



Childsplace

Learning Centres Ltd.

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www.childsplace.ca

APPLICATION FOR PROGRAM ENROLLMENT

**REGISTRATION FEE \$50.00 PER CHILD
(non-refundable)**

Before and After School Program (Please check applicable class)

Date of Commencement: _____ School: _____ Grade: _____

<input type="checkbox"/> Before School (Grade 1-6)	\$400/month
<input type="checkbox"/> After School (Grade 1-6)	\$500/month
<input type="checkbox"/> Before and After School (Grade 1-6)	\$675/month
<input type="checkbox"/> Kindergarten (am or pm)	\$925/month

One month deposit fee required (non-refundable) at the time of registration. Post dated cheques for the 1st of each month or preauthorized credit card payments required. All fees included transportation, meals and pd days. Field trips will be an extra cost.

Child's Name: _____
(surname) (given)

Address: _____

Phone: _____ (postal code)

Birthdate: _____ Health Care# _____
Month Day Year

Family Physician: _____ Phone: _____

ADDRESS: _____

Are Immunizations up to date? Yes _____ No _____ If NO, please indicate reason. _____

Parent Information:

Mother: _____ Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email Address _____ Cell Phone: _____

Father: _____ Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email Address _____ Cell Phone: _____

Please notify us immediately of any changes in address or phone numbers.

EMERGENCY CONTACT INFORMATION

(Other than parents)

1. Name: _____ Phone: _____

Relationship to child: _____

Address: _____

2. Name: _____ Phone: _____

Relationship to child: _____

Address: _____

Emergency contacts are persons **other than the parents**, who are available during school hours to pick up the child in an emergency when parents cannot be contacted. Please provide cell phone or business numbers when possible.

ABOUT YOUR CHILD

Is there any person NOT allowed access to your child? Please provide details: _____

Does your child have any medical conditions or allergies? Signs and symptoms for teachers to look for: _____

Is your child taking medication on a regular basis? Please provide details: _____

Please list family members residing with the child, their relationship to the child, and ages of siblings: _____

Does your child have any special interests? _____

What language is spoken at home? What languages does the child understand? _____

Does your child have any fears or phobias we should be aware of? _____

If your child has Epi-Pen or Asthma inhalers that could be administered at school, parents must fill out a separate medication administration form.

PERMISSION FORM

*I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school and to leave the school premises in an authorized vehicle, under the supervision of staff or parent volunteers on field trips, or on supervised walks off the school premises. Parents must sign the transportation permission form in the registration package.

*I hereby grant permission for my child to be included in evaluations, photographs, video or interviews connected with the school program. I understand my child's photograph may be used on Childspace Learning Centres Ltd.'s website.

*I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact persons listed on the Emergency Contact list.
4. If any of the above are unsuccessful, we will do any or all of the following:
 - a. Call another physician
 - b. Call an Emergency Medical Services
 - c. Have child transported to Hospital in the care of a staff member.
5. Any expense incurred under 4. (above) will be borne by the child's family.

I / We have read, understood and agree with Childspace Learning Centres Ltd. discipline policy. Childspace Learning Centres Ltd. will not be held responsible for anything that may occur as a result of false information given at the time

Transportation Permission Form

I give my permission for my child _____ to be transported
(Child's Name)

by Childspace Learning Centre Ltd. to and/or from

School: _____

Grade: _____

I have read, understand and discussed with my child that:

- They will be travelling in a motor vehicle driven by an adult and they are to wear their seat belt at all times while travelling. Booster seats are provided.
- They will be walking to and from the school with a teacher hired by Childspace Learning Centre Ltd.
- They are expected to respect each other, the vehicles they ride in, and the driver.
- They are to remain seated and buckled until the engine is turned off.
- They are not to be disruptive to the driver; children are permitted to talk and discuss their days, disruptive behavior can include yelling, screaming, fighting (physical), etc.
- They will wait at a designated pick up location (example: by flag pole in front of school, door)
- They will follow all traffic safety rules when walking (walking across the street at the intersection/crosswalk, looking both ways, etc)

(Parent's Signature)

(Date)