

School Year: 2020-21

## Notre Dame Kindercare Program



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:**

\$3,200.00 per year or

Can be paid by monthly payments at <http://starcatholic.schoolcashonline.com/> (payment can be set up Between August 27<sup>th</sup> and August 31<sup>st</sup>, 2020)

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

Version: January 2020

**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 a Kindercare 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 Kindercare 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 Kindercare 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: \_\_\_\_\_