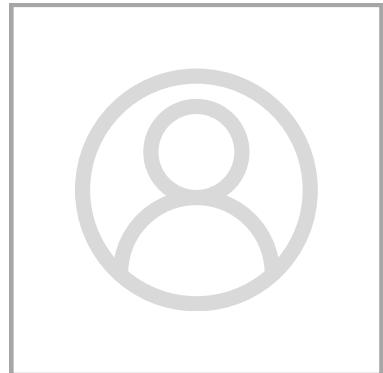


Please sign
& Return

EMERGENCY / HEALTH INFORMATION



PHOTO



Child's Full Name _____

Date of Birth _____ Age _____

Address _____

Parent Name _____

Contact number/s _____

Parent Name _____

Contact number/s _____

Email : _____

EMERGENCY CONTACTS: (NAME & PHONE NUMBER)

Contact no. 1 _____

Contact no. 2 _____

CHILD'S DOCTOR

Name _____

Address _____



Parent Signature / date



Parent Signature / date

Contact number/s _____



EMERGENCY / HEALTH INFORMATION



Child's Full Name _____

Blood Type _____

ALLERGIES (food, medication, environmental)

MEDICAL CONDITIONS

(asthma, seizures, etc.)

MEDICATIONS

(if any list name, dosage, administration times)

TREATMENTS OR THERAPIES

(any ongoing treatments or therapies)

OTHER ILLNESS

(list any illness, especially if it might be contagious)



Parent Signature / date



Director's Signature / date



ALL ABOUT YOUR CHILD



Child's Full Name _____

Age _____ Nickname _____

Grade _____ Teacher's name _____

Has your child been in childcare before? Yes No

If Yes, name of the provider _____

Date care was provided _____

Reason care was terminated _____

EATING HABITS

Does your child have a special diet? Yes No

Are there any foods that should NOT be served to your child? Please list the food and the reason.

Your child's favorite foods _____

Least favorite _____

FAVOURITE ACTIVITIES OR TOYS

IMPORTANT NOTES



ALLERGY FORM



Child's Name _____

Date of Birth _____ Contact # _____

Parent/Guardian name(s) _____

Does your child have any allergies?

Yes No

Does your child suffer from asthma?

Yes No

Does your child have an EpiPen?

Yes No

EpiPen Expiration date

Does your family have a history of any allergies that may affect your child?

List any known allergies the child has, including food allergies, environmental allergies, medical, and any other allergies that may require special attention or accommodations.

Allergy	Severity	Known Reactions

I authorize Planet Child staff to administer emergency medication (e.g., epinephrine) and seek medical treatment for my child in the event of an allergic reaction.



Parent Signature / date



Director's Signature / Date

TRANSPORTATION FORM



I/We give permission for my/our child

to leave the childcare residence in the company of JiJi Talmas

This signed statement includes at the discretion of the child care provider:

- Regular Transportation:** Permission for the daycare provider to transport the child to and from specified locations, such as school, field trips, or other planned activities.
- Emergency Transportation:** Authorization for emergency transportation, including medical facilities or hospital visits if necessary.

SAFETY MEASURES

- Should travel take place by vehicle, the driver shall hold a current driver's license, and the vehicle will be registered and insured according to state law.
- All children will be securely fastened in age-appropriate car seats or seat belts.
- The daycare provider's vehicle, if used for transportation, adheres to safety standards and is equipped with necessary safety features.
- Trained caregivers will provide continuous supervision and monitoring of children during transportation, maintaining a safe environment.
- Children will wait for instructions and assistance before getting on or off transportation to prevent accidents.
- Emergency contact numbers are readily available and first aid kits are onboard, along with basic emergency response training for caregivers.
- Transportation routes are planned to avoid high-traffic areas or hazardous locations wherever possible, ensuring a safe journey.
- Parents/guardians will be promptly informed of any delays or changes in transportation plans. The caregiver will be reachable during transit for urgent matters.
- A headcount will be conducted before departure and upon arrival to ensure all children are present and accounted for at all times.



Parent Signature / date



Director Signature / date





CHILDCARE PRICING



	FULL WEEK (CAMP)	BEFORE AND AFTER SCHOOL	FULL DAY (PA DAY)
Infants	N/A	N/A	N/A
Toddlers	N/A	N/A	N/A
Pre-schoolers	\$150/w	N/A	N/A
School-age	\$150/w	\$100/w	\$30
Two-child Family	\$295/w	\$195/w	\$55/d
Three-child Family	\$440/w	\$290/w	\$80/d

- Payment is due to the childcare provider by the **Friday prior to starting of the week**.
- method of payment is cash or money transfer to JiJi75@hotmail.ca
- **A fee of \$5 will be charged** for each day past the payment's initial due date.
- Late pickup fee. Parent must contact the childcare provider if they will be late picking up a child. The parent will be **charged a late pickup fee of \$ 2 or every 5 minutes they are late past 6 pm.**
- Overtime payment.
- The provider may charge additional fees for the following:
(supplies, such as to bring a white shirt for special parent gift, field trips, special events)



Signature / date



CHILDCARE RATES

	Full Time	Part Time
Preschool	\$150/week	N/A

SCHOOL AGE CHILDCARE RATES

	Full Time	Part Time
School Age - Kinder to grade 5 (P.A days and/or Camp)	\$150/w - Camp \$30/d - PA Day	N/A
School Age (Before and after school only)	\$100/w	N/A
School Age (Before OR After School)	\$100/w	N/A

OVER-THE-COUNTER MEDICATION FORM

child's name _____

Date _____

D.O.B. _____

I give my permission for, _____ JiJi Talmas _____
to use the following over-the-counter or external preparations as
needed according to the directions for use on the container.



- * Acetaminophen
- * Ibuprofen
- * Benadryl
- * Baby Wipes
- * Baby Lotion

- * Sunscreen
- * Insect Repellent
- Band-Aids
- Neosporin or similar Ointment
- Bactine or similar First Aid Spray



Parent Signature/ date _____



NON PRESCRIPTION MEDICATION FORM



Child's name _____

Date _____

I authorize my child care provider _____ JiJi Talmas _____

to use the following products on my child according to the manufacturer or a physician's written instructions. I will not hold the above named provider liable when the products are used according to these terms.

Parents are responsible for providing the following items. All items must be in the original container and clearly labeled with the child's name.



Please tick the box yes or no and add a brand name where necessary



Baby Wipes:

Yes No Brand _____

Notes _____



Baby Lotion

Yes No Brand _____

Notes _____

Sunscreen

Yes No Brand _____

Notes _____

Insect Repellent

Yes No Brand _____

Notes _____

First Aid Ointments

Yes No Brand _____

Notes _____



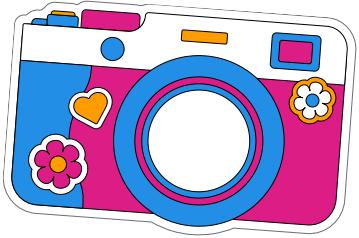
Parent Signature / date



Provider Signature / date



PHOTO RELEASE FORM



We take photographs and videos of children participating in activities at Planet Child for educational and promotional purposes. Your consent is required before we can use these images.

Child(ren) Name: _____

Parent/Guardian Name: _____

Contact Number/Email: _____

I give permission for JiJi Talmas to photograph and/or videotape my child for educational and promotional purposes.

- Yes, I consent to the use of photographs/videos.
- No, I do not consent to the use of photographs/videos.

I give permission for Ms JiJi to use these photographs/videos for the following purposes:

- None
- Classroom Display
- Registration / Medical forms
- Social media (@MsJiJiOnline)

I confirm that I have read and understand the following:

- This form will remain in effect during the term of my child's enrollment.
- It is my responsibility to update this form in the event that I wish to change my authorized uses.
- There will be no payment for me or my child's participation in this release.
- No personal information or names of the child will be revealed for safety and security reasons.

With my signature below, I grant permission for my child(ren) to be photographed, or their images recorded as outlined in this form.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____