School Year: **2019-20**

Notre Dame Out of School Care

CHILD'S FULL NAME: _____

Birthdate (mm/dd/yyyy): _____ **Age:** _____ **Gender: M__ F__ Grade:____**

Alberta Health Care Insurance Number: _____

Family Doctor Name and Clinic Phone Number: _____

Is your child up to date on his/her immunizations: Y___ N ___

Any allergies or dietary restrictions we should be aware of? Y___ N ___

If YES, what? _____

Does your child have any medical conditions we should be aware of? Y___ N___ If YES, please ensure the office has a separate medical form on file.

Brief description of medical condition: _____

MOTHER/GUARDIAN FULL NAME: _____

Full Address with Postal Code: _____ _____

Home Ph #: _____ **Cell Ph #:** _____ **Work Ph #:** _____

Email address: _____

FATHER/GUARDIAN FULL NAME: _____

Full Address with PC: _____

Home Ph #:_____ **Cell Ph #:**_____ **Work Ph #:**_____

Email Address: _____

EMERGENCY CONTACTS (other than parents/guardians, must speak English):

#1 Full Name: _____

Full Address with PC:_____

Home Ph #:_____ **Cell Ph #:**_____ **Work Ph #:**_____

#2 Full Name: _____

Home Ph #:_____ **Cell Ph #:**_____ **Work Ph #:**_____

FEES:

☐ **$80 per month for Before School Care (7:30am – 8:30am)**

☐ **$160 per month for Afternoon School Care Only (3:00pm – 5:00pm)**

Payment can be set up at http://starcatholic.schoolcashonline.com/

For office use: On-line payment set up September - June ☐ ***(no cheques will be accepted)***

Version: January 2019

PICK UP LIST: (must include any person who can pick up your child)

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Note: The Alberta Government Licensing Act requires all care programs to have a list of individuals allowed to pick up your child. If a person arrives to pick up your child and they are not on the list, we will NOT release your child. If at any time you would like to add or remove an individual, please ask an Out of School Care staff member.

PARENT/GUARDIAN SIGNATURE: _____ DATE:_____

Note: This information is being collected and used in accordance with the Freedom of Information and Protection of Privacy laws – FOIP (1997)

Consent for Medical Treatment

The undersigned, _____, being the legal parent/guardian of

_____, request and authorize personnel employed by the Notre Dame Out of School Care program to provide necessary first aid and medical treatment to the said child. This will serve as a release and indemnification of and from any action or inaction of any personnel of the Notre Dame Out of School Care program associated with the rendering of first aid or administering of medical treatment to the said student. The undersigned parent/legal guardian recognizes and acknowledges that the personnel employed by the program who may, as a result of this request, be rendering first aid or administering medical treatment to the said child, are not medical practitioners.

Date: _____

Signature: _____