

**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. The program will consider registration only upon school approval
2. Return the signed registration form to our program staff or e-mail the complete registration form to tanyasokolova.kc@icloud.com Please make sure that the registration form is completed. Incomplete registration forms will not be accepted.
3. Provide \$100 deposit.
4. Once a child's registration was approved by school, 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.
5. Only 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: tanyasokolova.kc@icloud.com

Program:
www.kidzclubchildren.com

Ph:403-437-3634

**KIDZCLUB Registration Sacred Heart School
2025-2026 School Year (valid only for one year)**

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

- ☐ \$200 Before School (7:00-8:00).
☐ \$425 After School (2:35-6:00)
☐ \$525 Before and After school (7-8 am; 2:35-6 pm)

**Increase in Program operational cost might result in price adjustment*

Kindergarten children. Parents flat fee

- ☐ \$326.25 per month for children enrolled in Full Time.7am-6pm
☐ \$230 per month for children enrolled in Part Time. 2:30-6:00

Please indicate if you are planning to bring your child in the *morning 7am-8am*_____

Please indicate what time your child is registered at school for kindergarten classes:

8:00-11:50am_____

10:50-2:35 pm_____

Part-time and drop off : there are limitations to Part time enrolment and drop off option. 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

- ◆ Only thoroughly completed registration form with all forms filled and signed with \$100 deposit fee will be accepted and will keep your space in the Program

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

- ◆ New families will be asked to meet with program Director for Orientation
- ◆ Upon registration, parents need to sign parent's handbook and consent form-
- ◆ Completed registration forms with the \$100 deposit can be dropped off at the program or e-mailed to tanyasokolova.kc@icloud.com. The deposit can be e-transferred to the same e-mail.
- ◆ \$50 of the deposit will be applied toward your first month fee. Program charges \$50 registration fee per child. If the registration is withdrawn, the \$100 deposit will not be refunded.
- ◆ Upon registration, parents need to sign parent's handbook and consent form
- ◆ 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)
- ◆ We do not provide service on statutory holidays, Winter, Spring, and Summer breaks.
- ◆ School breaks, statutory holidays, and kindergarten staggered entry have been averaged out and included in the monthly fee.
- ◆ Kidzclub reserves the right to increase/decrease the fee based on budget at any time.
- ◆ Parents are to provide snacks and lunch. Only Emergency snacks are provided Monthly fees will not be adjusted to accommodate child absences or family vacations.
- ◆ Monthly Fee must be paid in full 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.
- ◆ Staff must be informed about any changes to information provided above
- ◆ School age Children (grade 1-6) on subsidy must attend 50 hrs a month to receive full approved subsidy.
Program fee will not change if you did not attend 50 hrs.

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: _____

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 or/and **sunscreen** (sold over the counter) to my child upon discretion of Kidzclub staff.

Please circle:

Yes

No

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 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.

Information collected by Kidzclub, which pertains to information about children and parents required by licensing (includes all information on registration form), will be disclosed to licensing authorities, including licensing portal.

Authorization for the use of the personal image, comments and related information of the child and parents' information 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 and parents to be released to KIDZCLUB for following reasons:

1. The **personal image** (photograph) of the **child** for the purposes of promotional, marketing, informative, educational materials.
2. The **comments** and related information of the **child** for the purposes of promotional, marketing and education materials.
3. **Information** about **children** and **parents** will be disclosed to **licensing authorities**, including licensing portal.

Parent/Guardian Signature: _____

Date: _____

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

OFF-SITE ACTIVITY PERMISSION

Name of the child _____
Please print

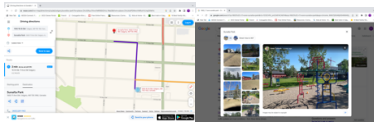
Name of the Parent _____
Please print

- 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 or just be taken for a walk around the school
- 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, your child can be left on the premises

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:

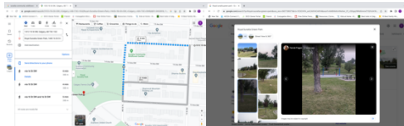
- Sunalta Local Park and playground - 1602 11 Ave SW, Calgary, AB T3C 0N2

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



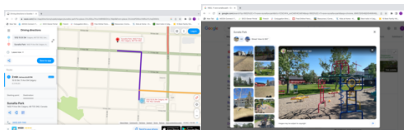
- Royal Sunalta Green Park - 1445 16 St SW, Calgary, AB T3C 0W8

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 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

MEDICATION ADMINISTRATION/MEDICATION PLAN CONSENT FORM

Parent(s): Please fill out the following information to enable the staff to administer medication to your child. Under government regulations, without proper consent, staff is not permitted to administer any medication.

PERSONAL INFORMATION:

Child's Name:

MEDICATION INFORMATION:

Name of Medication:	Prescribed: <input type="checkbox"/> Patent (Over-the-counter) <input type="checkbox"/>
Prescription Number:	
Doctor's Name:	
Date of Issue:	
Expiration Date:	
Dosage:	
Time:	
Start Date:	
End date:	
Medication given at home Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what time:

DETAILED INSTRUCTIONS: Please include: any signs or symptoms that tells us your child is in need of medical attention, medications required & if applicable, permission for your child to self-administer the above medication, if the medication needs to be refrigerated, is it going to be kept on premises or will be taken home at the end of the Program.

- If it is a medication to prevent a medical emergency, please discuss with staff where the medication will be stored for staff and the child emergency access, but will not be accessible by other children in the program

Parent's Signature:	Date:
Receiving Staff Member:	Date:

Time	Dosage	Date	Staff Signature

SUBSIDY INFORMATION

Child Care Programs

Kindergarten Children

Affordability grant covers some cost for kindergarten children who attend during or during and after school hrs. Flat monthly parent fee of \$326.25 per month for children attending full time (100 hrs a month); and \$230 per month for children attending part time (50 hrs. a month). No application is necessary

Subsidy of \$644 is available for kindergarten children who attend the program only after school hrs. Affordability grant is not available for these children. Application is required.

School Age Children (grade 1 to 6) might be eligible for subsidy

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
- ◆ School age children maximum subsidy if you meet the eligibility criteria is \$366 per month.
- ◆ Parents 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 a month; 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 office at cs.childsubsidy@gov.ab.ca or call Alberta Supports Contact Centre at 1-877-644-9992
- ◆ 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.**
 - **Choose at least 50 hrs for School Age Children**
 - Remember to print out, sign, and e-mail 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

Parent's Name: _____

Child's Name _____

Payment options			
Cash/Check	<input type="checkbox"/>	Credit card	<input type="checkbox"/>
		Debit card	<input type="checkbox"/>
		E-transfer	<input type="checkbox"/>

If you are paying by credit card, you also can choose automatic withdrawal. If you choose this option, please fill in the following information

Fee amount: \$ _____ (charged at the beginning of the month)
Credit card Cardholder Name:
Credit Card Number
Expiry Date:
Security code (at the back of a card):
I agree to have a monthly withdrawal made to my credit card by KIDZCLUB in amount indicated above
Card holder Signature/Approval:
Date:

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).*