Notre Dame Kindercare Program School Year: 2024.25 Name: Birthdate: (mm/dd/yy) Gender: Male ____ Female___ Address: Parent #1 Name: Parent #2 Name: Address (if different from Parent #1): Address: Email: Email: Home Phone: Home Phone: Cell Phone: Cell Phone: _____ Work Phone: Work Phone: _____

Alberta Health Care #	Medical Conditions/Allergies:
Medications:	
Emergency Contact (Other than Parents-Emeaddress)	ergency Contact must be local and must provide a physical
Name:	
Address:	
Home Phone:	Cell Phone:

FEES: \$325.00 deposit due now at https://STARCatholic.schoolcashonline.com/Fee/Details/26286/34/False//True

The remainder of the payments can be set up in September 2024

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

Version: January 2024



Name	e any person who can pick up your ch Relation	Phone Number
	-	
	nent Licensing Act requires all care progr n arrives to pick up your child and they a	
	uld like to add or remove an individual, pl	
students are arriving at school by school b	parent or guardian upon arrival to the program by r	meeting the Kindercare Instructor at the main door. r and passed directly to a school staff person who widing Before School Care will be delivered by an OSC
staff person to the Kindercare Instructor. <u>Departure:</u> Kindercare students will be escorted by eit students will be escorted by a staff member.	ther the Kindercare Instructor or a staff member to t	he main doors for departure/ parent pick up. Bus bus driver directly. Students who will be attending
also read the parent handbook and unders	, Parent / guardian of procedures of the Care Program at Ecole Notre Dastand the contents. We agree to follow the policies when necessary and that we will abide by change:	outlined and understand that the school reserves
PARENT/GUARDIAN SIG	NATURE:	DATE:
te: This information is being collected ar	nd used in accordance with the Freedom of Infor	mation & Protection of Privacy laws-FOIP
	Consent for Medical Trea	tment
The undersigned,	, t	peing the legal parent/guardian of
This will serve as a release and Notre Dame Kindercare progra medical treatment to the said st that the personnel employed by	, request and authorize provide necessary first aid and medical indemnification of and from any action associated with the rendering of firmudent. The undersigned parent/legal government to the program who may, as a result of	I treatment to the said child. on or inaction of any personnel of the st aid or administering of guardian recognizes and acknowledges this request, be rendering first aid or
administering medical treatmen	nt to the said child, are not medical pra	actitioners.

Version: January 2024