



MONTROSE OUT OF SCHOOL CARE

Registration Package 2025

Note: Registration fee (non-refundable) - \$100.00

- **Please send an e-transfer to montroseosc@gmail.com**

Name of Child: _____

Start Date: _____

Parent's Email Address: _____

Montrose Out of School Care

#107-6002 29 Ave, Beaumont, AB

Phone #: 780-737-1739

Email: montroseosc@gmail.com

Website: montroseoutofschoolcare.com

Facebook: MontroseOSC

Instagram: [montrose_osc](https://www.instagram.com/montrose_osc)

Dear Parents/Guardians,

Welcome to Montrose Out of School Care. This registration package consists of all the information that you need to ensure your child's smooth transition into our facility. Feel free to visit our website for the Parent Handbook that outlines our policies and procedures. If you would like an email or paper copy, please contact us. Please fill out all the required sections in this registration form and email the completed application to montroseosc@gmail.com.

We look forward to making this partnership a pleasant experience for all the families, staff and children, in their journey through the important years of their growth and development. If you have any questions or concerns, please do not hesitate to contact us and we will be delighted to assist you. Any suggestions or recommendations are welcome for consideration.

Yours Truly,

Jenny Patel

(Owner/Director)

Registration Form

Child's Information

First Name: _____ Last Name: _____

D.O.B (mm/dd/yyyy): _____ Alberta Health Care #: _____

Address: _____

Current School/Grade: _____

Medical Conditions/Corresponding Medications: _____

Allergies/Reactions: _____

Dietary Restrictions: _____

Immunizations up to date: Yes or No (circle one)

Date of Last Immunizations: _____

Parent/Guardian Information

1. Guardian #1 Information:

a) First Name: _____ Last Name: _____

b) Address: _____

c) Phone Number: (Cell): _____ (Home): _____

d) Email: _____

e) Relationship to Child: _____

f) Place of Employment: _____ Work Ph: _____

2. Guardian # 2 Information:

a) First Name: _____ Last Name: _____

b) Address: _____

c) Phone Number: (Cell): _____ (Home): _____

d) Email: _____

e) Relationship to Child: _____

f) Place of Employment: _____ Work Ph: _____

Emergency Contact Information (MANDATORY)

1. Emergency Contact #1:

- a) First Name: _____ Last Name: _____
- b) Phone Number: (C): _____ (H): _____ (W): _____
- c) Address: _____
- d) Relationship to Child: _____
- e) Authorized for pick-up? Yes or No (circle one)

2. Emergency Contact #2:

- a) First Name: _____ Last Name: _____
- b) Phone Number: (C): _____ (H): _____ (W): _____
- c) Address: _____
- d) Relationship to Child: _____
- e) Authorized for pick-up? Yes or No (circle one)

Other Information

1. Living Arrangements

- a) Who does the child live with: _____
- b) List/explain any custody agreements: _____
- _____

2. Physician Information

- a) Name of Physician: _____
- b) Clinic: _____
- c) Phone Number: _____

3. Estimated Arrival/Pick-up Times

- a) Time of Arrival: _____
- b) Pick-up Time: _____

4. Bus Service Required: Yes or No (circle one)

5. Child's Personality

Please answer the following questions to help us understand your child's needs and interests.

- Favourite Activities: _____

- Fears (if any): _____

- Dislikes: _____

- Reaction to stress: _____

- Previous Daycare/Day home (if any): _____

- Physical Goal: _____

- Personal Goal: _____

- Pets (if any): _____

- Anything else that you would like us to know about your child: _____

Consent Forms

MEDICAL CONSENT FORM

In case of an accident and/or illness and unavailability of the parent, we need permission to be able to:

- Contact the child's physician or if the physician is not available either, to be able to contact another physician for the purpose of administering the necessary treatment to your child and release of necessary information for care,
 - **Yes or No (Circle one)**
- Be transported by ambulance, if required and ready to pay the ambulance fee.
 - **Yes or No (Circle one)**

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO TRANSPORT TO SCHOOL

I, _____, authorize Montrose Out of School Care to transport my child to and from school by the authorized daycare vehicle or walking if weather permits.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIP PERMISSION FORM

As a part of our regular programming, we will be taking various walking trips off the premises, within the neighbourhood. The consent form below will give us more flexibility and allow for more spontaneity in our planning. We will continue to have you provide consent for any motor transportation trips during the fall, spring and summer breaks.

Some of the places we may visit include:

- École Champs Vallée Park - 130 m (2 min walk)
- Four Seasons Park - 1.1km (15 min walk)
- École Mother d'Youville Park - 1.0km (14 min walk)

I, _____, give my permission for my child to be able to participate in the walking trips off the premises of Montrose Out of School Care.

Parent/Guardian Signature: _____ Date: _____

USE OF PHOTO CONSENT

I, _____, hereby give Montrose Out of School Care permission to take and use my child's or family photographs and/or videos for:

_____ I understand that these photographs will be used for displays in the center.

_____ For use on our website.

_____ For use in the local newspaper

_____ For our social media pages (Instagram and Facebook)

Parent/Guardian Signature: _____ Date: _____

OBSERVATION & ASSESSMENT CONSENT

I, _____, hereby give consent to Montrose Out of School Care for my child to be part of observations and assessments completed by the OSC Educators for developmental and environmental success.

I, _____, hereby give consent to Family & Community Support Services (FCSS) for my child to be part of observations and assessments completed by professionals at FCSS for developmental and environmental success.

Parent/Guardian Signature: _____ Date: _____