



For Admin Use Only:

Start Date:

Complete:

G-mail:

ST SEBASTIAN OUT OF SCHOOL CARE REGISTRATION FORM: Sept 2022 - June 2023

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

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:

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? (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:

- \$50 yearly non-refundable registration fee per family (waived for the first year if you paid the waitlist fee);
- 10 payments (August 1, 2022 to May 1, 2023) 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 a \$50.00 non-refundable yearly registration fee per family 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. 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 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 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 Sebastian 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.

- Lake Chaparral Recreation Centre (225 Chaparral Dr. SE)

I understand that St Sebastian 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 Sebastian 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:

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 _____

*****FOR ADMINISTRATIVE USE ONLY*****

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 Dawn 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	
Move medication consent forms, if any, to portable binder	
Update class list in registration binder, portable record binder (if applicable), accreditation consent binder and PAL online	
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 SEBASTIAN PRE-AUTHORIZED DEBIT (PAD) AGREEMENT – 2022/2023

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: _____

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:

***NOTE THAT WHEN FILLING OUT THE DATES BELOW, FEES ARE PAID 1 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.

FEE STRUCTURE:

Our Lady of the Evergreens			St Gianna		
Before & After Care NO PD DAYS	Grades 1-6	\$480.00/mth	Before & After Care NO PD DAYS	Grades 1-6	*2022/2023 will be the last year the NO PD days option is available \$480.00/mth
St. Sebastian			Before & After Care WITH PD DAYS	Grades 1-6	\$540.00/mth
			Kindergarten Care WITH PD DAYS	K	\$835.00/mth

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:

Parent/Guardian Name:	Cell Phone:
Home Address:	Home Phone:
City: Postal Code:	Work Phone:
Parent/Guardian 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:
Work Phone:	Home Phone:
Contact Name:	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)

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