

School Year: 2023.24

## 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:**

**\$320.00 deposit due now at**

<https://STARCatholic.schoolcashionline.com/Fee/Details/22054/34/False/True>

**The remainder of the payments in September 2023**

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

Version: January 2023

**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.

**Guidelines for Transportation of Children To and From School:****Arrival Time:**

Kindercare Students will be signed in by a parent or guardian upon arrival to the program by meeting the Kindercare Instructor at the main door. If students are arriving at school by school bus, they will be dropped off by the school bus driver and passed directly to a school staff person who will then deliver the student to the Kindercare Instructor at the main door. Children who are attending Before School Care will be delivered by an OSC staff person to the Kindercare Instructor.

**Departure:**

Kindercare students will be escorted by either the Kindercare Instructor or a staff member to the main doors for departure/parent pick up. Bus students will be escorted by a staff member to the designated bus and will pass student to the bus driver directly. Students who will be attending After school Care will be escorted by the Kindercare Instructor to the Afterschool Care Program and signed in to an OSC staff member.

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 & Protection of Privacy laws-FOIP

**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: \_\_\_\_\_