



For Admin Use Only:

Start Date:  
Complete:  
G-mail:  
Reg Fee:? Y N

## ST GIANNA OUT OF SCHOOL CARE REGISTRATION FORM: Sept 2023 - June 2024

**\*Please circle the program you would like to register your child in\***

**Grades 1-6 with PD days**

**Kindergarten Care with PD days**

**\*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 # \_\_\_\_\_ Grade your child is entering for 2023/2024: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Email Address \_\_\_\_\_

**\*Required to receive monthly newsletters, calendars and program updates\***

Parent/Guardian \_\_\_\_\_ Cell phone # \_\_\_\_\_

Address (if different from Student, if same, leave blank) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # (if different from Student) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent/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 # \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**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:**

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: \_\_\_\_\_

Does your child require any emergency medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please list which medication(s) and describe what signs and symptoms your child may have:

Would this medication be needed during out of school care hours? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**\*The 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? (i.e. past doctor referrals, special education coding, behavioural concerns, activities your child has been in, etc.)

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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

- \$80 yearly non-refundable registration fee per family (waived for the first year if you paid the waitlist fee);
- 10 payments (September.1 2023 to June.1 2024) 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 September through June 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 month upfront, as well as pre-authorized debit for each of the subsequent months, as noted above. All programs have an \$80.00 non-refundable yearly registration fee per family due on the registration date in the form of either cash or e-transfer.

Please note that the monthly fees will not be prorated for any reason. There will be no refunds for missed days unless due to a province-wide closure.

**\*A \$20 NSF fee will be added to any NSF payment. Payment in cash, or e-transfer 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 1st, notice must be given before October 1st. 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. Failure to provide one (1) month written notice of withdrawal will result in A Child First Preschool Inc. withdrawing one more monthly payment. For example if you want to withdraw your child(ren) and have their last day be March.31<sup>st</sup> than notice will need to be given **before** March.1st. If notice is given after March.1<sup>st</sup> than you will be required to pay for April.

I have read, understood and I agree to comply with all the policies of A Child First Preschool Inc., including all those listed above and 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 \_\_\_\_\_

As part of our programming, we occasionally take the children on nature walks, outings to community playgrounds, and outings to local community businesses. 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 the regulated staff to child ratio of 1:15 will be maintained at all times. If there are more than 6 children in attendance then at minimum, 2 staff will also be present at all times. Staff will take attendance before they leave, when they arrive at the off-site location, periodically during their time at the off-site location and when they return. All off site activities will be during program hours and a sign will be posted at the door to our program stating where we went, how to reach us while off-site, when we will be leaving and when we will be coming back, along with our staff to child ratio. We will never be off-site for longer than 2-3 hours.

I understand that I will be notified of any off premises field trips in advance via email and/or verbally at drop off. I understand that most field trips are planned in advance but that occasionally there will be spontaneous outdoor activities if the weather is nice. In these cases, I understand that I will be notified of these when I drop off my child(ren).

The above-named child has my permission to go to and use the following off-site locations listed below, under the supervision of A Child First Preschool Inc. staff during the months of September to June of the school year this consent form applies to. By signing this consent form I understand that my child will use these off-site areas listed below as part of the regular programming that takes place at A Child's First Preschool – St Gianna during any times of regular class schedule for the purposes of meeting the gross motor development of the children and giving them the opportunity to participate in outdoor recreational activities. I understand that I will be notified of these outings as described above. While the program uses these off-site spaces, I understand that the program will adhere to the supervision policy that is provided in the parent handbook and described above. The mode of transportation used will be walking only, and will always be within reasonable walking distance.

- Auburn Bay Gardens playground (Auburn Bay Blvd SE & Auburn Bay Gardens SE)
- Autumn Green playground (Autumn Green SE, directly across from St Gianna school)
- Auburn Bay Public School playground (7 Auburn Bay Ave SE)

I understand that St Gianna school has a park and playground located at the school. The above named child has my permission to use this park and playground at the school, under the supervision of A Child First Preschool Inc. staff during the months of September to June of the school year: By signing this consent form I understand that my child will use this park and playground at the school as part of the regular programming that takes place at A Child's First Out of School Care – St Gianna location during any times of regular class schedule for the purposes of meeting the gross motor development of the children. While the program uses this space, we will adhere to the supervision policy that is provided to you in your parent handbook and described above. I understand that my child will be supervised at all times and that the regulated staff to child ratio of 1:15 will be maintained at all times. If there are more than 6 children in attendance then at minimum, 2 staff will also be present at all times.

For all other non-regular occurring off-site activities (e.g. visits to local businesses), I understand that I will have to sign a separate consent page detailing the activity of each field trip before my child(ren) can attend each field trip. If I am not dropping off my child on a day that a consent form is being signed, whoever it is that drops off my

child(ren) that day has my consent to sign and give permission for the field trip. Below is a list of names who may be dropping off my child and who have my permission to sign the consent forms:

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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.

Please note that if you do not give permission for your child to attend an off-site excursion, then your child will not be able to attend the program on any day that we are going to do that off-site activity. You will need to make alternate arrangements for care for your child on those days as all staff will be going to the off-site 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 \_\_\_\_\_

**A Child First Preschool Inc.  
Permission for PG Rated Movies**

**Please print**

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

I am giving A Child First Out of School Care/KinderCare program at St. Gianna permission to allow the above-named child to view PG rated movies during their special movie days/PD Day movies. The movies will be pre-screened to ensure they are developmentally appropriate, and do not contain any sensitive material.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If you have subsidy or will be applying for subsidy for your child(ren) please notify the Financial Director.**

<b>***FOR ADMINISTRATIVE USE ONLY***</b>	
New Registration Checklist (mid-year starts):	Initial When Complete:
Registration form, consents and portable record are complete	
Place PAD, void cheque (if applicable) and reg fee in director's folder for pick up	
Let Morgan know as soon as possible that new PAD is at program	
File portable record in portable binder	
File registration form in registration binder	
Go over following sections: custody issues?, allergies, medical concerns, health information, off premises consent	
Update class list in registration binder, portable record binder (if applicable)	
Move medication consent forms, if any, to portable binder	
Add student's email address into correct class in Gmail account	
Update allergy list if applicable	
Add child's name to birthday chart	
Update student in/out sheets	
Send family an email and/or give a tour explaining what to bring on first day (indoor shoes, where to pick up/drop off child and where child goes after school to check in with you	
If the student will be participating in school patrols, or any activity through the school before or after school that will make them sign out early in before care and/or sign in late for after care, make sure the parents sign appropriate liability waiver (in "Liability waivers" file) and file with their registration form	
Notify director of new student starting via text/email	





# ST GIANNA PRE-AUTHORIZED DEBIT (PAD) AGREEMENT – 2023/2024

**\*ALL INFORMATION MUST BE FILLED OUT\***

## 1. Account Holder Information:

Name (First and Last) : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Child Attending our Program: \_\_\_\_\_

Class Child is Attending:  Grades 1-6 Out of school care WITH PD days  Kinder Care WITH PD days

## 2. Bank Account Information: (CANNOT BE A LINE OF CREDIT ACCOUNT)

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

Bank Account #: \_\_\_\_\_ 5 digit Transit #: \_\_\_\_\_ 3 digit Institution #: \_\_\_\_\_

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 after the first of each month per the following time frame/amounts:

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](http://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](http://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](mailto:info@achildfirstpreschool.com). You can also use this email for any inquiries, to obtain information or seek recourse.

**FEE STRUCTURE:**

<b>Our Lady of the Evergreens</b>			<b>St. Gianna</b>		
			PD Days and Teacher's Convention are now included in all fees.		
Before & After Care <b>NO PD DAYS</b>	Grades 1-6	\$500.00/mth	Before & After Care <b>WITH PD DAYS</b>	Grades 1-6	\$565.00/mth
Kindergarten Care <b>NO PD DAYS</b>	K	\$325.00/mth *(\$348.00/mth)	Kindergarten Care <b>WITH PD DAYS</b>	K	\$385.00/mth *(\$410.00/mth)
<b>St. Sebastian</b>			<b>St. Gianna Only: Please Note that the 2022/2023 school year was the last year we were offering care that does <i>not</i> include PD Days.</b>		
No Kindergarten Care at this time.					
Before & After Care <b>NO PD DAYS</b>	Grades 1-6	\$500.00/mth	<b>The Alberta Government is going to be covering the cost of the increase in our monthly fees for KinderCare for the 2023/2024 school year. **Please note that if at any time the government withdraws the cost replacement monthly funding, the parent portion of the fees would be increased back to the original amount per month noted in the brackets above. We will notify you via email if this occurs.</b>		

## PORTABLE RECORD FORM

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

### STUDENT INFORMATION:

<b>Full Name:</b>	Date of Birth (M/D/Y):
Home Address:	City:                      Postal Code:
Any health concerns?	Immunizations up to date?: Yes ____ No ____
Does your child have any allergies?  Yes ____ No ____	If yes, please explain the allergy:
Is your child on any emergency medication?  Yes ____ No ____	If yes, please list which medication(s) and describe what signs and symptoms your child may have:
Would this medication be needed during out of school care hours?  Yes ____ No ____ N/A ____	

### PARENTS INFORMATION:

<b>Parent/Guardian Name:</b>	Cell Phone:
Home Address:	Home Phone:
City:                      Postal Code:	Work Phone:
<b>Parent/Guardian Name:</b>	Cell Phone:
Home Address:	Home Phone:
City:                      Postal Code:	Work Phone:

### EMERGENCY CONTACTS: (other than parent(s)/guardian(s) listed above)

<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:
<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:

## PORTABLE RECORD FORM (page 2)

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

<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:
<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:
<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone: