Fees</b>	<b>1 child</b>	<b>2 children</b>	<b>3 children</b>
36 days @ \$34.00 for 1 child	\$1224.00		
36 days @ \$66.00 for 2 children		\$2376.00	
36 days @ \$94.00 for 3 children			\$3384.00
<b>Option 1: Annual Payment (1 cheque)</b>			
September 8, 2019	\$1224.00	\$2376.00	\$3384.00
<b>Option 2: Term Payments (4 post-dated cheques)</b>			
Term 1 (9 weeks) - September 8, 2019	\$306.00	\$594.00	\$846.00
Term 2 (9 weeks) - November 4, 2019	\$306.00	\$594.00	\$846.00
Term 3 (9 weeks) - January 5, 2020	\$306.00	\$594.00	\$846.00
Term 4 (9 weeks) - April 1, 2020	\$306.00	\$594.00	\$846.00
<b>Option 3: Monthly Payments (10 post-dated cheques)</b>			
September 8, 2019	\$102.00	\$198.00	\$282.00
October 1, 2019	\$136.00	\$264.00	\$376.00
November 1, 2019	\$136.00	\$264.00	\$376.00
December 1, 2019	\$102.00	\$198.00	\$282.00
January 1, 2020	\$136.00	\$264.00	\$376.00
February 1, 2020	\$136.00	\$264.00	\$376.00
March 1, 2020	\$102.00	\$198.00	\$282.00
April 1, 2020	\$136.00	\$264.00	\$376.00
May 1, 2020	\$136.00	\$264.00	\$376.00
June 1, 2020	\$102.00	\$198.00	\$282.00

**Bonus Days (per child per day)** \$35

- must be paid before or on the morning of the bonus day

**Makeup Days (no charge)**

- must let the makeup day coordinator know in advance if your child will be absent on their scheduled day to qualify

**Ghost Helpers** \$50

- are paid by the helper day parent to work on their scheduled helper day if unable to and can't arrange to switch with another parent

**Payments can be left in the treasurer's box in the supplies room. Please be sure to place in a sealed envelope and clearly mark what the payment is related to.**

# Emergency Information Contact Form

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Immunized: Yes \_\_\_\_\_ No \_\_\_\_\_

Alberta Healthcare Number: \_\_\_\_\_

Allergies \_\_\_\_\_

Comments \_\_\_\_\_

Doctor Name/PH#: \_\_\_\_\_

## PARENT/GAURDIAN CONTACTS

NAME/PH# \_\_\_\_\_ Cell \_\_\_\_\_

NAME/PH# \_\_\_\_\_ Cell \_\_\_\_\_

## EMERGENCY CONTACTS (other than parents)

Primary Contact: NAME/PH# \_\_\_\_\_ Cell \_\_\_\_\_

Secondary Contact: NAME/PH# \_\_\_\_\_ Cell \_\_\_\_\_

## How did you hear about us?

\_\_\_\_ From a Friend    \_\_\_\_ Web Search    \_\_\_\_ Facebook    \_\_\_\_ Ad on Kijiji    \_\_\_\_ Road Side Sign

\_\_\_\_ Ad in Edmonton's Child    \_\_\_\_ Website    \_\_\_\_ Church Banner

\_\_\_\_ Flyer (where) \_\_\_\_\_

\_\_\_\_ Other (please explain) \_\_\_\_\_

## PLEASE ATTACH THE FOLLOWING:

- 1) A copy of the immunization card and Alberta Health Care card to the Registration form.
- 2) A copy of the Alberta Health Care card to the back of your child's EMERGENCY CARD.
- 3) Please insure that the information on your child's emergency card is correct at all times.