



## Angels Daycare

7917 106 Ave NW Edmonton, AB T6A 1H7

Phone: +1 (780) 975 - 3173

Email: [info.angelscare32@gmail.com](mailto:info.angelscare32@gmail.com)

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### Dear Parents/Guardians,

Welcome to Angels Daycare, your child's home away from home! We are delighted to have your family as part of our extended Angels community. Below, you'll find the package to enroll your child at Angels Daycare, a place you can proudly refer to as "Our Daycare" from now onwards. Please take a moment to review the information, fill out the provided form, and return the signed document to the daycare along with a one-time non-refundable registration fee of \$50.

### Additional Information:

- Upon completion of the registration process, we will gladly provide you with the Parent's Handbook upon your request. The handbook contains valuable information about our daily routines, policies, and guidelines to help you navigate your child's daycare experience seamlessly.

**Our Commitment:** We sincerely appreciate your trust in Angels Daycare and are dedicated to making you feel proud of your decision. Our team is committed to creating a nurturing and enriching environment for your child's growth and development.

Thank you for choosing Angels Daycare as your childcare partner.

**Warm regards,**

Angels Daycare Team



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### **\*\*FOR OFFICE USE ONLY\*\***

Date of Enrollment:	
Child's Start Date	

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### **PERSONAL INFORMATION**

Full Name of the child:			
Name Child responds to:			
Date of Birth:		Gender:	
Address:			
Postal Code:		Phone:	

### **SIBLINGS**

Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	

### **PARENT/GUARDIAN 1 INFORMATION**

Name:			
Address:			
Home Phone:		Cell Phone:	
Email:			
Place of Employment:			
Employer address:			
Work Phone:			



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### PARENT/GUARDIAN 2 INFORMATION

Name:			
Address:			
Home Phone:		Cell Phone:	
Email:			
Place of Employment:			
Employer address:			
Work Phone:			

### EMERGENCY CONTACT PERSON 1

Name:			
Address:			
Home Phone:		Cell Phone:	
Relationship to Child:		Work Phone	
Is this person authorized to pick up your child?			<input type="checkbox"/> Yes <input type="checkbox"/> No

### EMERGENCY CONTACT PERSON 2

Name:			
Address:			
Home Phone:		Cell Phone:	
Relationship to Child:		Work Phone	
Is this person authorized to pick up your child?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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### PERSON(S) WHO ARE NOT PERMITTED ACCESS TO MY CHILD

Name:			
Relationship		Phone#:	

Name:			
Relationship		Phone#:	

### CUSTODY OR OTHER LEGAL ORDERS ?

☐ YES

☐ NO

If yes, then provide a copy of the order to the daycare. Who has the custody of the child?

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### EMERGENCY HEALTH INFORMATION

Health Card#:		Child's Doctor:	
Address:		Phone#:	

### CHILD'S IMMUNIZATION STATUS

Does your child have any known allergies?

☐ YES

☐ NO

If yes, then what are they?

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Is your child on any regular medication?

☐ YES

☐ NO

If yes, then what is it?

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Is your child up to date in immunization?

☐ YES

☐ NO

Any known medical problems?

☐ YES

☐ NO

If yes, then what are they?

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### ADDITIONAL COMMENTS:

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Any concerns/ issues regarding your child's health (seizures, asthma, vision, hearing, etc.) Please list and describe.

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### HOME ENVIRONMENT

Is your child potty trained?	
Does your child have friendships outside of the home?	
How is your child disciplined at home?	
Please describe your goals for your child in the center.	
Please describe any concerns you may have regarding your child's stay at home.	
What are the celebrations your family celebrates?	
How do you spend time as a family?	
What languages do you speak at home?	
What is the favorite meal of your family?	



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### PARENT'S CONSENT

- With my signature on this application enrolment form, I give permission for my child to take part in excursions off the property (walks outside or neighborhood parks or any other walking field trips as arranged by Angels Daycare).
- In case emergency treatment is essential, my child may receive such treatment. In an event that an ambulance is required, I will be responsible for all the costs and expenses. I also understand that any expense incurred from such treatment is my responsibility. The Angels Daycare is not liable for any transportation, medical or any other expenses.
- I have no objection to the staff of Angels Daycare taking pictures of my child for display in the daycare center.
- Daily Report will be provided to the parents only upon request.

<b>Parent's Signature:</b>		<b>Date:</b>	
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I have read and agreed to all the statements in the Angels Daycare admission agreement. I accept and agree to the policies of this daycare as written in the parent's handbook provided to me. I release Angels Daycare from any or any damage and all liabilities for injury or illness or any damage.

Parents will be asked periodically to review the policies, procedures and parent handbook to provide their input to the program. Parents will be asked to read the parent handbook and acknowledge and understand the content of the handbook.

I have read and understood the content of the parent handbook and the policies and procedures of Angels Daycare.

I hereby certify that the information in this application form is true, correct and complete in every respect.

<b>Parent's Signature:</b>		<b>Date:</b>	
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