

**KIDZCLUB Out of School Care Registration Package
Sacred Heart**

Dear Parents/Guardians:

Thank you for choosing KIDZCLUB Out of School Care Program to care for your children.

We offer a quality program that helps each child develop to his/her fullest potential.

Our admission procedure is as follows:

1. Return the signed registration form to our program staff or e-mail the complete registration form to tan.yaso@hotmail.com. Please make sure that the registration form is completed. Incomplete registration forms will not be accepted.
2. Provide \$100 deposit.
3. Once a child's registration form has been processed by the administration, you will receive an e-mail indicating that your child is accepted or put on a waiting list.
4. The completed registration package and deposit will hold your space

To learn more about our Program please feel free to call us at 403-478-3123 or visit our website: www.kidzclubchildren.com

Sincerely,

Tetyana Sokolova
Director of KIDZCLUB
Ph: 403-478-3123
E-mail: tan.yaso@hotmail.com
www.kidzclubchildren.com

**KIDZCLUB Registration Sacred Heart School
2024-2025 School Year (valid only for one year)**

School age children (Grd.1-Grd.6)

Before School (7:00-8:15)

After School (2:40-6:00)

Before and After school (7-8 am; 2:40-6 pm)

- \$200 per month
 \$410 per month
 \$510 per month

Kindergarten children

\$950 per month more than 100 hrs/month; During and after school hrs

Time: 7:00am-6:00pm; 7:00am-12:00pm; 11:00am-6:00pm;

\$549 up to 100 hrs/month. During school hrs. only

Time: 8:15am-12:00am

Please indicate what time your child is registered at school:

8:00-11:00am _____

11:00-2:40 pm _____

*Fee might be different. Depends on subsidy eligibility.

Part-time. There are limitations to Part time enrolment. Please talk to Program Director before register for availability.

(Part time specifics. Program use _____)

CHILD INFORMATION

Date of Application	
Child's Name	
Child's Birth date	
Grade (<i>Grades KG-6 as of September</i>)	
Address	
City	
Province	
Postal Code	
Special Needs? <i>If yes, please contact the Program</i>	Yes No
Allergies/Medical Condition(s). If any, complete the medical form	Yes No
Immunizations Up to Date?	Yes No

PARENT INFORMATION MOTHER (Please Print)

Parent/Guardian Name	
Address	
City	
Province	
Postal Code	
Primary phone number	
Alternative phone number	
E-Mail	

PARENT INFORMATION FATHER (Please Print)

Parent/Guardian Name	
Address	
City	
Province	
Postal Code	
Primary phone number	
Alternative phone number	
E-Mail	

EMERGENCY CONTACT and Pick up (Cannot be parent/guardian) (Please Print)

Name and relation to child	
Address	
City	
Province	
Postal Code	
Primary phone number	
Alternative phone number	

FEE AND ATTENDANCE INFORMATION

- ◆ Fee includes all PD Days, parent interview days, early dismissals, non-instructional days, and field trips for full time enrollment (for children enrolled in the morning session only, speak to your Program Director)
- ◆ A deposit of \$100 must be paid when registering, \$50 of which is applied to the first month's fee. If the registration is withdrawn, the \$100 deposit will not be refunded.
- ◆ Completed registration forms with the \$100 deposit can be dropped off at the program or e-mailed to tan.yaso@hotmail.com.
- ◆ Kidzclub reserves the right to increase/decrease the fee based on budget at any time.
- ◆ We do not provide service on statutory holidays, winter, spring, and summer breaks.
- ◆ Parents are to provide snacks and lunch. Only Emergency snacks are provided
- ◆ School breaks, statutory holidays, and kindergarten staggered entry have been averaged out and included in the monthly fee.
- ◆ Monthly fees will not be adjusted to accommodate child absences or family vacations.
- ◆ Fee must be paid in full to keep your space by the 5th day of each month. Late fee charge will be applied.
- ◆ At least two weeks' notice must be given to withdraw your child to avoid late cancellation fee
- ◆ Children registered for the full program will have priority over part time.
- ◆ Only thoroughly completed registration forms with \$100 deposit fee will be accepted and will keep your space in the Program
- ◆ Staff must be informed about any changes to information provided above
- ◆ Children on subsidy must attend 50 hrs a month for School age children and 100 hrs a month for kindergarten children
- ◆ Fee might be different for children on subsidy and depends on approved subsidy amount
- ◆ Upon registration, parents need to sign parent's handbook and consent forms

I verify that the above information is correct and that I am responsible for updating any changes. I also verify that I read and understood the fee and attendance information.

Name: _____ **Signature:** _____

Please be advised that space is limited and incomplete registration forms will not be accepted.

NON-GUARDIAN PICK UP PERMISSION

We understand that from time to time your child(ren) may be picked up by adults other than you as their parent and/or guardian.

For the safety and protection of your child, we are asking that our staff be advised **in advance** in writing if someone other than you will be picking up your child at the end of the day.

You may pre-authorize adults by completing the information below.

- ◆ Please let the authorized person know that photo identification may be required for staff to confirm identity.

Name of the child _____

Please print

Name of the Parent _____

Please print

As the parent/guardian of the child named above, I **authorize the person(s) listed below to pick up my child(ren) from the KIDZCLUB child care program. I understand this permission will be in place until I communicate a change in writing to the program staff**

Authorized Person's Name: *(Please print)* _____

Relationship _____

Authorized Person's Name: *(Please print)* _____

Relationship _____

Parent/Guardian Signature: _____

Date: _____

*Under **NO** circumstances will the child be released to anyone other than those listed above without written permission from the parent.*

This release is in effect in perpetuity unless otherwise noted or requested.

SUNSCREEN & INSECT REPELLANT PERMISSION

I recognize the risk of **exposure to UV rays**. Therefore, I give permission for the staff of KIDSCLUP to apply a **sunscreen product** that is broad spectrum (*sold over the counter*) with SPF 15 or higher, to my child when he/she will be playing outside, especially during the months of March through October between 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to; the face, tops of ears, nose, bare shoulders, arms, and legs.

Name of the child _____

Please print

Name of the Parent _____

Please print

As the parent/guardian of the child named above, I give permission for the staff of KIDZCLUB to **apply insect repellent/sunscreen** (sold over the counter) to my child.

Please check all applicable boxes regarding the brand & use of sunscreen for your child:

I give permission to apply sunscreen as provided by KIDZCLUB staff.

I will provide sunscreen for use on my child.

For medical or other reasons, please **DO NOT** apply sunscreen.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please check all applicable boxes regarding the brand & use of insect repellent for your child:

I give permission to apply insect repellent as provided by KIDZCLUB staff.

I will provide insect repellent for use on my child.

For medical or other reasons, please **DO NOT** apply insect repellent.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Parent/Guardian signature: _____

Date: _____

This release is in effect in perpetuity unless otherwise noted or requested.

DISCLOSE OF CHILD SPECIFIC INFORMATION PERMISSION

Personal Information Protection Act Section 56(1)(b) (PIPA)

KIDZCLUB operates within Alberta's Personal Information Protection Act (PIPA). Information collected by KIDZCLUB, which pertains to personal image, comments and related information of your child, will only be used for the purposes of marketing, and the creation and distribution of promotional and educational materials.

This may include disclosure to various media outlets. Authorization for the use of the personal image, comments and related information of the child will be used in consistency with the privacy provisions of PIPA.

Your consent is voluntary and may be revoked at any time.

Name of the child _____

Please print

Name of the Parent _____

Please print

As the parent/guardian of the child named above, I consent for personal information about my child to be released to KIDZCLUB for their use.

Please check all applicable boxes

- The **personal image** (photograph) of the child for the purposes of promotional, marketing and educational materials.

- The comments and related information of the child for the purposes of promotional, marketing and education materials.

Parent/Guardian Signature: _____

Date: _____

This release is in effect in perpetuity unless otherwise noted or requested.

OFF-SITE ACTIVITY PERMISSION

I understand the importance of off-site activities and that in some instances my child will be required to participate in daily outings and walks with program staff. The most common walks are to local playgrounds and parks such as: Royal Sunalta park 13th Ave, 16 St. SW; Local Park 11th Ave, 16 St S.W; Community walk around the school

Name of the child _____
Please print

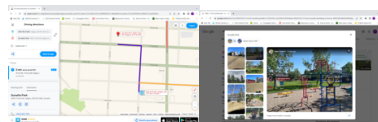
Name of the Parent _____
Please print

As the parent/guardian of the child named above, I give permission to KIDZCLUB staff take my child(ren) for community walks and to following local playgrounds and parks:

- I understand that in some instances during program hours my child will be required to walk with program staff to the listed below locations (weather permitting).
- Usual duration of off-site activities: from 10 min to 1 hour
- Children will walk to the listed below destinations
- Supervision and staff to child ratio: 10 children maximum to 1 staff to reinforce the safety during off site activities (normal ratio is 1 staff to 15 children); all staff is trained to exercise effective supervision; we review guidelines and road safety with children before leaving; the portable binder with children information and first aid kit are taken on off-site activity. Please refer to Parent handbook "Safety" and "Supervision" policies for full description of methods of "Effective Supervision".
- When the Program is off-site to listed below destinations, there will be a sign on the Program entrance door (gym door) which location we are at and how to contact us
- Please note, if staff decides that your children are not dressed up according to the weather, you child can be left on the premises

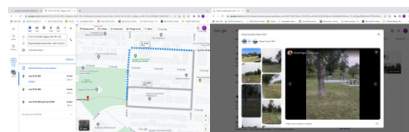
- Sunalta Local Park and playground - 1602 11 Ave SW, Calgary, AB T3C 0N2

Activities: playground (gravel surface) for all group ages and field to play sport games.



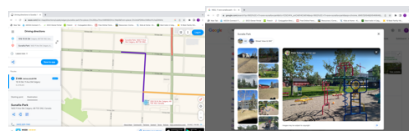
- Royal Sunalta Green Park - 1445 16 St SW, Calgary, AB T3C 0W8

Activities: playground (gravel surface) for all group ages and field to play sport games.



- Sunalta Community wild flower garden – 1310, 16 St SW, Calgary, AB T3C 0W8

Activities: Science – observing garden (flowers, trees, bushes, insects, etc.)



- Community Walks, including Sacred Heart Church - within a one block radius from the school.

Activities: Community help – collecting garbage (bags and gloves provided); observing nature and community; collecting natural materials.

Parent/Guardian Signature _____

Date: _____

This release is in effect in perpetuity unless otherwise noted or requested

**ADMINISTRATION OF FIRST AID
AND/OR HEALTH/MEDICAL CARE PERMISSION**

I understand that sometimes, even though all necessary measures are made for children's safety, sometimes the child might be hurt/injured during play time or might become sick while in the program.

I understand that staff are FIRST AID trained.

Name of the child _____

Please print

Name of the Parent _____

Please print

As the parent/guardian of the child named above, I give permission to KIDZCLUB staff to administer first aid care treatment to my child should it be deemed necessary.

In the event that I can not be reached and emergency medical treatment is required for my child, I hereby agree to allow the Director or staff of KIDZCLUB Sacred Heart to seek any medical treatment appropriate including ambulance call and transportation to hospital. I agree to be responsible for any costs incurred as a result of this medical treatment.

Parent/Guardian Signature _____

Date: _____

This release is in effect in perpetuity unless otherwise noted or requested

SUBSIDY INFORMATION

Child Care Programs

Qualification Criteria

- ◆ Parents must be permanent residents or citizens of Canada; temporary residents with a work permit; refugee claimants or protected person claimants (individuals unable to return to their countries of origin because they fear persecution)
- ◆ Parents must be working, attending school, looking for work, or have a child with special needs, or have special needs themselves.
- ◆ You or your spouse are an Alberta resident
- ◆ You and your spouse: are working, or looking for work, are attending school, have special needs, or your child has a special need
- ◆ Kindergarten children subsidy rates. Up to \$266 per month governmental subsidy you have to apply and meet qualification criteria. To receive a full amount of this type of subsidy, your mutual annual income based on Line 150 from your most current Notice of Assessment provided by Canada Revenue Agency, must not exceed \$119,999 (if your income exceeds this amount, you might be eligible for reduced subsidy). Up to \$626 affordability grant (do not have to apply, no eligibility criteria). To receive a full amount of this type of subsidy, your child has to attend 100 or more hours. The mutual annual income should not exceed \$119,999 (if your income is higher, you might be eligible for reduced affordability grant).
- ◆ School age children subsidy is \$366 per month. You have to apply for this type of subsidy. To receive the full amount, you have to meet eligibility criteria; your child has to attend 50 or more hours; your combined income must not exceed \$49,999 per year, based on Line 150 from your most current Notice of Assessment provided by Canada Revenue Agency. If your income exceeds the above mentioned amount, the subsidy will be reduced.
- ◆ Parents are required to pay the difference between the program fee and subsidy amount.

Procedure. Please note, program staff no longer can apply/renew or change subsidy information on your behalf. If you need help applying, please book an appointment with Program staff or with your social worker/counselor

- ◆ To apply for subsidy online or by form; to renew your subsidy online or by form, or to change your subsidy information, please go to:
<https://www.alberta.ca/child-care-subsidy.aspx#toc-0> or google childcare subsidy Alberta
 - ◆ If you have any questions about subsidy, you can e-mail the subsidy program at: css.childcaresubsidy@gov.ab.ca; cs.childcaresubsidy@gov.ab.ca; or call Alberta Supports Contact Centre at 1-877-644-9992 ~ Fax: 780.422.5692
 - ◆ Have the following information ready when you apply:
 - Most recent Notice of Assessment (Income Tax Return Letter) – Line 150 for applicant & co-applicant (for newcomers, current year estimated income with supporting documents),
 - Your marital status
 - SIN for applicant and co-applicant
 - Legal Names and Birthdates for applicant, co-applicant, and the child/children
 - Address for applicant and co-applicant
 - Phone number and e-mail address for applicant and co-applicant
 - School name and phone number if you are attending school
 - Your workplace name and phone number if you are working
 - Number of children living at home
 - **Choose provider: Out of School Care, Kidzclub Ltd, Sacred Heart School, 1312, 15 Ave SW, Calgary, AB. Program ID70078375**
 - **Choose 60 hrs for School Age Children (fee \$400-\$510) and 100 hrs for Kindergarten children (fee – \$550-\$950)**
 - Remember to print out, sign, and e-mail/fax to subsidy office CRA Consent Applicant Declaration and Acknowledgement form
- Subsidy office may ask you to submit following documents
- Alberta Health Care Card for all family members,
 - Birth Certificate, if child is born in Canada,
 - If you are an immigrant- Permanent Resident Card for all family members,
 - If you are Canadian Citizen- proof of Citizenship,
 - Proof of residency - utility bill for two months with applicant or co-applicant current address on or Driver's License with current address on, for one of you,
 - If you are working- one-month worth of current pay stubs or Letter of Employment with company name and company contact phone number for applicant and co-applicant,
 - If you are studying- Student Verification Registration Letter from school, name of school and school contact phone number for applicant and co-applicant.

Giving false information or failure to report changes may result in recovery action and/or criminal charges.

Changes that should be reported are:

- ◆ Applicant or co-applicant no longer resides in Alberta;
- ◆ Change in reason for care; change in work, school.
- ◆ Change in family income by \$100 or more monthly or \$1200 annually;
- ◆ Change in eligible deductions;
- ◆ Change in family structure (e.g., change in marital status, etc.);
- ◆ Change in address, phone number

**PAYMENT OPTIONS FORM
KIDZCLUB PROGRAMS**

Parent's Name: _____

Telephone Number: _____ Email: _____

I agree to have a monthly withdrawal made from my chequing account or charged to my credit card by KIDZCLUB, as outlined below

Please fill out the form completely.

**All credit, debit, cheques, cash, and e-transfers payments must be done between the 1st and 5th day of each month for the entire month. Late payments are due to late payments fee of \$5 per day (See fee structure on the first page of the registration package).*

Child(ren) Name:			
Grade: <input type="checkbox"/>			
Fee amount based on time blocks chosen: \$_____ (charged at the beginning of the month) Hourly fee is calculated and charged at the end of the month,			
Start Date of enrollment in program:			
Payment options			
Cash/Check <input type="checkbox"/>	Credit card <input type="checkbox"/>	Debit card <input type="checkbox"/>	E-transfer <input type="checkbox"/>
Credit card Cardholder Name:			
Credit Card Number: back of a card):		Expiry Date:	Security code (at the
Card holder Signature/Approval:			
Date:			