Logo, company name

Description automatically generated **Registration**

**Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Child’s Name:** | **Birthday:** |
| **Address:** | **Phone:** |
| **Parent/Guardian 1:** | **Parent/Guardian 2:** |
| **Address: Phone:** | **Address: Phone:** |
| **Place of Work:** | **Place of Work:** |

|  |
| --- |
| **Emergency Contact 1: Address: Phone:** |
| **Emergency Contact 2: Address: Phone:** |
| **Emergency Contact 3: Address: Phone:** |
| **Family Physician: Address: Phone:** |

|  |  |
| --- | --- |
| **Alberta Health Care#** | **Allergies:**  **Dietary Restrictions:** |

|  |  |
| --- | --- |
| **Any Concern Noted on file:** | **Ongoing Medication Yes \_\_No\_\_\_ Custody Immunizations Updated** |

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Description automatically generated **INTAKE FORM**

**Program: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENTS COMPLETED**

**Yes\_\_\_\_\_ No\_\_\_\_\_\_**

**CHILD INFORMATION**

|  |  |
| --- | --- |
| **Child’s First, Middle and Last Name** |  |
| **Preferred Name** |  |
| **Pronounced** |  |
| **Home Address** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Cultural Background** |  |
| **Primary Language** |  |
| **Place of Birth** |  |
| **Arrival Date in Canada** |  |
| **Birth Certificate Number** |  |
| **Health Care Number** |  |
| **Agency Involvement Contact Person** |  |
| **Alberta Education Funding** |  |

|  |  |
| --- | --- |
| **Citizenship** | * **Canadian** * **Landed Immigrant** * **Permanent Resident** * **First Nation** |
| **If you wish to declare Aboriginal Status** | * **Status Indian/ First Nation** * **Non-Status Indian/First Nation** * **Metis** * **Inuit** |

**SUBSIDY**

|  |  |
| --- | --- |
| **Is the family:**   * **Subsidized/Partially Subsidized/Fully Subsidized** | **Child Care Subsidy Number** |

**PARENT INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| **First and Last Name** |  |  |
| **Name Pronounced** |  |  |
| **Date of Birth** |  |  |
| **Gender** |  |  |
| **Relationship to child** |  |  |
| **Marital Status** |  |  |
| **Address** |  |  |
| **Living with Child** | **Full time\_\_ Part time\_\_ No\_\_** | **Full time\_\_ Part time\_\_ No\_\_** |
| **Home Phone** |  |  |
| **Cell Phone** |  |  |
| **Work/School Phone** |  |  |
| **Email address** |  |  |
| **Best time to call** |  |  |
| **Cultural Background** |  |  |
| **Country of Origin** |  |  |
| **Arrival Date in Canada** |  |  |
| **Citizenship** | * **Canadian** * **Landed Immigrant** * **Permanent Resident** * **First Nation** | * **Canadian** * **Landed Immigrant** * **Permanent Resident** * **First Nation** |
| **Primary Language** |  |  |
| **Translator Required** | **YES\_\_ NO\_\_\_** | **YES\_\_\_ NO\_\_\_** |

**INCOME INFORMATION Verification documents on File\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| **Education Level** |  |  |
| **Employment Status** |  |  |
| **Current Employer/School** |  |  |
| **Source of Income** |  |  |
| **Combined Household Income** |  |  |
| **Number of people in the home** |  |  |

**EMERGENCY CONTACTS**

|  |  |  |
| --- | --- | --- |
|  | **Emergency Contact 1** | **Emergency Contact 2** |
| **Full Name** |  |  |
| **Gender** |  |  |
| **Relationship to child** |  |  |
| **Home Phone** |  |  |
| **Cell Phone** |  |  |
| **Other Phone** |  |  |
| **Address** |  |  |

**SIBLINGS/OTHER HOUSEHOLD MEMBERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Relationship to the child** | **Attending School (YES/NO)** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**CUSTODY INFORMATION**

|  |  |
| --- | --- |
| **Who has custody of this child?** |  |
| **Are custody papers provided?** | **YES\_\_ NO\_\_** |
| **Is anyone denied access? If yes, list who and relation to the child.** | **YES\_\_ NO\_\_** |
| **Are restraining orders on file?** | **YES\_\_ NO\_\_** |
| **NOTES:** | | |

**CHILD AND FAMILY SERVICES INFORMATION**

|  |  |
| --- | --- |
| **Has there been Child and Family Services involvement?** | **YES\_\_ NO\_\_** |
| **Is the file open or closed?** |  |
| **If open, what is the case worker’s name?** |  |
| **The case worker’s phone number and/or email** |  |
| **Does anyone in the home receive supports from a parole officer?** | **YES\_\_ NO\_\_** |

|  |
| --- |
| **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Age: \_\_\_\_ Classroom: \_\_\_\_\_\_\_\_\_\_\_\_** |

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Description automatically generated

**CHILD’S PERSONAL AND SOCIAL DEVELOPMENT**

**Has your child ever been to a Daycare, Headstart, or Preschool program before?**

**If yes, where, and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you hope your child will gain from the Daycare program?**

* **Child’s English improves**
* **Child’s maturity improves**
* **Child’s speech improves**
* **Child meets others**
* **Child learns to play with others**
* **Child’s behavior improves**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level of toilet training (circle one)**

**Diapers Has accidents Needs help Reminders Complete**

**Age child began to walk: \_\_\_\_\_\_\_**

**Age of first words: \_\_\_\_\_\_**

**Describe your child’s speaking abilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(e.g. Shy, quiet, stutters, talkative, easy/difficult to understand)**

**Child is able to:**

**Dress self? YES/NO/PARTIALLY Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feed self? YES/NO/PARTIALLY Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wash self? YES/NO/PARTIALLY Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brush teeth? YES/NO/PARTIALLY Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s preferred hand to use: Left\_\_ Right\_\_ Uncertain\_\_**

**How does your child handle change? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child experience any changes in the past year? (e.g., Move, separations, illnesses)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child ever been separated from you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your child’s emotional behavior. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your child’s learning abilities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your child’s play abilities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What does your child enjoy doing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| **Name of Physician/Medical Clinic** |  |
| **Phone number** |  |
| **Does your child have asthma?** | **Yes\_\_ No\_\_** |
| **Does your child have daily medications for asthma? If yes, what dosage and type?** |  |
| **Does your child have any known allergies?** | **Yes\_\_ No\_\_** |
| **Is your child on any other medications?** |  |
| **Are your child’s immunizations up to date? Copy on file?** | **Yes\_\_ No\_\_** |
| **Any hearing concerns? Tested? Yes/No** | **Yes\_\_ No\_\_** |
| **Any vision concerns? Tested? Yes/No** | **Yes\_\_ No\_\_** |
| **Any speech concerns? Tested? Yes/No** | **Yes\_\_ No\_\_** |
| **Any dietary or Food Restrictions? If yes, please list** | **Yes\_\_ No\_\_** |
| **Has your child ever been hospitalized? If yes, what for and when?** |  |

**PREGNANCY INFORMATION**

|  |  |
| --- | --- |
| **Were there any difficulties with the pregnancy? If yes, please specify:** |  |
| **Child’s birth weight** |  |
| **Weeks of gestation (40 weeks is full term)** |  |
| **Before you know you were pregnant? Alcohol use\_\_ Drug use\_\_ Smoking\_\_** | | |
| **During the pregnancy? Alcohol use\_\_ Drug use\_\_ Smoking\_\_** | | |
| **After the pregnancy? Alcohol use\_\_ Drug use\_\_ Smoking\_\_** | | |

**PARENT SUPPORT**

**What do you hope as a parent to gain from the program?**

* **Meet other parents**
* **Provide a break**
* **Set personal goals**
* **Learn about other cultures**
* **Learn about resources**
* **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISCIPLINE METHODS**

**Where did you learn your parenting methods?**

* **Self-taught**
* **By example**
* **From childhood**
* **Parenting courses**
* **Reading books**
* **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What discipline methods do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who else disciplines? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with their methods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What changes would you like to make to your methods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER INTAKE NOTES/COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Logo, company name

Description automatically generated**AUTHORIZATION FOR RELEASE FORM**

I authorize Camrose Little Angels Daycare & OSC to share relevant information with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ concerning my child or my family.

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

Signature of Parent/Guardian Date

I authorize the Camrose Little Angels Daycare & OSC to share relevant information concerning my child and my family with the named agency/agencies:

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

Name of Agency Contact Name

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

Name of Agency Contact Name

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

Name of Agency Contact Name

I understand that this release of information is only effective during the time my family is involved with the Camrose Little Angels Daycare & OSC.

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

Signature of Parent/Guardian Date

INFORMATION RELEASED: STAFF SIGNATURE

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

Logo, company name

Description automatically generated**PARENT/GUARDIAN CONSENT/WAIVER FORM**

**Emergency Procedures Permission:**

All Camrose Little Angels staff have first aid and CPR Certification. Emergency procedures will be followed in the event of an injury, illness, or unusual circumstances.

A typical emergency response that staff will follow includes:

* An assessment of the situation and first aid application if necessary
* Decision to involve emergency response teams
* Contact parents/guardians
* Decision made to arrange necessary medical treatments

I give permission to Camrose Little Angels staff to follow emergency procedures on behalf of my child

**YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (PLEASE INITIAL)

**NO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PLEASE INITIAL)

**MEDIA/PHOTOGRAPH PERMISSION**

During our classroom activities or field trips we may video tape, take photographs of your child. The recordings and photos may be used in newsletters, brochures, or promotional displays. They may also be used by the media such as television news or newspapers.

I give permission to the use of photos, videos of my child for the following purposes:

**Please check off and initial all that you agree to:**

* At the Camrose Little Angels centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* For media such as television news or newspapers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Logo, company name

Description automatically generated **COMMUNITY PLAYGROUND AGREEMENT**

The children will access the Charlie Killam School Playground in order to ensure that physical healthy development is promoted. To comply with Alberta Childcare Licensing in order to access Charlie Killam School Playground on a daily basis Camrose Little Angels Daycare& OSC requires your agreement

**YES/NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please initial)**

**I CERTIFY THAT I UNDERSTAND ALL THE ABOVE CONSENTS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name Child’s Date of Birth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Director**

Logo, company name

Description automatically generated**REGISTRATION AGREEMENT**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received an enrollment guarantee that**

**my child/ren \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has a placement at Camrose Little Angels**

**Daycare &OSC effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**I will make a deposit payment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**All fees are payable in full on the 1st of each month.**

**The staff at Camrose Little Angels Daycare & OSC looks forward to working with you and your child.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\*THIS IS A NON-REFUNDABLE DEPOSIT\***

Logo, company name

Description automatically generated **CHECKLIST FOR PARENTS**

* **When arriving and collecting your child each day make sure that a staff member knows your child is arriving/leaving, and you sign your child IN/OUT.**
* **Make sure that your child is properly dressed for the weather.**
* **Be sure all clothing is properly labeled with your child’s name.**
* **Have a pair of indoor shoes to be left permanently at the centre for your child.**
* **Do not send your child to the center if he/she is sick.**
* **Please remember that we can not administer any medication to your child unless we have a WRITTEN APPROVAL from you.**
* **Staff must be informed immediately of any change in your home address, place and hours of employment, and home and work phone numbers.**
* **Parents receiving subsidy must submit a change of information form to the subsidy office informing them of any changes to the employment or school enrolment.**
* **Make sure you have an emergency contact number with us (not your own)**
* **If someone else is picking up your child, please phone and double check that they have done so and not forgotten.**
* **Pay fees regularly on the first day of each month. Arrears may involve exclusion of your child from the centre.**
* **Let us know at least four weeks in advance if your child will be leaving the Centre. If this is not complied with, the parent is still obliged to pay the fee for the next month.**

Logo, company name

Description automatically generated **Transportation Policy**

**Camrose Little Angels Daycare & OSC will be responsible for your child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. All children must be signed IN and OUT each day by the parent/guardian. Your child is the responsibility of Camrose Little Angels Daycare until he/she is signed out that day.**

**Morning before school resumes(am): Centre staff will ensure that children are escorted to the school before the bell rings during the inclement weather. If the children are outside, Staff will remain with children until the schoolteachers on duty take the responsibility for the children and allow them to enter the building.**

**Afternoon dismissal: Centre staff will be located at the designated spot (TBD) and will escort the children to the Daycare facility.**

**It is the responsibility of the parent to inform the Camrose Little Angels staff if your child is being picked up at any time from the school, or any deviation to the above daily schedule.**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Camrose Little**

**(Print Name)**

**Angels Daycare Transportation Policy.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Parent/Guardian) Date**

**Note: We will not be walking children to school if the temperature is -20 degrees Celsius or below.**

Logo, company name

Description automatically generated**ALLERGY/FOOD RESTRICTIONS**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ currently have a child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**enrolled at Camrose Little Angels Daycare that I have listed an Allergy/Food restriction at time of intake. I would like to remove my child from the allergy list as my child is no longer allergic/food restricted to/from the following foods/medication.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Date**

Logo, company name

Description automatically generated**CAMROSE LITTLE ANGELS- WEATHER POLICY**

**Winter Cut-Off (Including Windchill):**

**We do not go outside when:** Colder than -20 degree Celsius. Teachers will use their discretion to assess the conditions of sidewalks and roads. Wind gusts should not exceed 40 km/hour.

**Daycare Children:** Colder than -20 degree Celsius. Temperatures between -18 and -20 degree Celsius. Teachers will use their discretion regarding the length of time outside, wind gusts, sunshine and how the children are coping.

**OSC Children:** Colder than -25 degree Celsius. Teachers will use their discretion with the same criteria as the daycare group.

**Summer Cut-Off (Including Humidex):**

**Daycare Children:**  Hotter than +27 degree Celsius. However, if the temperature readings are between +25 degree Celsius and +27 degree Celsius, educators will use their discretion (seek shade, offer water, water play and limit the time outdoors).

**OSC Children:** Hotter than +30 degree Celsius. However, if the temperature readings are between +27 degree Celsius and +30 degree Celsius, educators will use their discretion with the same criteria as daycare group.

We also exercise caution when the air quality is poor. All children will remain indoors when the air quality index is 5.