



# Childsplace

Learning Centres Ltd.

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[www.childsplace.ca](http://www.childsplace.ca)

## BEFORE & AFTER SCHOOL ENROLLMENT

Commencement Date: \_\_\_\_\_ (Sept to June)

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### CHILD INFORMATION

Child's Name: \_\_\_\_\_  
(surname) (given)

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

Phone: \_\_\_\_\_ (postal code)

Birthdate: \_\_\_\_\_ Health Care# \_\_\_\_\_  
Month Day Year

### 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

1. 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.

### HEALTH INFORMATION

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Are Immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, please indicate reason: \_\_\_\_\_

Does your child have any medical conditions or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: please list (separate form will need to filled out): \_\_\_\_\_

Is your child taking medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: please list (separate form will need to filled out): \_\_\_\_\_

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

## Authorized Pick Up List

1.Name:\_\_\_\_\_ Relationship to child:\_\_\_\_\_

2.Name:\_\_\_\_\_ Relationship to child:\_\_\_\_\_

3.Name:\_\_\_\_\_ Relationship to child:\_\_\_\_\_

4.Name:\_\_\_\_\_ Relationship to child:\_\_\_\_\_

5.Name:\_\_\_\_\_ Relationship to child:\_\_\_\_\_

**\*\* Childspace will not release a child to anyone not on the list without written confirmation.\*\***

**Is this child involved in a custody arrangement? Yes\_\_\_ No\_\_\_**

Supporting court documents must be supplied to the program upon registration. All documents must be current and updated when changes happen

### ABOUT YOUR CHILD

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

Has your child attended a Before and After School program before?\_\_\_\_\_

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?\_\_\_\_\_

Please list any other specific instructions or information that would be helpful and assist us:\_\_\_\_\_

### **Please read and initial by each statement:**

\_\_\_\_ I agree to keep Childspace informed of any changes in our address, phone numbers (home & work) emergency contracts, or anything else that maybe important concerning the well-being of my child (i.e. illness/death in the family, divorce or separation etc.)

\_\_\_\_ I will be responsible for signing my child in and out each day from the program.

\_\_\_\_ I give permission to take my child walks and visits off premises (throughout the community only); such as St.Ambrose school, Arbour Lake Middle school playgrounds.

\_\_\_\_ I give permission to the staff of Childspace to administer medication prescribed to my child and I will sign a medical form. I understand that the staff will record each administration of medication. Medication will be in the original container labelled with doctor information, child name and dosage instructions. NON PRESCRIBED MEDICATION WILL NOT BE ADMINISTERED.

\_\_\_\_ I understand my child cannot attend Childspace if suffering from an infectious or communicable disease that has been identified by Alberta Health Services. This includes vomiting and diarrhea.

\_\_\_\_ I give my permission for the Childspace staff to treat my child if a minor accident occurs. All incidents requiring First Aid will be documented and parent asked to sign the form.

\_\_\_\_ 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 Emergency Medical Services/911
  - 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.

\_\_\_\_ In the case of administering an Epi-Pen, 911 will always be called 1<sup>st</sup> and parents notified at the same time by alternate adult in the program.

\_\_\_\_ I understand that photographs and video of my child or items of my child's work completed at the Childspace may be used for marketing and promotional purposes. I hereby give my consent and no further permission will be required. Names and faces are not disclosed to maintain privacy.

\_\_\_\_ I understand that the information contained herein is confidential and, pursuant to the Privacy Act, will only be strictly used Childspace. My information will not be released to anyone without my consent.

\_\_\_\_ I am aware that representatives from appropriate Government Departments may view my child's files as part of the program assessment process, to ensure that proper administrative records are kept on site and will not be used or distributed for any other purposes.

\_\_\_\_ I give permission for my child to watch G rated movies and games upon approval. Parents will be notified of any movie days occurring during the year.

\_\_\_\_ I understand that all field trips are planned throughout the year and parents are required sign field trip forms and another charge may be needed for entrance and bussing.

### Terms and Conditions:

- **NO refunds/prorating** of fees are given for absences or extended leaves (i.e. vacations)
- Overdue payments will be charged a late fee of \$5/day and to be paid when making the overdue payment.
- In the event that your payment is dishonored for any reason then you are responsible to pay a NSF fee of \$40 with your regular payment. This includes credit card payment.
- Families that are subsidized are required to pay full fees until subsidy confirmation is received. Once confirmation is received, you will have a credit on your account and this will be used in future childcare.
- Parents/Guardians have the right to request a copy of their child's information from Childspace and have the right to request Childspace to correct any incorrect information
- **1 month notice of withdrawal is required.** Registration fee and deposit is **NON REFUNDABLE!** Refunds of deposit will only be applicable if the child is not coping well in the program.
- I understand that the deposit is used towards the last month of preschool (June). Payments for fees are paid September to May.
- I declare that I have read this document fully and that the information given above is true.
- I have paid the reg fee of \$50/child, deposit of 1 month fee, and provided Childspace with 9 post dated cheques (dated for the 1<sup>st</sup> of the month from Sept to May) or a credit card authorization form to secure my child's spot.

I also acknowledge by signing this form, I understand and accept the programs Policies and Procedures.

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Print name

Signature

Date (m/d/y)

**PROGRAM SELECTION**

<input type="checkbox"/>	<b>Before School 7am-9am</b>
<input type="checkbox"/>	<b>After School 2:52pm-6pm</b>
<input type="checkbox"/>	<b>Before &amp; After School</b>
<input type="checkbox"/>	<b>Full time Kindergarten 7am-6pm</b>
<input type="checkbox"/>	<b>Part time Kindergarten 4.5 hours/day</b>
<input type="checkbox"/>	<b>Drop In</b>

**A non-refundable \$50.00 Registration Fee, deposit along with payment details are required upon registration to hold your space.**

**All programs include pd days and school breaks.**

**All fees include meals/snacks and transportation.**

**Kindergarten kids participate in our preschool program when not in Kindergarten**

**Payment Information**

Checks: post dated checks received; check # \_\_\_\_\_ to # \_\_\_\_\_

Etransfer: \_\_\_\_\_ (information given for etransfers)

<b>Program</b>	<b>Cost</b>
<b>Before School 7am-9am</b> <i>Centre opening till school bell</i>	\$410/month
<b>After School 2:52pm-6pm</b> <i>School bell till 6pm (includes early dismissal)</i>	\$510/month
<b>Before &amp; After School</b> <i>7am-6pm (includes early dismissal)</i>	\$685/month
<b>Full time Kindergarten</b> <i>Mon-Fri 7am-6pm; includes preschool class</i>	\$935/month
<b>Part time Kindergarten</b> <i>Up to 4.5 hours/day; includes preschool class</i>	\$525/month
<b>Drop In</b>	\$12/hour \$75/day
<b>Registration fee</b> <i>Non refundable</i>	\$50/child

**For Automatic Credit Card Payments:**

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

\_\_\_\_\_ Card Number

\_\_\_\_\_ Expiry Date

\_\_\_\_\_ Name on Card

I hereby authorize Childsplace Learning Centres Ltd. to charge to my credit card the registration fee of \$100.00, the applicable deposit fee for the program registered, and the monthly fee of the program registered, each month that the program operates from Sept to May.

Also, **I understand the registration and deposit fees are non-refundable and non-transferable.**

\_\_\_\_\_ Signature of Cardholder

*We encourage fun, friendship, laughter & learning!*