

Before/After School Care Main Telephone: 780.964.1310

Royal Gardens Community League • Before/Out of School Care Program
Registration Forms, Medical, Transportation, Permissions, Payment Policies - 2019 -2020

Royal Garden's Kindercare/ Before-Out of School Care REGISTRATION

DATE: _____ Preferred Start Date: _____

STUDENT INFORMATION

Grade: _____

Student's Name: *First, Last*

Gender: Male Female

Address: *Street City Prov. Postal Code*

Primary Phone Number: _____

Child's Date of Birth: _____

Primary Email Address: _____

(for school related messages)

Child's First Language: _____

Other Languages Spoken: _____

PARENT INFORMATION

Mother's Name: *First Last*

Cell Phone: _____

Mother's Email: _____

Work Phone: _____

Mother's Address *(if different from child)*:

Mother's Work Address:

Father's Name: *First Last*

Cell Phone: _____

Father's Email: _____

Work Phone: _____

Father's Address *(if different from child)*:

Father's Work Address:

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OPTIONAL

Step-Parent/Guardian Name: _____

Cell Phone: _____

Step-Parent/Guardian Email: _____

Work Phone: _____

Step Parent/Guardian Name: _____

Cell Phone: _____

Step Parent/Guardian Email: _____

Work Phone: _____

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EMERGENCY CONTACTS *(Must be completed in full)*

Other than parents. Emergency contact must reside in the Edmonton area.

Emergency Contact Name: *First Last*

Emergency Contact

Home Phone Number: _____

Cell Phone: _____

Work Phone: _____

Relationship to Child: _____

***Emergency**

Contact Address:

*(*Required) Street City Prov. Postal Code*

MEDICAL INFORMATION *(Must be completed in full)*

Child's Alberta Health Care Number:

Doctor's Name: _____

Doctor's Phone Number: _____

• **Does your child have any allergies?** *Please circle one*

Yes/No

My child uses an - EpiPen: Yes / No

Inhaler: Yes / No

If yes, please explain. Including potential signs or symptoms staff should be aware of:

• **Does your child have any dietary restrictions? Yes /No**

If yes, please explain. Including potential signs or symptoms staff should be aware of:

• **Is your child taking any ongoing medication? Yes/No**

If yes, please explain:

• **Does your child have any other medical conditions that we should be aware of? INCLUDING: behavioural, emotional, mental, physical** *If yes, please explain. Including potential signs or symptoms staff should be aware of:*

• **Are your child's immunizations up to date? Yes/ No**

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If no, please explain:

• Is there anything else you feel we should know about your child? Yes / No

If yes, please explain:

*** If your child has an ANAPHYLACTIC ALLERGY please request and complete an Anaphylaxis form from Staff members and supply an EpiPen to keep on-site. If your child has ASTHMA please request and complete an Asthma form from Staff members and bring an inhaler to keep on-site.**
**** If your child requires medicine during our Care hours, please request an Administration of Medicine form.**

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SCHOOL TRANSPORT INFORMATION

PLEASE REMIND CHILDREN:

- 1. They are to wait with their teacher or inside the school until they see an out of School Care Program Staff member at their designated spot.**
- 2. Children may not go to the Community Hall without an out of School Care Program Staff member.**
- 3. Children are to go directly to the OOSC Program Staff member.**
- 4. If they do not see or cannot find OOSC Program Staff they are to go directly to their School Office and wait there.**

SCHOOL TRANSPORTATION CONSENT

I will contact and advise the teaching staff at the out of School Care Program of any changes for transportation and will give ample time to meet these changes.

Due to unforeseen circumstances, changes in transportation may occur, and I understand that Royal Gardens out of School Care Program makes every effort to transport children on time ensuring safety is a priority.

At times children may forget or leave belongings at school, which the Out of School Care Program will not have time to return to the school to collect them. Parents will be responsible for retrieving these items.

It is the responsibility of the Parent to notify the School that Out of School Care Program will be dropping-off and/or picking-up their child from School.

If needed, it is the responsibility of the Parent to arrange a buddy or helper to assist your Child to meet the Out of School Care Program Staff members at the designated transportation location, as staff members may not leave the designated pick-up spots and the group of children.

If your child does NOT require pick up from school, please let us know before 11:00 AM.

TRANSPORTATION:

I, _____ (Parent/Legal Guardian name), **have read and understand the transportation policy and give Royal Gardens Out of School Care Program the consent for my child, _____ (Child's name), to be transported to school and/or from school.**

I have also read the Transportation Policy to my child and agree to follow all the policies and guidelines to ensure safety.

_____ X _____
Date Signature of Parent/Guardian

PICKING UP YOUR CHILD:

• **Names of the people ALLOWED to pick-up your child:** (Please let Staff know if someone else will be picking up your child. Individuals may be asked to provide photo I.D. before your child is released to them)

• **Names of the people NOT ALLOWED to pick-up your child:**

• Are there any custody issues we should be aware of? Yes No

[Document title]

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If yes, please explain:

PERMISSIONS FORM & COMMUNITY LEAGUE MEMBERSHIP EMERGENCY PERMISSION

In case of an emergency, I authorize Royal Gardens out of School Care Program to give my child emergency care. Should it be necessary, I authorize the teaching staff to seek and obtain medical or emergency care, on site or from an outside location. I will be responsible for whatever expenses are incurred.

_____ X _____
Date Signature of Parent/Guardian

ON AND OFF-SITE PERMISSION

I give the staff of Royal Gardens out of School Care Program permission to take my child for outdoor activities (*such as nature walks*) both on and off the premises of Royal Garden's Community League's site. I understand that prior to any field trips, additional forms will be sent home for parent/guardian signatures.

_____ X _____
Date Signature of Parent/Guardian

PHOTO PERMISSION

I give the staff of Royal Garden out of School Care Program, permission to take photographs of my child. These photos may be used for display on behalf of the Out of School Care Program, or to assist in the child's development.

_____ X _____
Date Signature of Parent/Guardian

PAYMENT POLICIES

Royal Garden out of School Care Program is a not-for-profit program.

The following policies are in effect for tuition and fees:

TUITION FEES:

Out of School Care fees are - \$475 per month for a family's first child; \$475 for each additional child*.

**To qualify for additional child/children discount: Children must be siblings and reside in the same household.*

LATE PAYMENTS AND NSF FEES:

All payments are due prior the 1st business day of each month. All families are responsible for meeting their monthly tuition obligation to Royal Gardens out of School Care Program, in a timely manner. If fees have not been paid by the 15th of the month, our program has the right to terminate services for your child (ren).

Delinquent accounts, late payments, and/or NSF cheques will be dealt with in the following manner:

- 1. You will receive ONE verbal reminder and ONE email reminder of tuition and fees owed.**
- 2. If payment has not been received by the 15th, child care will be terminated on the last business day of the month.**
- 3. Each and every NSF cheque will be charged an additional \$25 processing fee.**

REGISTRATION FEES:

New students are required to pay a non-refundable registration fee of \$75. This fee should be submitted with your registration form and will be processed when accepted into the program. Once accepted into our Program parents/guardians must provide post-dated cheques for a minimum of 6 months or set up automatic withdrawal (PAD) for payment of monthly fees.

ALL REGISTRATION FEES ARE NON-REFUNDABLE.

SUBSIDY POLICY:

If you require subsidy please go to Alberta Child Care Subsidy website:

www.humanservices.alberta.ca/financial-support/15104.html.

NOTE: Subsidy applications may take up to 6 weeks to be processed. Prior to approval of subsidy, parents or guardians will be required to pay *full* tuition fees for child care. Once we have received written approval of your subsidy, your monthly fees will be reassessed. Subsidy pays for a portion of your child care fees, parents/guardians are required to pay the remainder by the 1st of the month. If your subsidy expires you will be charged the *full* monthly tuition fees until your subsidy has been reinstated.

WITHDRAWAL AND TERMINATION POLICIES:

If you withdraw your child from Royal Gardens out of School Care Program, you are required to provide us with a **minimum of thirty (30) days' notice in writing**. Less than 30-days' notice of withdrawal will result in being you being charged next month's tuition fees in full.

Royal Garden's Out of School Care Program reserves the right to terminate services for your child(ren) if his/her behaviour is deemed unacceptable; if they put themselves, staff member(s), or other children at risk; or for non-cooperation of parents/guardians.

**Royal Gardens Out of School Care Program has the right to terminate care services
If fees have not been paid by the 15th of the month.**

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Royal Garden's Out of School Care Program CONSENT:

I/We have read this agreement and expressly acknowledge Royal Garden's Out of School Care's Payment Policies, Tuition Fees, Late Payment and NSF Fees, Registration Fees, Withdrawal and Termination Policy, and the Subsidy Policy (*if applicable*); and I understand and agree with all of the conditions outlined in this agreement.

Agreement Confirmed:

Parent(s)/Guardian(s) Out of School Care

X _____

Parent/Guardian Signature

X _____

Parent/Guardian Signature

Date: _____

Please do not write below this line

For Office use only:

Waitlist Registration Fee \$75

- **Accepted Start Date:** _____
- All forms completed Forms signed and returned
- PAD Form or Post-Dated Cheques received Subsidy required
- Anaphylaxis Form EpiPen received
- Asthma Form Inhaler received
- Parent Handbook provided

Additional Notes/Information:

