



For Admin Use Only:

Complete:

G-mail:

PD Days: yes no

BEFORE & AFTER SCHOOL CARE REGISTRATION FORM: Sept 2018 - June 2019

Please circle the school that your child attends and you are registering for

St. Sebastian School

Our Lady of the Evergreens School

St. Boniface School

Please fill out ALL sections. If something does not apply, write n/a or none

STUDENT INFORMATION:

Student's Name _____
Surname First

Date of Birth (mth/day/year) _____ Gender (Circle): M / F

Home Address _____

City _____ Province _____ Postal Code _____

Home Phone # _____

PARENT/GUARDIAN INFORMATION:

Email Address _____

We use this to send out monthly newsletters and to keep you up to date with the goings on in the program

Mother/Guardian _____ Cell phone # _____

Address (if different from Student, if same, leave blank) _____

City _____ Province _____ Postal Code _____

Home Phone # (if different from Student) _____ Work Phone # _____

Father/Guardian _____ Cell phone # _____

Address (if different from Student, if same, leave blank) _____

City _____ Province _____ Postal Code _____

Home Phone # (if different from Student) _____ Work Phone # _____

Are both parents/guardians authorized to pick up your child? Yes _____ No _____ If no, please provide

details _____

Is there a custody order in place? Yes _____ No _____ If yes, please explain and **provide a copy of the order**

EMERGENCY CONTACTS: (OTHER THAN parent(s)/guardian(s) listed above)

Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Relationship to Student: _____ Address _____

Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Relationship to Student: _____ Address _____

ADULTS AUTHORIZED TO PICK UP CHILD: (Other than parent(s)/guardians & emergency contacts)

Name _____ Relationship to Student: _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship to Student: _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship to Student: _____

Home Phone # _____ Cell Phone # _____

MEDICAL INFORMATION:

Alberta Health Care Number _____

Doctor's Name _____ Doctor's Phone # _____

Immunizations up to date? Yes _____ No _____ If no, please provide reason why: _____

I understand my child, _____, is attending a program where he/she may be in contact with other persons carrying a communicable disease. I do not hold A Child First Preschool Inc. liable for exposure to any such disease during the program.

Does your child have any allergies? Yes _____ No _____

If yes, please explain type and typical reactions _____

Is your child on any medication? Yes _____ No _____ If yes, please describe _____

Would this medication be needed during before & after care hours? Yes _____ No _____ N/A _____

Our Medical Consent Form must be filled out if medication is or may be needed during program hours

Any other relevant health information (past or present) about your child that we should be aware of? _____

Which cultural traditions/celebrations do you celebrate, if any? (we like to celebrate diversity and multiculturalism in our classroom) _____

Language(s) child speaks at home: _____

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

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

To ensure a space for your child, we require the following:

- Deposit: \$60 registration fee (non-refundable);
- 10 payments (August 1, 2018 to May 1, 2019) through Pre-Authorized Debit Agreement (attached);
- Completed and signed Registration Form;
- Completed and signed Portable Record Form (required by licensing - attached to this Form);
- Signed Policies Forms (3 pages - attached to this Registration Form);
- Completed and signed Pre-Authorized Debit Agreement (PAD) (attached to this Registration Form);
- Completed and signed Medication Administration Form, if applicable (see Teacher).

How did you hear about us? _____

PAYMENT:

Payment, through Pre-Authorized Debit agreement for the first day of August through May is required upon registration as payment for the ten school months of September through June, respectively. Late arrivals into the program are required to provide payment for the current and following month upfront, as well as pre-authorized debit for each of the subsequent months, as noted above. All programs have an \$60.00 non-refundable registration fee due on the registration date in the form of either cash or cheque.

Please note that the monthly fees will not be prorated for any reason.

Our current year's monthly fees can be found on our website www.achildfirstpreschool.ca under the "Before and After Care" tab.

A \$40 NSF fee will be added to any NSF payment. Payment in cash or certified cheque will be required for that payment

DISCIPLINE POLICY:

At A Child First Preschool, we provide a positive approach to discipline and all children are loved unconditionally. Physical punishment is strictly prohibited. We stay calm and gain the child's attention by saying his/her name, bending down to establish eye contact and speaking in a calm and controlled voice. We take the time to talk and listen to help resolve the situation. We acknowledge the child's feelings and remind him/her of the limits. We focus on the behaviour as unacceptable, not the child or his/her character. Finally we reassure the child with a hug and a smile. It can help to distract the child or redirect him/her to a new toy or activity. We guide children toward acceptable positive behaviour and encourage problem solving together.

Sometimes children need time to calm down if they are having difficulty controlling their behaviour. A body-break is used only to give the child a chance to regain control; it is a break, not a punishment, confinement or isolation. Once the child has calmed down, we will talk to him/her about his/her feelings and actions. If we identify a pattern of behaviour that is of concern, parents will be notified to try to find a mutually acceptable method of addressing the issue. Under no circumstance will there be any physical or verbal abuse, emotional deprivation, physical degradation, physical restraint, confinement or isolation. Any disciplinary action taken must and will be reasonable given the situation, and at no time will we deny or threaten to deny any basic necessity.

Our Anti-Bullying Policy can be found in our Parent Handbook.

WITHDRAWAL POLICY:

A minimum one (1) month written notice of withdrawal is required on or before the 1st of the month prior to the month leaving, whereupon your Pre-Authorized Debit Agreement will be cancelled. For example, if you are withdrawing November 18th, notice must be given on or before October 1st, not October 18th. We do not prorate the monthly fees for withdrawals.

Temporary absences, such as a vacation or illness, will not be deducted from the monthly fees.

I have read, understood and I agree to comply with all the policies of A Child First Preschool Inc., including all policies listed in the Parent Handbook. I understand that A Child First Preschool reserves the right to release my child from the program if there is a failure to comply with the guidelines in the Parent Handbook or failure to make monthly payments.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A Child First Preschool Inc. Off Premises Consent Form

Child's First Name _____ Child's Last Name _____

The above named child has my permission to leave the school premises under the supervision of A Child First Preschool Inc. staff for nature walks, outings to community playgrounds, outings to community businesses, and excursions within the communities of Walden and Lake Chaparral (if at the St. Sebastian location), within the community of Lake Bonavista (if at the St. Boniface location) and within the community of Evergreen (if at the Our Lady of the Evergreens location). For all of these off premises activities, the mode of transportation used will be walking only, and will always be within reasonable walking distance. I understand that my child will be supervised at all times and that regulated staff/child ratio will be maintained at all times.

I understand that there are risks associated with the activities named above. In case of accident or any personal injury of the above named child, I hereby release and discharge A Child First Preschool Inc. or any of its directors, teachers, employees or parent volunteers, from any claims, actions and causes of action arising from any accident or loss caused by the participation of the child named above during any activity held at this location, or during any off-premises outing or at any location where the program is held, or on route to/from any other activity.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A Child First Preschool Inc. Emergency Release Consent to Emergency First Aid & Transportation

I hereby give permission that my child, _____, may be given emergency treatment by a staff member of A Child First Preschool Inc. certified in First Aid. I also give permission for my child to receive emergency medical services if needed and/or for my child to be transported by ambulance to an emergency centre for treatment, and agree to hold A Child First Preschool Inc. or any of its directors, teachers, or employees, harmless. I understand that the cost of any emergency transportation is my responsibility, not the responsibility of A Child First Preschool Inc.

In case of emergency, the staff of A Child First Preschool Inc. will contact Emergency Medical Services and the parents or emergency contact person. The staff of A Child First Preschool Inc. will fill out an Incident Report to be kept on file at the program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A Child First Preschool Inc.

Media Consent Form

I hereby consent to the use of any photographs, video tape or audio record taken of my child by A Child First Preschool Inc. to be used within the classroom of A Child First. I also consent to my child's **WORK** being published **within the classroom**. A Child First Preschool Inc. will always protect the privacy of the students. Any student and/or their school work will be identified by first name only. No last names will be mentioned.

Please print

Child's First Name _____ Child's Last Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A Child First Preschool Inc.

Release of Information Consent Form

In order to best serve your child's needs, there are times when it is appropriate for the program to release information about your child to community support agencies, emergency services and other relevant stakeholders. I hereby give consent to A Child First Preschool Inc. to share child-specific information with these agencies.

Please print

Child's First Name _____ Child's Last Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FEE STRUCTURE:

Our Lady of the Evergreens		
Before & After Care NO PD DAYS	Grades 1-6	\$420.00/mth
St. Sebastian		
Before & After Care NO PD DAYS	Grades 1-6	\$420.00/mth
Before & After Care WITH PD DAYS	Grades 1-6	\$480.00/mth

St. Boniface		
Before & After Care NO PD DAYS	Grades 1-6	\$420.00/mth
Before & After Care WITH PD DAYS	Grades 1-6	\$480.00/mth
Full time Before & After Care (Kindergarten)	K	\$760.00/mth
Mid-day Care (Kindergarten)	K	\$480.00/mth



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

ALL INFORMATION MUST BE FILLED OUT

1. Account Holder Information:

Name (First and Last) : _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Name of Child Attending our Program: _____

Location Your Child is Attending: _____

Program Your Child is Attending: Before/After WITH PD days Before/After WITHOUT PD days

2. Bank Account Information:

ATTACH A VOID CHEQUE TO THIS FORM OR FILL OUT THIS BANKING INFORMATION

Bank Account Number: _____ Transit Number: _____ Institution Number: _____

Type of Account (check one): Chequing Account Savings Account

Financial Institution: Name: _____

Full Address: _____

3. Pre-Authorized Debit (PAD) Details:

I, the undersigned, authorize the Payee, A Child First Preschool Inc. to make monthly pre-authorized debits (PAD) from my bank account identified above on or about the first of each month per the following time frame/amounts:

***Please note that when filling out the dates below, the monthly fees are paid one month in advance**

From (First Month/Year): _____ To (Last Month/Year): _____

Amount each month: _____

These services are for (check one): Personal/Individual PAD Business PAD

I, the Payor, may revoke my authorization at any time by giving the Payee, A Child First Preschool Inc. 30 days prior written notice. Such written notice may be provided by either email or a hand written note to the Payee, A Child First Preschool Inc. For more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the PAD institution.

I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the account identified above has signed this authorization.

I shall inform the Payee, in a timely manner, of any changes to this agreement.

I acknowledge that I am waiving my right to receive pre-notification of the amount of the PAD and agree that I do not require advance notice of the amount and date of PAD's before the debit is processed.

Signature of Account Holder:

Signature of Joint Account Holder (only if 2 signatures are required on your cheques):

Name: _____

Name: _____

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca. When the form is complete, please hand in with your registration form. Alternatively, please email the completed form to info@achildfirstpreschool.com. You can also use this email for any inquiries, to obtain information or seek recourse.

PORTABLE RECORD FORM

****This is the record we take with us whenever we leave the program for nature walks, outings, etc.****

STUDENT INFORMATION:

Full Name:	Date of Birth (M/D/Y):
Home Address:	City: Postal Code:
Alberta Health Care Number	Immunizations up to date?: Yes ___ No ___
Does your child have any allergies? Yes ___ No ___	If yes, please explain:
Is your child on any medication? Yes ___ No ___	If yes, please explain:
Would this medication be needed during before and after care hours? Yes ___ No ___ N/A ___	Any other health concerns?

PARENTS INFORMATION:

Mother's Name:	Cell Phone:
Home Address:	Home Phone:
City: Postal Code:	Work Phone:
Father's Name:	Cell Phone:
Home Address:	Home Phone:
City: Postal Code:	Work Phone:

EMERGENCY CONTACTS: (OTHER THAN parent(s)/guardian(s) listed above)

Contact Name:	Cell Phone:
Home Address:	Home Phone:
City:	Work Phone:
Contact Name:	Cell Phone:
Home Address:	Home Phone:
City:	Work Phone:

PORTABLE RECORD FORM (page 2)

ADULTS AUTHORIZED TO PICK UP CHILD: (OTHER THAN parent(s)/guardian(s) & emergency contacts)

Contact Name:	Cell Phone:
Work Phone:	Home Phone:
Contact Name:	Cell Phone:
Work Phone:	Home Phone:
Contact Name:	Cell Phone:
Work Phone:	Home Phone:



Hello Parents & Students!

Our Before & After School Care program is currently in the process of accreditation with the Accreditation of Early Learning and Care Services of Alberta to further enhance your out of school care program! Accreditation helps ensure high quality services to children and families. Our participation involves looking at all aspects of the centre's operation, including policies and procedures, activities, communication, facilities and governance of the facility.

Your family's participation in accreditation is voluntary, however, we strongly encourage you to participate so that we know what improvements we can make to serve your family better. By signing the short consent form on the following page, you allow us to use your information and your child's information in the accreditation process. All consent forms are kept confidential. We ask that you do not take the forms home with you, but complete them at the centre and give them to the Before & After School Care teachers.

If you require more information regarding the accreditation process, please feel free to email me at info@achildfirstpreschool.com. I can help you with any questions you may have.

Kind regards,

Jennifer Sissons, Director
A Child First Before & After School Care

Parent Accreditation Consent Form

Please complete and return this form to your child care program.

PLEASE CHECK

I consent to participate in the accreditation process site visit.

PLEASE CHECK

I give my permission to allow the accreditation Validators to look in my child/ren's file to verify required information is present.

NAME OF CHILD *(please print)*

NAME OF CHILD *(please print)*

PLEASE CHECK I consent to being interviewed by a Validator if requested.

I understand that the purpose of the accreditation process is to ensure a high standard of care in the child care program. The Validators will be checking to see that administrative files are complete and up-to-date. The information from the file review and the interview will be used only for the purpose of accreditation.

NAME OF PARENT/GUARDIAN *(please print)*

SIGNATURE OF PARENT/GUARDIAN

DATE *(mm/dd/yy)*

Note to Program: Please keep these forms on file and have them available for the Validators when they conduct the site visit.