



**Jump'n Jellybeans Childcare Centre**

207-836 1<sup>st</sup> Ave NW

Airdrie, AB

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**THIS AGREEMENT**, made as of the \_\_\_\_ day of \_\_\_\_, 201\_\_ between:

Jump'n Jellybeans Inc.

Operating under the trade name of Jump'n Jellybeans Childcare Centre

(Hereinafter called the "Centre")

-- And --

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Parent(s)/Guardian(s)

(Hereinafter called the "Parents")

The parents desire to register the following child in the Centre:

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(Hereinafter called the "Child")

In order to co-operate and satisfy the interests of the Centre and the parents, and to meet the provincial, regional and the child care program requirements, mutually agree the following:



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1. Medication will not be administered to the child in care unless prior written permission along with the doctor's instructions have been given by the parent(s).
  - 2. It is the parents' responsibility to make sure that their child is in his/her room, and the staff in the room is aware of the child's arrival.**
  3. If the child's presence at the Centre is in conflict with the established sickness policy, the parents will make arrangements to pick up their child within a reasonable period of time. The Centre is not required to accept on any given day ill children, and there is no rebate for missed days due to illness.
  4. It is understood that the Centre will not accept the child in case of illness under the sickness policy.
  5. In the event of an emergency where parents cannot be reached, the parents hereby grant permission for the release of any medical information and for medical treatment to be obtained from their doctor, or any doctor selected by the Centre. Any expenses incurred in the emergency will be reimbursed to the Centre by the parents.
  6. The parents will supply the following:
    - A change of clothing
    - Blanket, small pillow and or soft animal for nap time
    - Diapers and wipes
    - One pair of indoor shoes
    - Reusable labeled water bottle
    - Labeled sun screen
    - Summer/winter appropriate clothing
- All items should be labeled with the child's name.
- No toys may be brought from home (except a sleep toy). If a toy is brought from home, the Centre accepts no liability for it.
- Children are expected to arrive dressed comfortably. The Centre bears no responsibility for damaged clothes during activities.
7. All children will be participating in indoor and outdoor planned activities that may include sand and water play.
  8. Jump'n Jellybeans Childcare Centre is peanuts, nuts free facility. Children are not allowed to bring any kind of outside food or drinks to the daycare, with an exemption for children who need a special diet.



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While every effort is made to accommodate food allergies, the Centre bears no responsibility for accidental exposure to allergens.

9. The child **will not be released** to anyone other than the parents or as listed in written on the child registration form by the parents. Copies of any Court Orders regarding non-custodial parents are required.

10. The Centre and parents have discussed the following before placement of the child(ren):

- Admission/Registration
- Withdrawal / Termination of care
- Holidays - Centre Closures
- Fees and Programs
- Child guidance policy or approaches
- Program of daily activities
- Nutritional lunch and snacks
- Hours of arrival and departure and days of care
- Sickness policy
- Start date
- School transportation
- Anything else relating to the day to day care of the child

11. I am /we are contracting for (please check):

**Daycare Program**

**Out of School Program**



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12. Yes, \_\_\_ I give my permission for pictures of my child to be taken and used for documentation purposes

No, \_\_\_ I do not give my permission for pictures of my child to be taken or used for any purpose.

**Declaration**

I/We \_\_\_\_\_ have read, understood and agree to comply with Jump'n Jellybeans Childcare Centre Program Policies and Procedures as outlined in the Parent Handbook and this agreement.

\_\_\_\_\_  
Janet Saliba  
Jump'n Jellybeans Childcare Centre

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature



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## Enrolment/Child Profile

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

- **Name of Child:** \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Child's address: \_\_\_\_\_

- **Custodial Parent(s):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Employment Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- **Emergency Contact**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_



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- Allergies: \_\_\_\_\_

(Action to be taken) \_\_\_\_\_

- To whom may your child(ren) be released(Sixteen years or older):

- Is there anyone NOT allowed access to your child:

- We can best serve your Child's need when we have full knowledge of your Child's interests, likes, dislikes and other circumstances. Please briefly answer the following questions:

**1. Does your child have any special needs that must be provided for:**

Medical: \_\_\_\_\_

Physical: \_\_\_\_\_

Religious: \_\_\_\_\_

Dietary: \_\_\_\_\_

Language: \_\_\_\_\_

**2. Please briefly describe your child's daily schedule. (Naps, eating habits, activities, fears, etc.)**

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



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**3. Please list your child's likes and dislikes. (This information is very valuable to the provider when planning their menus and daily program plans.)**

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**4. Cultural preferences, holidays and traditions the family share if and how you are willing to share your practices.**

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**5. Family beliefs, expectations and related experiences.**

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**6. Is there any other information you would like to share or anything that may affect your child's care? (e.g., toilet training)**

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- On admission of my child \_\_\_\_\_ to the Jump'n Jellybeans Childcare Program, I agree to co-operate fully with the requirements of the program.
- I will inform Jump'n Jellybeans Childcare Centre of any changes to my family information.
- I hereby give permission to release any confidential information on my children in case of an emergency situation.
- I hereby release Jump'n Jellybeans Childcare Centre, its agents, servants, owners, and employees from all and any liability for any personal or consequential injury or illness occurring to my child while my child is in the care of the program, unless accident was caused by willful misconduct of negligence.

\_\_\_\_\_  
Janet Saliba  
Jump'n Jellybeans Childcare Centre

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature





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## Jump'n Jellybeans Childcare Centre

### Immunization Verification

**Declaration:**

**Date:** \_\_\_\_\_

I/We \_\_\_\_\_ do verify that my child \_\_\_\_\_  
immunization vaccinations are up to date as recommended by Alberta Health Services.

(As shown in the Routine Immunization Schedule in the next page.)

Source: Alberta Health Services

<http://www.health.alberta.ca/health-info/imm-routine-schedule.html>

Signature: \_\_\_\_\_

## Routine Immunization Schedule

Effective: August 1, 2012

Age	Vaccine
2 months	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib<sup>1</sup></li> <li>• Pneumococcal conjugate (PCV13)</li> <li>• Meningococcal conjugate (Men C)</li> </ul>
4 months	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib</li> <li>• Pneumococcal conjugate (PCV13)</li> <li>• Meningococcal conjugate (Men C)</li> </ul>
6 months	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib</li> <li>• Pneumococcal conjugate (PCV13) (for high risk children only)</li> </ul>
6 months and older	<ul style="list-style-type: none"> <li>• Influenza<sup>2</sup></li> </ul>
12 months	<ul style="list-style-type: none"> <li>• MMRV<sup>3</sup></li> <li>• Meningococcal conjugate (Men C)</li> <li>• Pneumococcal conjugate (PCV13)</li> </ul>
18 months	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib</li> </ul>
4–6 years	<ul style="list-style-type: none"> <li>• DTaP-IPV<sup>4</sup></li> <li>• MMRV<sup>3</sup></li> <li>• Pneumococcal conjugate (PCV13) only for children up to 71 months (catch up program)</li> </ul>
Grade 5	<ul style="list-style-type: none"> <li>• Hepatitis B (3 doses)</li> <li>• HPV<sup>5</sup> (3 doses for females)</li> </ul>
Grade 9	<ul style="list-style-type: none"> <li>• dTap<sup>6</sup></li> <li>• MCV4<sup>7</sup></li> </ul>

**Note:** Each bullet represents one vaccine/injection unless otherwise noted.

- <sup>1</sup> Diphtheria, tetanus, acellular pertussis, polio, haemophilus influenzae type b
- <sup>2</sup> Annually, during influenza season
- <sup>3</sup> Measles, mumps, rubella, and varicella
- <sup>4</sup> Diphtheria, tetanus, acellular pertussis, polio
- <sup>5</sup> Human papillomavirus
- <sup>6</sup> Diphtheria, tetanus, acellular pertussis
- <sup>7</sup> Meningococcal Conjugate Vaccine (Groups A, C, W-135 and Y)



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## JUMP'N JELLYBEANS CHILDCARE CENTRE /PARENT OFFSITE AGREEMENT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

I \_\_\_\_\_ hereby give Jump'n Jellybeans Childcare Centre permission to take my child \_\_\_\_\_ offsite, which may be planned as part of the daily program.

- Neighborhood walks

\_\_\_\_\_  
Janet Saliba  
Jump'n Jellybeans Childcare Centre

\_\_\_\_\_  
Parent's Signature



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### Sunscreens and Bug Sprays Permission

Name of Child: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

- I \_\_\_\_\_  give /  don't give permission for my child to have sunscreen applied by my child's educator, during the spring/summer months (April to September) and between peak sun hours 10a.m. to 4 p.m. when he/she will be playing outside.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

- I am aware that mosquitoes carry the West Nile Virus, and that all possible precautions should be taken to avoid any possible infection in summer, so I give permission for my child's educator to apply bug repellent to my child when he/she will be playing outside. I understand the repellent will not be applied to his/her face or hands.
- I agree to provide the products for Jump'n Jellybeans Daycare Centre to use and declare that the products:
  - are deemed safe for the age of my child
  - have not passed their expiry date.
- I agree to have these products labeled with my child's first and last name.

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Janet Saliba  
Jump'n Jellybeans Childcare Centre

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Parent's Signature



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## Tylenol Permission Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Name of Child: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

I \_\_\_\_\_  give /  don't give permission to Jump'n Jellybeans  
childcare Centre staff to administer Tylenol to my child if he / she has fever after notifying me by  
phone or e-mail.

\_\_\_\_\_  
Janet Saliba  
Jump'n Jellybeans Childcare Centre

\_\_\_\_\_  
Parent's Signature



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## VEHICLE TRANSPORTATION AGREEMENT

Name of Child: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

I \_\_\_\_\_ hereby give Jump'n Jellybeans Childcare Centre permission to transport my child on any outings, field trips and/or from the Childcare Centre to school and back which may be planned as part of the daily program and agree to the following conditions:

- 1- Jump'n Jellybeans Childcare Centre operates vehicles only in safe operating condition.
- 2- Jump'n Jellybeans Childcare Centre's insurance coverage is a minimum of \$2,000,000.00.
- 3- My child will be restrained in an approved car seat or seat belt according to the Alberta Highway Traffic Act.
- 4- I may need to verify my child's weight with a doctor's note if requested by Jump'n Jellybeans Childcare Centre.
- 5- I am notified as to the nature and need of transporting my child.

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Janet Saliba  
Jump'n Jellybeans Childcare Centre

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Parent's Signature



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### Parents Orientation Checklist

I \_\_\_\_\_ was introduced to the policies and procedures of Jump'n Jellybeans Childcare Centre as following,

- Philosophy**
- Withdrawal / Termination of care**
- Holidays - Centre Closures**
- Children's Clothing and Footwear Policy**
- Parent Involvement Policy/ Parent Volunteer**
- Centre Closures (as a result of emergency)**
- First day checklist**
- Compliance with Policies of the Centre**
- Communication Policy**
- Visitors**
- Child Discipline Policy**
- Off-site Activity and Emergency Evacuation**
- Accident or Illness**
- Health policy**
- Smoking**
- Nutrition**
- Manner of Feeding**
- Sun screen safety policy**
- Child attendance and record policy**
- Nap Time Policy**
- Children's Photos**
- Parents Meeting Night**
- Referral policy**
- Centre's Events**
- Confidentiality Policy**

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Janet Saliba  
Jump'n Jellybeans Childcare Centre

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Parent's Signature



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## Payor's Pre-Authorized Debit (PAD) Agreement

### 1. Customer Information (Please Print):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 2. Bank Account Information:

Deposit Account Number:

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Branch Transit Number:

--	--	--	--	--	--

Financial Institute Number:

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Chequing Account

Saving Account

Financial Institute Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize:

Jump'n Jellybeans Childcare Centre.

207-836 1<sup>st</sup> Ave NW Airdrie AB T4B 0V2

to debit the bank account identified above for \$\_\_\_\_\_ on the 01<sup>st</sup> of every month or the next business day.

These Services are for  Personal  Business

You, the payor, may revoke your authorization at any time in written subject to providing notice of 30 days.

For more information on your right to cancel a PAD agreement, contact your financial institute or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Signature of Account Holder (or joint account holder if applicable): \_\_\_\_\_

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_