



Vermilion Play Development Early Learning Registration Form

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

PLEASE INDICATE ATTENDANCE OF YOUR CHILD

*The Program Director will use these times to issue you a time for drop off/pickup.

DAYS OF THE WEEK ATTENDING (Please CHECK)			START DATE: _____	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
_____ DROP OFF TIME			_____ PICK UP TIME	

Child's Name _____ Date of Birth _____

School Attending: _____ Gender: _____

Primary Parent/Guardian Mailing Address _____ (Indicate if addresses are the same or mark N/A.)

Mother's Name _____ Father's Name _____

Mother's Address _____ Father's Address _____

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

Father's Legal Land Location _____

(Must be provided if you don't have a street address)

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Home Phone _____ Fathers' Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Emails are used for our invitation to our Lillio App and other communications. If you don't have email, please let us know below

Mother' Email: _____ Father's Email _____

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

People allowed to pick up child(must be 18 or over): _____ Phone: _____

Relationship: _____

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 they don't have a street address)

Registration

I, _____ wish to register my child,
in the Vermilion Play Development Early Learning Program.

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 Early Learning Center, Central Licensing Authority and Alberta Health Services.

Parent Permission

I give permission for _____ (child's name) to participate in the field trips that the program holds during the year. Staff will follow our staff to child ratio policies and supervision policies as they supervise the children on the field trips to the gym, VES Playground, the St. Jerome's playground, and neighborhood walks. 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 and/or be provided transportation from busing.

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 other staff and Executive Board Members, Central Alberta Licensing Authority, Alberta Health Services for the purposes of program coordination.

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 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)

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

YES

NO

Shared Information Between School and Program

Our program encourages our strong partnership with Vermilion Elementary School and St. Jerome's Catholic School; we would like the communication regarding your child's activities, challenges and tools to promote more positive outcomes to be shared between programs. The kind of information shared may include, but not limited to, matters involving attendance, illness, transportation or behaviour. Please see our Communication Policy.

I, _____ allow the program to share information as described above regarding my child,
_____ with school representatives. **SIGNATURE** _____

I, _____ allow the school representatives to share information as described above regarding my
child, _____ with the program. **SIGNATURE** _____

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 _____



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. The links for the online calendars are posted in the program (QR CODE) and/or you will receive a link at the beginning of the month for the next month.

ALBERTA AFFORDABILITY GRANTS

- Every child that attends our programs - 3 years to Kindergarten can receive the Affordability grants delivered by the Alberta Government if they meet the requirements:
- They must be scheduled to attend our program over 50 hours a month
- Affordability grants remain as a deduction off of your fees even if you are on vacation, sick or away.
- Every child that is eligible can receive the grant regardless of your status in Canada.

SUBSIDY

Subsidy is available for qualifying families

- ANYONE CAN APPLY REGARDLESS OF YOUR STATUS IN CANADA
- You can have both Affordability grant and subsidy

QUALIFYING INCOME - each category has different subsidy amounts:

3 YEARS TO KINDERGARTEN: \$180,000 or less household income qualifies for subsidy for children that attend the program. Subsidy is \$266 or less a month

KINDERGARTEN (with less than 50 hours) to Grade 6 (not older than 12 years): \$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: VERMILION PLAY DEVELOPMENT DAYCARE ID#80000444
- OUR LOCATION ADDRESS IS : 4837 - 44 Street, T9X 1G3
- OUR MAILING ADDRESS IS: Box 3806 T9X 2B8
- You must have how many hours your child needs per month:
 - FULL TIME - 100 hours or more
 - PART TIME - 50 to 100 hours
- 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 (OR SPLIT) Subsidy when your child attends more than 1 licensed program, the amount you receive will fluctuate
- YOU CAN APPLY ONLINE FOR SUBSIDY AT ANY OF OUR CENTRES

PAYMENT OPTIONS

*You will receive one official childcare tax receipt available on LILLIO App for each child attending our programs

PAYMENTS ON LILLIO APP - AUTO PAY AVAILABLE

Bank Transfer payments - FREE Credit Card Transfers - FREE

*AUTO PAY AVAILABLE FOR BOTH WITHIN THE APP - Payments using auto pay will only be debited from your account on the last day of the month, no other time will payments come out, so if you receive a bill during the month, you will have to pay it manually.

Interac e-Transfer payments

1. Log into your Online bank account and choose option: **Interact e-Transfer**
2. Set up **Vermilion Play Development** as a *Recipient*
3. Our email address for payment is: **vdpprograms@gmail.com**
4. We have auto deposit for e transfers
5. In the *-memo-*, please include your name and your child(ren) name
6. Billing will send you a receipt once they've applied your payment.

Cash

You will be given a written payment receipt and/or emailed one as well.

Cheque

Please ensure cheques are made out to **Vermilion Play Development**
If your monthly fees are the same, we encourage post-dated cheques.

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.

Subsidy for licensed facility-based

In addition to fee reductions through Affordability grants (listed above), parents of children zero to kindergarten age will receive additional subsidies to further reduce their fees, based on the income thresholds below.

Family Income	Full Time Rate (100+ hours)
\$0 to \$119,999	\$266
\$120,000 to \$124,999	\$253
\$125,000 to \$129,999	\$239
\$130,000 to \$134,999	\$226
\$135,000 to \$139,999	\$213
\$140,000 to \$144,999	\$200
\$145,000 to \$149,999	\$186
\$150,000 to \$154,999	\$173
\$155,000 to \$159,999	\$160
\$160,000 to \$164,999	\$146
\$165,000 to \$169,999	\$133
\$170,000 to \$174,999	\$120
\$175,000 to \$179,999	\$106
Part time rates are prorated based on hours (80 hours = 80% of the full time rate)	

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.

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



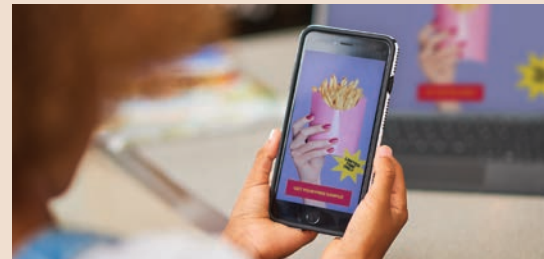
Eat meals with others



Use food labels



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



Be aware of food marketing

Discover your food guide at

Canada.ca/FoodGuide