

School Year: **2020-21** École Notre Dame School 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: \$90 per month for Before School Care (7:30am - 8:30am)

\$180 per month for Afternoon School Care Only (3:00pm - 5:00pm)

Payment can be set up at <http://starcatholic.schoolcashionline.com/>

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

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

Version: January 2020

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.

Guidelines for Transportation of Children To and From School:

Before School Care students will be signed in by a parent/ guardian upon arrival to program, by signature of person dropping off and the time of arrival. BSC staff will supervise the student in OSC setting (Chapel, gym, and /or learning commons) for the duration of the program. At 8:37, the first bell/warning bell for start of school, BSC staff will confirm attendance and then walk the students to the school corridor (Locked hallway) and allow students to proceed to their classroom on their own. Kindergarten students will be walked by a BSC staff member to their kindergarten classroom or escorted to the Kindergarten teacher. For students who also attend Kindercare on alternate Kindergarten days, they will be escorted to the staff member providing Kindercare, who will then walk them to their classroom.

After School Care students will be signed into the program upon completion of school day starting at 3:10 by an ASC staff member as the students arrive. The students will remain in ASC supervision until which time they are picked up by parent/ guardian/ approved pick up person*. At Pick- Up time the designated person will sign- out the student from the program with a signature of person picking up and the time of departure. Students will not be permitted to leave the premises without parent approved permission of pick up. Students who are registered for the program will be assumed to be attending program daily unless the parent/ guardian has informed school of their nonattendance at school and the program. Please contact the school to inform us of a child's absence from the program if they will not be attending that day. If a child does not arrive at the program and school has not been informed of nonattendance, parents will be contacted by phone. If parents cannot be reached, emergency contacts will be called.

Parent signature required:

I, _____, Parent / guardian of _____ have read and agree to the transportation and sign in-out procedures of the Out of School Care Program at Ecole Notre Dame School at 66 South Park drive Leduc.

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: _____