

REGISTRATION			
Application Date:		Start Date:	
☐ Parkland Village School	☐ Ecole Meridian Heights School	☐ Blueberry School	
☐ Full-Time	☐ Afternoon Only	☐ Morning Only	☐ Kindergarten or Grade:
CHILD'S INFORMATION			
Child's Name:		Birth Date:	Gender:
Address:		City:	Postal Code:
PARENT/GUARDIAN INFORMATION			
Parent/Guardian Name:		Parent /Guardian Name:	
E-mail:		Email:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Employer:		Employer:	
Is Address Same as Child's ☐ Yes ☐ No		Is Address Same as Child ☐ Yes ☐ No	
Address if different		Address if different:	
EMERGENCY CONTACT INFORMATION			
Parent to be notified in the event of emergency			
Please list two emergency contacts and their ADDRESS (Not Parents/guardians). <u>Must have legal land description</u> for are all rural locations.			
Contact Name		Phone Number	
Address			
Contact Name		Phone Number	
Address			
Persons authorized to pick up the child (other than parents, guardians, or emergency contacts):			
Name		Relationship	
MEDICAL AND OTHER RELEVANT INFORMATION			
Family Physician		Alberta Health Care Number	
Allergies			
Allergy Procedures			
Dietary Restrictions			
Medical Conditions/Diagnosis			
Does your child receive ongoing medication? ☐ Yes ☐ No		Name of Medication	
Immunization Updated ☐ Yes ☐ No			

ABOUT YOUR CHILD

Does your child have siblings? ☐ Yes ☐ No

If yes, what are their names:

Please list any fears your child may have (i.e. thunder, darkness):

Please list activities your child enjoys:

Is there anything else we should know about your child?

PERMISSIONS AND ACKNOWLEDGEMENTS

Initial

Each parent is to initial and sign the permissions and acknowledgments

I acknowledge I have received and read the Parent Handbook and have completed the Registration Form to the best of my/our knowledge. I agree to abide by all policies and procedures and understand I will be notified via text or email of any change.

I understand any breach of policies or procedures may be grounds to terminate childcare. A two-week notice will be given unless the infraction is severe enough to warrant immediate termination.

I give permission to Parkland OSC to supervise my/our child named on the registration form on all outings which can be defined as field trips.

I authorize a representative of Parkland OSC to take my/our child named on the registration form to any local medical facility either by car or ambulance in the event of an emergency.

I understand fees are due on or before the 1st of each month and that 1-month advance notice is required to terminate service. A **late fee of \$25.00** will be levied for any payment not made before the 5th of the month unless otherwise agreed to by the Executive Director.

I acknowledge consequences for non-payment of fees may include:

- Suspension of Care: Care may be paused until all fees and penalties are paid, with regular charges potentially applying to missed days.
- Termination: Repeated or extreme lateness can lead to the child's removal from the program

I grant permission for private information to be shared with other professionals. This information is only to be used when it will benefit my/our child.

I acknowledge if I have any complaints, concerns, or grievances against Parkland OSC, I will discuss it the Executive Director (Cindy Van Beers 780-918-7825).

PERMISIONS AND ACKNOWLEDGEMENTS		Initial	
I am aware my child walks to and from their classroom from the Out of School Care room without adult supervision. If your child will not be attending our program for the day, you agree to notify us in advance. If your child is involved in an afterschool activity you must provide advance notice to us. If your child does not attend the program on a day, we are expecting them, the following steps will be taken: 1. Contact parent. 2. Contact emergency contact. 3. Speak to school office administrator. 4. Contact the R.C.M.P.			
SIGNATURES			
Signature: _____ Parent/Guardian Name (Print): _____		_____ Date	
Signature: _____ Parent/Guardian Name (Print): _____		_____ Date	
Signature: _____ Director Name: Cindy Van Beers		_____ Date	

SOCIAL MEDIA/PHOTO RELEASE

Parkland OSC is required to obtain consent from parents/guardians in order to photograph or video your child during special events or normal day to day activities organized at Parkland OSC. This includes sharing photo's or videos on the HiMama application or might be used in promoting Parkland OSC child care services in either print or on the Internet.

☐ I grant permission for my child named on the registration form to be photographed, or their images recorded for print or electronic use in promoting Parkland OSC services and/or in school newsletters and social media applications (I.e. Parkland OSC Facebook page). I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this authorization will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

☐ No, I do not wish to have my child photographed for any purposes.

Signature: _____

Parent/Guardian Name (Print): _____

Date

Signature: _____

Parent/Guardian Name (Print): _____

Date

INSTRUCTIONS

- Download and complete this document.
- E-mail a scanned signed copy to Parklandosc@gmail.com