



ÉCOLE NOTRE DAME ELEMENTARY SCHOOL

OUT OF SCHOOL CARE REGISTRATION FORM

2019/2020 School

Student Information

Child's Name: _____ Male Female

Child's Date of Birth (mm/dd/year): _____

Grade: _____

Mailing Address _____
Street / P.O. Box Town/City Postal Code

Street Address: _____
Street Address

Parent/Legal Guardian Information

1st Parent /Legal Guardian: _____

Relationship to Child: Father Mother Other (specify): _____

Phone Numbers: Home: _____ Work: _____ Other: _____
Street / P.O. Box Town/City Postal Code

Mailing Address **(if different from Child's)**: _____

2nd Parent /Legal Guardian: _____

Relationship to Child: Father Mother Other (specify): _____

Phone Numbers: Home: _____ Work: _____ Other: _____
Street / P.O. Box Town/City Postal Code

Mailing Address **(if different from Child's)**: _____

Authorized person to whom your child may be released (**other than parents or guardians**):

(1) _____ (2) _____

Anyone to whom your child **may not** be released! _____

Emergency Contact Information (other than parents or guardians)

Emergency Contact #1 Name: _____
Address: _____
Street Address Town/City
Phone: Home: _____ Other: _____

Emergency Contact #2 Name: _____
Address: _____
Street Address Town/City
Phone: Home: _____ Other: _____

Emergency Care Information

Please provide us with any information that would be helpful to the teacher relative to your child's reactions, childhood diseases, major operations, special needs or fears:

Please list any **allergies** or **health problems** your child has: _____

List any medications your child takes on a regular basis at home, and what it is taken for:

Permission to Leave the Classroom or Building

I, the undersigned, grant permission for my child to participate in supervised activities outside the classroom; these areas include the Notre Dame Elementary School grounds and the Parent Child Centre grounds.

Out of School Care Program (All Fees due on the 1st of the month)

- Choose:
- Full Time Care (incl. After School & No School Days & ED Days) \$15/day
 - No School Days Only \$30/day
 - Early Dismissal Days Only \$20/day
 - Before School Only (Minimum of 10 registered) \$10/day
 - Before School + Full Time Only (Minimum of 10 registered) \$20/day

- **Full Time Care** - This program runs from 3:25 p.m. to 6:00 p.m. on school days, 1:45 p.m. to 6:00 p.m. on early dismissal days and 8:00 a.m. to 6:00 p.m. on No School Days.
- **No School Day Program Kindergarten/Grades 1 to 4** - This program operates from 8:00 a.m. – 6:00 p.m. on no school days as indicated on the District Calendar. For those requiring care after 3:30 p.m. and who are registered only in this program, an additional fee will apply (see fee schedule).
- **Before School Care** – This program runs from 7:15 a.m. to 8:30 a.m. provided we have a minimum of 10 students registered.
- **Fees for ALL programs are due on the 1st of each month.** We require post-dated cheques for **ALL** programs. There will be no credit provided for missed days. Children entering the program mid-month will have the cost pro-rated to the start date.
- **Penalties - A penalty of \$10.00/15 min/child will be charged if the children are not picked up by 6:00 p.m. There is also a \$25.00 charge for all NSF Cheques.**

Registration Date and Signature

I declare that I have read, understand and completed the above registration form in its entirety.

Signature

Date

If any of the above information changes during the course of the program, please update this registration form.

This personal information is being collected under the authority of the Municipal Government Act, and will be used to administer programs at Notre Dame Elementary School. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

In compliance with Alberta Child Care Licensing Regulations and our insurance company, parents are required to sign this Informed Consent Agreement. Notre Dame Elementary Out of School Care strives to comply with all Alberta Child Care Licensing Regulations and have established policies and procedures designed for your child's safety. The risk described below are those inherent in participation in the normal activities of children. The safety of the children in our care is our first priority; however, ultimately children participate at their own risk.

INFORMED CONSENT AGREEMENT

FIELD TRIP PARENTAL CONSENT FORM – MULTIPLE DATE EVENTS	
This is to advise you that Out of School Care intends to involve your child ("the student") in an off-campus activity ("the field trip") where there are similar events on a series of dates, the particulars of which are as follows:	
Proposed Destination(s) and Purpose(s)	Nature walks, Community Exploration Walks, Bonnyville Swimming Pool, Splash Park, C2,
Date(s) and Time(s)	Throughout the year. Specific times will be given in newsletters or notes
Supervision	Out of School Care Staff
Associated Risk	Low to medium risk
Cost, if any	Varies, the Out of School Care staff will notify parents if there is an associated cost
Required clothing or equipment	As required by weather
Note: Parents/Guardians will be notified as to the nature, date and time of the walking field trip prior to the date of said trip	
No student will be allowed to participate in the field trip unless this form is signed and returned to the school prior to the first date of the event. If you require additional information, please phone the school.	
<p style="text-align: center;">Having read and understood the particulars of this specific Field Trip Consent Form (multiple date events), I give permission for my son/daughter (name) _____ to participate in the above-mentioned activities, which will happen according to the schedule provided.</p> <p>By signing this form and permitting my son/daughter to participate in these Field Trips, I/we, as parent(s)/guardian(s) - both for myself/ourselves and on behalf of our son/daughter - acknowledge that we are aware of the risks associated with these field trips, and agree to release and hold harmless the Lakeland R.C.S.S.D No. 150, the School, and their respective agents, servants, and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son daughter's participation in these above authorized Field Trips.</p> <p>Please Note: Field Trips shall be self-supporting. Parents are responsible for paying any unrecoverable travel costs if the field trip is cancelled due to safety concerns such as inclement weather, or with respect to other travel advisories or alerts, which may be issued by a recognized body.</p>	
Signature of Parent/Guardian	Date
<small>The information collected on this form is collected pursuant to the Freedom of Information and the Protection of Privacy Act of Alberta, to be used to organize and coordinate a school field trip. If you have any questions about the collection, use or disclosure of the information collected on this form, please contact Lakeland R.C.S.S.D No 150 at (780) 826-3764.</small>	

Parent/Guardian

Date