



PLAYSCHOOL - Registration Form

Child's Information

Start Date:	Child's Drop off Time:	Child Pick-up Time:
Child's Name:	Child's date of Birth: (M/D/Y)	Child's Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Street Address:		Alberta Health Care Number:

Emergency Contact

Emergency Contact: (If parent can't be reached)	Relationship to Child:	Street Address:	
Home Phone:	Work Phone:	Cell Phone:	

Doctor

Family Doctor:	Work Phone:
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Health Information

Please list any allergies, medical concerns/conditions, and any behaviour/developmental challenges your child may have (if you require more space, please attach a separate sheet):	
Does your child require any medication on a regular basis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify medication:	Are your child's immunizations up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>
In case of medical emergency I _____, (Parent or guardian's printed name and signature)	
give Edmonton Garrison MFRC Children's Programs staff permission to obtain transportation and medical treatment for my child _____ (child name)	



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Authorized Person(s) to whom the child may be released (excluding parents/guardians)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Parent/Guardian's Name (please print)

Parent/Guardian's Name (please print)

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

Date



NOTE: Personal information on this form allows the Edmonton Military Family Resource Centre to identify our clients, to track what programs and services they use, to inform them of upcoming programs and services, and to ensure the accuracy of our financial records.

Parent/Guardian #1 Information English French

Title:		Last Name:			First Name:		Initial:
Home Phone #:			Work Phone #:		Cell Phone #:		
Email:							
Street Address:							
Mailing Address:				City / Town, Province:		Postal Code:	
Status:	CAF Member (Regular) <input type="checkbox"/>	CAF Member (Reserve) <input type="checkbox"/>	CAF Member (Retired) <input type="checkbox"/>	Civilian DND Employee <input type="checkbox"/>	Military Spouse <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	
Unit/Department: (if applicable)			Rank: (if applicable)			Service #: (if applicable)	

Parent/Guardian #2 Information English French

Title:		Last Name:			First Name:		Initial:
Home Phone #:			Work Phone #:		Cell Phone #:		
Email:							
Street Address:							
Mailing Address:				City / Town, Province:		Postal Code:	
Status:	CAF Member (Regular) <input type="checkbox"/>	CAF Member (Reserve) <input type="checkbox"/>	CAF Member (Retired) <input type="checkbox"/>	Status:	CAF Member (Regular) <input type="checkbox"/>	CAF Member (Reserve) <input type="checkbox"/>	
Unit/Department: (if applicable)			Rank: (if applicable)			Service #: (if applicable)	



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TERMS OF AGREEMENT

The Playschool program shall provide care for child(ren) name(s): _____ on Mondays, Wednesdays and Fridays from 9:00-11:30am at a cost of \$85.00 per month.

This document provides program details, guidelines and policies for the Playschool program. Parents' signatures are required as acceptance and understanding of this document to complete the registration process. Please note, due to potential changes in regulations and/or governing bodies, some of these processes are subject to change.

MISSION STATEMENT

The Edmonton Garrison Military Family Resource Centre's Playschool program provides high-quality, nurturing child care for young children during this important stage of development.

The goals of the program are to:

- Provide a safe, stimulating, and inclusive environment that encourages independence while children learn and grow through play.
- Nurture and support, children as they navigate changes in their world to become confident and enthusiastic learners who are resilient and openminded.
- Support families by building strong, respectful, and reciprocal relationships through open communication and ongoing dialogue.
- Maintain collaborative and positive working relationships with community partners and support services.

PHILOSOPHY

The philosophy of the MFRC Child Care Program is to:

- Offer a play-based program inspired by Alberta's Early Learning and Care Framework: FLIGHT.
- Provide each child with meaningful and purposeful play experiences that support the development of their full potential.
- Create a nurturing, secure, and stimulating learning environment that maintains a balanced approach between child-led free play and thoughtfully planned experiences.
- Deliver high-quality childcare for children aged three and four through child-led learning, supported by knowledgeable and skilled educators.
- Support families by fostering strong, respectful, and reciprocal relationships through open communication, while maintaining collaborative partnerships with community services.

OBJECTIVES

Our Child Care Programs strive to provide an environment where children:

- Build self-esteem while learning to make choices and decisions with confidence.
- Engage in appropriate risk-taking, explore curiosity, ask questions, and develop problem-solving skills.
- Express themselves freely and strengthen their ability to communicate.
- Learn to take turns, cooperate, and show respect for others.
- Participate in child-led indoor and outdoor experiences that support exploration and learning.
- Are encouraged to explore, discover, and make sense of their world.
- Are recognized and valued as capable, competent, and curious learners.
- Learn and develop at their own pace—socially, physically, emotionally, cognitively, and spiritually.

In a facility that:

- Is welcoming, safe, and stimulating for children.
- Promotes a desire to learn.

With training early childhood educators who:

- Adhere to Alberta Childcare regulations
- Provide positive, developmentally appropriate child guidance
- Foster warm, secure, and responsive relationships with children to support healthy emotional development.
- Build and maintain strong, respectful, and supportive partnerships with families through ongoing communication and collaboration.

PROGRAM GOALS

The MFRC Child Care Programs believe that early learning experiences for preschool-aged children should support and enhance each child's **social, cognitive, emotional, physical, creative, and spiritual development**. Our goal is to help children develop a positive sense of self by encouraging curiosity, inquiry, and a willingness to try new experiences. We strive to foster confident, independent, and enthusiastic learners who feel supported, valued, and connected to the world around them.

Our programming goals include:

- **Social Development** – Supporting children in feeling comfortable and secure within the childcare environment, developing friendships, and building a sense of belonging within the group.
- **Cognitive Development** – Encouraging children to ask questions, make decisions, solve problems, and explore new ideas. We support a love of learning through cooperative experiences that promote teamwork, group dynamics, and collaboration.
- **Emotional Development** – Helping children develop self-confidence, pride, independence, self-regulation, and a positive attitude toward themselves and others.
- **Physical Development** – Encouraging children to actively explore both indoor and outdoor environments, while fostering an appreciation for physical activity, movement, and overall wellness.

- **Creative Development** – Providing opportunities for children to express themselves and their emotions through art, music, and dramatic play, while nurturing imagination, creativity, and innovative thinking.
- **Spiritual Development** – Supporting children in developing a sense of wonder, connection, and respect for themselves, others, and the natural world. Children are encouraged to reflect, show empathy, express gratitude, and develop an awareness of values such as kindness, respect, and belonging.

Our child care programs are thoughtfully designed to meet the individual developmental needs of each child, and to provide a wide variety of learning experiences that support growth and discovery. Play is central to our program and is recognized as a vital component of the learning process. Age-appropriate interest areas guide play and activities, offering children meaningful choices and opportunities to develop independence and responsibility.

These interest areas may include housekeeping, sand and water play, blocks, gross motor activities, creative arts, music, quiet areas, books, games, puzzles, and more. Through choosing where and how they engage, children learn decision-making skills and begin to take responsibility for their learning.

Additional experiences such as cooking activities, physical movement, in-class visitors, and field trips further enrich the program and complement classroom planning. Activities within the interest areas are guided by weekly or monthly programming that reflect children's interests, ideas, and emerging curiosities.

SUPPORTING INCLUSION

A component of our program is to integrate children with additional needs into regular programming. The Playschool staff will work with appropriate community agencies to maximize the children's learning experiences and their individual potential. Educators, MFRC staff and support agencies will collaborate to ensure that the children's needs and goals are met during the daily routine.

POLICIES / PROCEDURES

Child Guidance Policy

Developing self-control and learning appropriate social behaviours are essential to children's social development. By nurturing children's self-respect and respect for others, primary staff members can help children develop self-control and sensitivity in their interactions with others. Behaviour management or "discipline" is the process by which children are guided and encouraged to act in appropriate ways. Guiding children's behaviour is an important part of our educator's role. The MFRC prohibits the use of corporal and abusive verbal punishment in the disciplining of children for unwanted behaviours. Instead, the staff assists the children in dealing with their difficulties in a positive and constructive manner.

In guiding children's behaviour two types of methods are used: prevention and intervention strategies. Preventative strategies are used to increase the chances that wanted behaviours will occur. Intervention strategies are used to stop or redirect undesirable behaviours when they occur.

Examples of prevention strategies:

- Modeling appropriate interactions
- Respecting each child's individual needs and interests.
- Planning a program of varied and developmentally appropriate activities based on children's interests.
- Encouraging appropriate behavior with words or gestures.
- Outlining clear expectations
- Supporting conflict resolution

Examples of intervention strategies:

- Staying calm and using the child's name when addressing concerns. Establish eye contact and bending down to the child's level to explain and talk with the child.
- Acknowledge the child's feelings while reminding them of expectations using concise age-appropriate language.
- Focus on the behaviour as unacceptable, never the child.
- Redirection and/or distraction.
- Assisting children in communicating their perception of the problem, identifying feelings, and coming up with possible solutions.
- If discussing the expectations is ineffective, redirecting the child with a certain amount of time to "cool down" in a calm space with constant supervision. When the child is ready to talk, discussing the expectations again, listening to the child's point-of-view, and coming up with a solution or an understanding.

The following steps will be taken when a child's behaviour presents safety concerns for themselves, other children, or educators:

- If a child displays aggressive or unsafe behaviour, parents may be invited to meet with educators to review the behaviour, discuss potential risks, and collaborate on strategies to support the child moving forward.
- If concerning behaviours continue, parents may be asked to pick up their child, and a short suspension of up to three days may be implemented to allow time for planning and support. In situations where the risk is more significant, the suspension may continue until a follow up meeting can occur.

- If a behaviour poses an immediate and serious safety risk, parents may be asked to pick up their child right away.
- If all supportive steps have been taken and harmful behaviours persist, the child may be withdrawn from the program as a last resort.
- If a child has a known history of aggressive or harmful behaviour, this information may be considered when determining the most appropriate steps to ensure safety and support.

Age Requirement

The Playschool program is open to children who are 3 years of age by 30 September. All children must be completely toilet trained by the beginning of the Playschool year.

Communicable Diseases/Sick Policy/Potential Health Risk

Due to regulations a child who is unwell/unable to fully participate in the program must remain at home until symptoms have improved.

Absence

Parents shall notify the MFRC Daycare staff to advise if their child will be away from the program for any period of time.

Child Care Program Director – 780-973-4011 ext. 528-6307

Child Care Assistant Director – 780-973-4011 ext. 528-6313

Classroom – 780-973-4011 ext. 528-6316

The following chart defines common illness of a child and how long they will be excluded from the Child Care Program. Please note exclusion from Child Care for other contagious diseases not listed below will be determined by a physician or public health authority:

Illness (or symptoms of)	Length of time How long they are to be excluded from care
Diarrhea or Loose Stool (Two or more episodes in 24 hours)	24 hours after symptoms have resolved, or assessed by a physician
Vomiting (Two or more episodes in 24 hours)	24 hours after symptoms have resolved, or assessed by a physician
Hand, Foot and Mouth Disease	Until a physician has determined that the symptoms are not contagious, or until all blisters have crusted over and spots begin to disappear
Impetigo	24 hours from the beginning of treatment with no discharge from sores, symptom free or assessed by a physician.
Symptoms of Possible Severe Illness – lethargy, irritability, persistent crying, difficulty breathing, wheezing	Until the child has been assessed by a physician or until symptoms have resolved

Unexplained Rash	Until a physician has determined that symptoms of the rash are not contagious or until child is symptom free. For those with a pre-existing condition that may present as non-contagious, parents must link with Program Director or designate and provide a doctor's note stating child's condition, list of symptoms and that these symptoms are not contagious.
Strep Throat	24 – 48 hours after the first antibiotic treatment has been given
Purulent Conjunctivitis (Pink Eye)	24 hours after the first antibiotic treatment has been given

Communicable diseases (or signs of) that the child has contracted should be verified by a doctor and the child kept at home. Parents are to contact the staff *immediately* if their child has had a contagious disease and the other children have been exposed to it during the contagious period. A child can return to the program if the child's parent provides a written notice from a physician indicating that the child does not pose a health risk or if the license holder/provider is satisfied that a child no longer poses a health risk to other children, caregivers, or staff.

Your cooperation in keeping a child who is sick at home will assist us in reducing the amount of communicable disease exposure to other children in care. If a child develops any symptoms while at Playschool, the child will be kept at least 2 meters away from other children and the parent will be notified to come and pick up the child immediately.

Administration of Medication

Staff will not administer any medication, for which a parent has not completed the MFRC medication form, please see staff for this form when needed. Prescribed medication must be in the original container and labeled showing the name of the physician, patient's name, and date of issue, instructions, and time period.

Non prescription medications (such as Tylenol or cough syrup) will only be administered with written authorization from a physician. Tylenol will be given only under clearly specified, doctor approved circumstances—for example, to manage discomfort related to teething or another diagnosed condition. Eczema creams, Benadryl, and other treatments for medical needs also require a doctor's note/ or diagnosis on file before administration.

Staff may engage medical assistance, which may include transportation and/or medical treatment, for any child left in their care when staff, in their discretion, deems it necessary. The expense, if any, of such medical assistance: shall be paid by the parents.

Nutrition

Snacks are to be provided by parents, and we ask that they follow the Canada Food Guide. We ask parents to be aware that we may have children with SEVERE ALLERGIC reaction to peanut and/or nut products. As such the Playschool program is a Peanut/Nut Free environment. If you are sending your child with snacks into the program for consumption, please ensure they are Peanut/Nut free items.

ADMINISTRATION

Registration Forms

Each parent must complete and return the Registration package to the MFRC a minimum of 1 week after registering for the program. This package provides the MFRC with important background information on your child/ren as well as necessary medical information and emergency contact people in the event parents are unavailable. Parents are to report any change of name, work or home phone number, addresses, etc. immediately to the program staff.

Custody, Parenting and Protection Orders

The MFRC Playschool program can not restrict a parent/guardian's access to their child(ren) without an official court order/legal documentation. In the event a family has a court order/legal documentation in place regarding or restricting contact, visitation and/or access to your child or information regarding your child that impacts their participation in the Playschool program, a copy of this order must be provide to the Child Care Program Director. The director will review with a Senior MFRC Management staff to determine steps the program will implement to adhere to the order. After reviewing the order will be sealed in an envelope and filed in the child's file (or in the eldest child's file when there are siblings), a 2nd copy will be made and sealed for placement in the MFRC child's administrative file. Sealed copies may only be opened by the Child Care Program Director/Assistant Director, Deputy Director/Program Manager or Executive Director. Program staff will only be provided with information necessary to ensure appropriate care and access.

Should an issue arise that impacts the child(ren)'s participation in the Playschool program related to a discrepancy in interpretation of the document, or if the document provided is unclear, both parents/guardians may be requested to provide additional legal documentation that provides clearer direction to Playschool staff.

Eligibility for Space

Full-time serving military members are given priority. Civilian DND employees, Class A Reservists, retired military members and general civilians are accepted into the program on a space available basis; however, they may be given 30 days written notice of termination if their spot is required by a full time serving military member.

Program Closure

The Playschool program will be closed all statutory/civic holidays. The following are the statutory/civic/federal holidays the MFRC child care programs will observe:

- New Year's Day (Jan 1);
- Family Day (3rd Mon. in February – Provincial Holiday);
- Good Friday (Fri before Easter);
- Easter Monday (Mon after Easter);
- Victoria Day (3rd Mon in May);
- Labor Day (1st Mon in Sept.);
- National Day for Truth and Reconciliation (Sept 30)
- Thanksgiving (2nd Mon in Oct.);



Remembrance Day (Nov 11);

Christmas (Dec 25); and

Boxing Day (Dec 26).

Specialty Closures

Christmas Break (21 Dec – 4 January)

Teachers' convention (4 – 5 February 2027)

Spring break (23 – 26 March 2027)

Please note, should any of the holidays listed above fall on a Saturday or Sunday, the child care program will then be closed on the following business day.

Withdrawal Notice

Thirty (30) days written notice of withdrawal must be submitted to the Program Coordinator or to the MFRC Front Office. Attached as Annex A is the withdrawal form to be completed. Withdrawal forms may also be picked up in person at the MFRC Front Reception.

Drop-Off and Pick-Up Procedure

Transfer of care will occur as follows: Drop-off and pick-up for the Playschool program take place inside the building in Room #2M. All children must be signed in upon arrival and signed out upon departure. Children will only be released to parents/guardians or individuals authorized in writing on the child's registration form. Staff may request photo identification at pick-up. Families are asked to make direct contact with an educator at both drop-off and pick-up to ensure a safe and smooth transition of care.

Proper Attire

Children are to always have weather appropriate clothing. Children must always wear shoes. As we frequently engage in messy play please dress your child accordingly and ensure a change of clothes is provided.

Field Trips/Off Premises

A field trip permission form that permits your child to go on supervised field trips with the MFRC program must be signed and given to staff. The children may be walking, using DND transportation, or private bus transportation while participating in field trips. Staff will not transport any child by private vehicle.

Restrictions

Children are not permitted to bring any sort of Toy Weaponry (guns, swords, etc.) with them to the Playschool Program.

Open-Door Policy

The Playschool program has an open-door policy and encourages parents to stop by the program at any time to see how and what their child(ren) are doing in the program. Parents are also invited to share with the Playschool staff and children any specific cultural celebrations/experiences their family takes part in. Parents wishing to share these experiences are asked to speak with program staff to see when this can be arranged.

Program Evaluation

Our program is monitored regularly by Alberta Childcare licensing to ensure compliance with regulations. The most current copy of the visit is posted on our daycare parent board.

Parent Rights and Responsibilities and Conflict Resolution Policy

The Edmonton Garrison MFRC works hard to ensure a high standard of respect and dignity for all. Clients and community members have the right to respectful, non-judgmental treatment, and we are committed to ensuring that the MFRC is a safe place, free from discrimination, violence, and harassment. Harassment and abusive behaviour in any form directed at anyone will not be tolerated.

The MFRC has an open-door policy at all levels of the organization, and we encourage feedback from clients and community members about our programs, services and practices. Such feedback can provide important opportunities for improving service. Concerns, queries or complaints related to the organization's programs, services and practices may be expressed verbally or in writing, to the employee with whom you have a concern or complaint, or to their supervisor or department head, at any time. You may also request a meeting with either the Deputy Director or Executive Director in a situation where you are not happy with the response received or where you wish to take your concern to a higher level from the start.

All aspects of complaints and concerns will be handled in accordance with the MFRCs Confidentiality Policy. No client will risk having her/his services and/or supports negatively impacted or withdrawn because of submitting a complaint to the organization.

Fee/Payment Policies

- a) A \$10.00 administration fee for the Playschool program is due at time of registration. Payments can be made at the MFRC front desk. A payment plan is available upon request and arrangements can be made with the person in charge of Accounts Receivable, call 780-973-4011 Ext 528-6301. Program staff will not, under any circumstances accept payment.
- b) If you have any outstanding accounts from previous programs, your family will not be permitted to register for or attend programs until full payment is received.
- c) Methods of payment accepted are cash, cheques, debit, credit (Mastercard (M/C) or Visa) or electronic funds transfer (EFT). Cheques are to be made payable to the Military Family Resource Centre (MFRC). Post-dated cheques could be held on file and deposited on the date indicated on each cheque. Details on how to pay fees by EFT are listed below:
 - Email: payment@mfrcedmonton.com
 - No password is required
 - Comment Section: To ensure funds received are allocated to your child(ren)'s account please provide your last name, child's name and a description of the payment (i.e. Playschool Fees) in the comment section.
- d) If your account is outstanding for two consecutive months, your family will not be permitted to register for or attend programs until full payment is received. If no payment is received your account will be turned over to our Collections Department.



- e) After three NSF (non-sufficient funds) cheques, only cash, certified cheque, debit or Mastercard payments will be accepted. An additional \$15 fee will be charged to cover bank charges for each NSF payment.
- f) In cases of divorce or separation, the primary custodial parent will be responsible for the payment of any MFRC fees arising from the services provided.
- g) A late fee of \$2.00 per minute or portion thereof will be charged for parents picking children up later than 11:30am at the discretion of the program manager. Fees must be paid for late pick-up no more than three days after the incident occurs. Parents are asked to inform educators if they will be late.
- h) There is no reduction of fees for children absent from the program for any length of time (this includes holidays or sick time). Parents are required to pay the full fee whether their child is in the program for the full month or not.
- i) Fees are determined by the parent portion, less the Government of Alberta Affordability Grant. Parents will receive a minimum of thirty (30) days' written notice prior to any change in fees.



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AGREEMENT OF THESE TERMS

Parents' signatures below acknowledge they have reviewed this agreement and agree that they will follow the guidelines and directions contained herein. Except as otherwise provided in this agreement, it may be cancelled by either the MFRC or the Parents for any reason provided thirty (30) days notice is given.

In consideration of the Edmonton Military Family Resource Centre permitting my child to participate in the MFRC Playschool Program, we, on behalf of our child/ren, heirs, executors, administrators, successors and assigns hereby waive and release any and all claims for damages which we and our child/ren may have against the Crown in right of Canada, the Edmonton Military Family Resource Centre, their Officers, Members, Agents, Employees and all other persons in any way involved with the organizing, planning, controlling, directing or administering the said program and their respective Heirs, Servants, Agents and Assigns for any and all losses caused which our child/ren may sustain while taking part in the MFRC Playschool program, or as a result thereof.

We are aware that the Edmonton Military Family Resource Centre reserves the right to refuse admission of any child/ren into the MFRC Playschool program. For children in the Playschool program, MFRC staff will make every effort to deal effectively with any disruptive behaviour. Should these attempts fail, the MFRC will, as a last resort, exercise their right to expel the child/ren from the program without notice.

Parent/Guardian #1's Name (please print)

Parent/Guardian #2's Name (please print)

Parent/Guardian #1's Signature

Parent/Guardian #2's Signature

Date

Date



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Field Trip and Outside Activity Permission Form

Please find below a general field trip and outside activity form which will enable your child(ren) to participate in supervised activities and field trips with the Edmonton Military Family Resource Centre (MFRC). The children may be walking, or riding in MFRC/ DND vehicles and busses provided or hired by MFRC/ DND while participating in these activities and field trips. Please note, seat belts are not provided on busses.

Program appropriate activities may include the following:

- trips to the library (located within the MFRC)
- trips to the Gross Motor room, Multi-purpose room and Youth Centre (located within the MFRC)
- walks to the base gymnasium (located at the Sports and Fitness Centre)
- field trips to Edmonton, the surrounding communities and Canadian Forces Base Edmonton

Modes of transportation for the children may take the form of:

- walking
- passenger van supplied by DND
- military bus
- civilian bus hired through MFRC or DND
- public transportation bus

Parents' Permission

We grant permission for _____ (child's name) to accompany the staff of the Edmonton Military Family Resource Centre (MFRC) on supervised activities and field trips. We understand we will be notified of field trips in advance and will be required to sign a specific field trip permission form at that time.

We understand it will be our responsibility to ensure our child arrives at the program location by the stated timed of departure. If our child misses the departure time, or we choose to have him/her miss a particular trip, it will be our responsibility to arrange alternate care for these hours.

Parent/Guardian Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



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Photography Release and Waiver

We grant permission to the **Edmonton Military Family Resource Centre (MFRC)**, and its agents, employees or assigns, the irrevocable right to photograph us and/or our minor child(ren) (listed below) for use in any MFRC publication such as advertising, direct mail, brochures, newsletters, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on web sites or other electronic form or media. We also grant permission to the MFRC, its agents, employees or assigns to offer the identified photographs for use or distribution in other publications, electronic or otherwise, without notifying us.

We hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to us or unknown, and we waive any right to royalties or other compensation arising from or related to the use of the photographs.

We have read this release before signing below, and fully understand the contents, meaning and impact of this release. We understand that we are free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and we agree that failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Classroom/Display at MFRC Only

Child(ren)'s Name (please print): _____

Parent/Guardian Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



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Media Release Form

We grant permission to the **Edmonton Military Family Resource Centre (MFRC)**, to allow our child(ren)'s to be photographed or videotaped for use by tv, print or electronic media outlets (ex: Edmonton Journal, CBC, CTV, etc.) which may visit the centre for purposes of filming a news story, documentary, or other production approved by the MFRC.

We understand that our child(ren) may be called upon by journalists to answer questions, which I recognize will be screened and monitored by MFRC staff.

We hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or unknown, and we waive any right to royalties or other compensation arising from or related to the use of the photographs.

We have read this release before signing below, and fully understand to contents, meaning and impact of this release. We understand that we are free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and we agree that failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Child(ren)'s Name (please print): _____

Parent/Guardian Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date



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Sunscreen Permission Form

Child(ren)'s name(s): _____

Parent(s) name(s): _____

Program: _____

Date: _____

Please indicate your permission for the following as pertains to your child(ren):

I give the MFRC staff permission to apply sunscreen to my child.

I understand **I will** supply the sunscreen.

Parent's Signature _____ Date: _____

I give the MFRC staff permission to apply insect repellent to my child.

I understand **I will supply** the insect repellent.

Parent's Signature _____ Date: _____



Ages and Stages Questionnaire Consent Form

During infancy and early childhood, your child will gain many experiences and learn many skills. Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. The information you supply will help reveal your child's strengths and uncover any areas of concern.

Here is a brief description of the five developmental areas screened:

- **Communication:** Your child's language skills, both what your child understands and what they can say.
- **Gross Motor:** How your child uses their arms and legs and other large muscles for sitting, crawling, walking, running, and other activities.
- **Fine Motor:** Your child's hand and finger movement and coordination.
- **Problem Solving:** How your child plays with toys and solves problems.
- **Personal/Social:** Your child's self-help skills and interactions with others.

Please read the text below and indicate whether you will participate in the screening/monitoring program.

- I have read the information provided about the Ages and Stages Questionnaires, and I wish to have my child participate in the screening/monitoring program.
- I have read the information provided about the Ages and Stages Questionnaires, and understand the purpose of this program, but I do not wish to have my child participate.

Date

Parent/Guardian Name

Parent/Guardian Signature

Child's Name

of Weeks Premature



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Additional Information and Questions

The following information will be used by staff members to familiarize themselves with your child and provide your child with a smooth transition into our program.

Child's Full Name: _____

Nicknames: _____

Date of Birth/Age: _____

FOODS

What are your child's favourite foods?

What are your child's least favourite foods?

Food Allergies/Intolerances:

Has your child been exposed to:

- | | | |
|------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Honey | <input type="checkbox"/> Soy |

Does your child have any challenges while eating?

- Gags/chokes easily
- Requires smaller pieces
- Gets up frequently
- Puts a lot of food in their mouth at once
- Requires assistance while eating



What is your child's current source of dairy?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Homogenized Milk | <input type="checkbox"/> Soy |
| <input type="checkbox"/> 2% | <input type="checkbox"/> Almond |
| <input type="checkbox"/> 1% | <input type="checkbox"/> Coconut |
| <input type="checkbox"/> Skim | <input type="checkbox"/> Goat Milk |
| <input type="checkbox"/> Breastmilk | <input type="checkbox"/> Formula |

Special Instructions:

SLEEP

Does your child nap?

- Yes
 No

Describe your child's naptime routine at home:

How long does your child nap? _____

- | | |
|---|---|
| <input type="checkbox"/> White noise | <input type="checkbox"/> Back rub |
| <input type="checkbox"/> Sound machine | <input type="checkbox"/> Lullaby |
| <input type="checkbox"/> Blackout curtains | <input type="checkbox"/> Night Light |
| <input type="checkbox"/> Crib | <input type="checkbox"/> Dark Room |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Side sleeper |
| <input type="checkbox"/> Co-sleeping | <input type="checkbox"/> Belly sleeper |
| <input type="checkbox"/> Stuffed toys | <input type="checkbox"/> Back sleeper |
| <input type="checkbox"/> Blankets | <input type="checkbox"/> Bottle before nap |
| <input type="checkbox"/> Sleep sack | <input type="checkbox"/> Puts self to sleep |
| <input type="checkbox"/> Special songs or stories | <input type="checkbox"/> Prefers noise |
| <input type="checkbox"/> Rocking | <input type="checkbox"/> Prefers quiet |
| <input type="checkbox"/> Patting | <input type="checkbox"/> Wears a diaper/pull-up for nap |
| <input type="checkbox"/> Hair/head rub | |



Bedtime: _____

Wakeup Time: _____

Names used for parents/guardians: _____

Names used for siblings: _____

Names used for other close family members: _____

Pets (names and types): _____

Who lives at home? _____

Are there any cultural practices or traditions that are important to your family?

PLAY

What are your child's interests or favourite activities?

Describe your child's play habits:

DEVELOPMENTAL:

My child can/is:

- | | |
|---|---|
| <input type="checkbox"/> Stand unassisted | <input type="checkbox"/> Use the toilet with assistance |
| <input type="checkbox"/> Pull to stand | <input type="checkbox"/> Use the toilet unassisted |
| <input type="checkbox"/> Walk unassisted | <input type="checkbox"/> Put on own shoes |
| <input type="checkbox"/> Eat with a utensil | <input type="checkbox"/> Take off own shoes |
| <input type="checkbox"/> Eat independently | <input type="checkbox"/> Ask for help if needed |
| <input type="checkbox"/> Potty Training | |



Does your child have any fears/phobias?

Describe the methods of discipline you use at home?

Has your child had any previous experience with a childcare program?

- Babysitter
- Day home
- Daycare
- Preschool
- Other

ADDITIONAL INFORMATION:



ALLERGY

INFORMATION and ACTION PLAN

Child's Name: _____

Date of Birth: _____

1. What is the child allergic to? _____
Does the child have asthma?

- Yes (higher risk of a severe reaction)
- No

2. Has this allergy been verified by allergy testing?

- Verified (through allergy testing)
- Suspected (due to a reaction in the past)
- Avoided (due to a parents severe allergy)

3. Has your child experienced an anaphylactic reaction in the past (trouble breathing or swallowing, loss of consciousness, light-headedness, pale or bluish skin, significant swelling of the tongue or lips, many hives over face or body, severe vomiting or diarrhea)?

- Yes
- No – not at this time

4. What would cause your child to react?

- Touch (direct physical contact with the allergen)
- Ingestion (oral consumption of the allergen)
- Indirect Contact (contact with or being around someone who has consumed or handled the allergen, or contact with a surface that has come in contact with the allergen)

5. What reaction(s) has your child had in the past? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> difficulty breathing | <input type="checkbox"/> itching |
| <input type="checkbox"/> wheezing | <input type="checkbox"/> nasal congestion/runny nose |
| <input type="checkbox"/> lips turning blue | <input type="checkbox"/> scratchy/sore throat |
| <input type="checkbox"/> loss of consciousness | <input type="checkbox"/> watery or itchy eyes |
| <input type="checkbox"/> abdominal cramping or pain | |
| <input type="checkbox"/> pain or tightness in the chest | |
| <input type="checkbox"/> diarrhea | |
| <input type="checkbox"/> difficulty swallowing | |
| <input type="checkbox"/> dizziness (vertigo) | |
| <input type="checkbox"/> flushing of the face | |
| <input type="checkbox"/> nausea or vomiting | |
| <input type="checkbox"/> heart palpitations | |
| <input type="checkbox"/> swelling of the face, eyes, or tongue | |
| <input type="checkbox"/> weakness | |
| <input type="checkbox"/> hives/rash on face | |
| <input type="checkbox"/> hives/rash on body | |



Please indicate any other reaction your child has experienced that is not listed above:

6. ACTION PLAN

Child's Name: _____

Date of Birth: _____

Child's Photo

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe reaction. If in doubt, give epinephrine.

SEVERE REACTIONS

If any of these symptoms after contact with the allergen, give epinephrine.

- Difficulty breathing, wheezing or repetitive coughing.
- Skin is pale or bluish
- Weak pulse, fainting or dizziness
- Swelling of the lips, tongue or throat
- Tight or hoarse throat
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over the face or body



SPECIAL SITUATION

If this box is checked, child has an extremely severe allergy to _____. Even if child has mild symptoms after contact with or eating these foods, **give epinephrine.**

1. INJECT EPINEPHRINE immediately.
2. Call 9-1-1 and notify front reception of location
3. Call Parent
4. Notify Supervisor
5. Monitor child
6. Give additional medications * (if applicable)

*Antihistamines & inhalers are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE.**

MILD SYMPTOMS:

If child has had any mild symptoms, **monitor the child.**

- Itchy mouth, itchy nose, sneezing
- A few hives around mouth/face or on body
- Mild stomach nausea or discomfort.



1. Give Antihistamine (e.g. Benadryl, Rupall)
2. Monitor child for signs of improvement or anaphylaxis
3. Notify Supervisor
4. Call Parent

If symptoms progress (see above), **USE EPINEPHRINE, CALL 9-1-1**

Parent/Guardian Signature: _____

Date: _____



MEDICAL CONDITION ACTION PLAN

Child's Name: _____

Date of Birth: _____

1. What is your child's medical condition or diagnosis?

2. What should MFRC educators know about your child's medical condition or diagnosis? (E.g. physical and/or emotional traits associated with the condition/diagnosis).

3. How might this condition/diagnosis affect your child's participation in the program? (E.g. behaviours your child may exhibit, limitations your child may have, accommodations that may be needed).

4. Please indicate any other instructions that will help MFRC educators better support your child in the program.

5. Does your child require any medication due to the condition/diagnosis:

- YES – is taken at home
 - o Name of Medication: _____
 - o Reason: _____
 - o Side Effects: _____
- YES – will be taken during the MFRC program (*completed medication form required*)
- NO

Parent's Signature: _____

Date: _____