



MRS. D'S AFTERSCHOOL PROGRAM

Dear Parent/Guardian,

Enclosed please find a registration form, agreement and emergency card for Mrs D's afterschool program.

Please complete both sides of all forms, and then return ALL forms, \$20 registration fee with post-dated checks for the 1st of each month, to hold your child's spot.

Checks made out to: Grizela Dos Santos

Please drop off everything at Kaleden Elementary on the first day of school, or email/etransfer forms and payment as soon as possible to ensure your child's space is saved. Please send to:

grizeladossantos@gmail.com

I must have all forms and Registration Fee at the school before no later than the first day.

Thank you from Mrs. D!

Mrs D's Playschool/Afterschool Care

CHILD'S FULL NAME: _____
PROGRAM HE/SHE IS IN _____ (specify both if applicable)
DAYS NEEDED _____
NAME OF PARENTS OR GUARDIAN: _____
BIRTHDAY: _____ MALE FEMALE (please circle)
CARE CARD #: _____
CHILD'S HAIR COLOR: _____
CHILD'S EYE COLOR: _____
WEIGHT: _____ HEIGHT: _____
SCARS OR BIRTHMARKS: _____
MAILING ADDRESS (street, city/town, postal code):
(mother): _____ PHONE NUMBER: _____

(father): _____ PHONE NUMBER: _____

EMAIL ADDRESS:
(mother): _____
(father): _____
WORK PHONE NUMBER:
(mother): _____
(father): _____
DOCTOR'S NAME: _____ PHONE NUMBER: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (if parent/guardian not available)
WHO ARE ALSO AUTHORIZED TO PICK UP MY CHILD _____ (parent's initials)
1. NAME: _____ PHONE NUMBER: _____

2. NAME: _____ PHONE NUMBER: _____

NO OTHER PERSONS ARE ALLOWED TO PICK UP MY CHILD EXCEPT FOR THE PEOPLE INDICATED ABOVE.
IMMUNIZATION RECORDS AS REQUIRED UNDER THE HEALTH ACT (photocopy or actual dates required):
DPTP/HIB (4 doses + booster)

MMR (2 doses) _____ HEP B (3 doses) _____

OTHER _____ OR NOT IMMUNIZED (check this box):

HEALTH CONCERNS (yes/no): IF YES, FILL OUT BELOW
ALLERGIES (yes/no) IF YES, WHAT KINDS:

ASTHMA: _____ CONVULSIONS: _____ HAYFEVER: _____ BLEEDING
NOSE: : _____
URINE INFECTIONS: _____ EAR INFECTIONS: _____ BRONCHITIS: _____
ANY VISION, HEARING OR SPEECH CONCERNS:

ANY LEARNING/PHYSICAL CONCERNS:

ANY BEHAVIOR/EMOTIONAL CONCERNS:

OTHER MEDICAL PROBLEMS:

IS YOUR CHILD ON ANY MEDICATION (yes/no) IF YES, WHAT:

SPECIAL DIET:

OTHER CONCERNS (yes/no) : IF YES, FILL OUT BELOW
SIGNIFICANT CHANGES IN YOUR CHILD'S LIFE (i.e. death, separation, move, new sibling,...):

IS THERE A CUSTODY AGREEMENT OR RESTRAINING ORDER (yes/no), IF YES, A COPY MUST
BE PROVIDED
DETAILS:

ARE THERE ANY PERSONS THAT SHOULD NOT HAVE ACCESS TO YOUR CHILD (yes/no), IF
YES, PLEASE FILL OUT BELOW

ANY OTHER IMPORTANT INFORMATION (i.e. food likes, dislikes, toileting, favorite things,
fears, religious and/or cultural observances,...):

I REALIZE THAT THE CENTER MUST REPORT ANY ACCIDENT OR INCIDENT OF A
SUSPICIOUS NATURE.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF
THERE ARE ANY CHANGES.

_____ PARENT OR GUARDIAN SIGNATURE DATE

Food Policy...

It's recommended that each child has a nutritious, well balanced diet. That's why I ask all parents/guardians to follow Canada's Food Guide when selecting food to provide their child for their snacks and lunch.

Please send your child with a water bottle they can use throughout the day. We do offer use of a fridge but suggest putting an ice pack in your child's lunch.

Parents must notify me at time of registration or before events if their child is not allowed to partake of other food, which they did not provide.

If you would like to send your child with a treat please limit it to one thing, for instances only one cookie not 2 or 3.

Below are lists of items we encourage you to send as snacks or lunch:

Dairy: Vegetables and Fruit:

☐ Cheese Carrots, celery, broccoli, cauliflower, ...

☐ Milk Apples, oranges, bananas, grapes (please

☐ Yogurt cut in half), strawberries, melons, ...

☐ Cottage cheese

Starch: Protein:

☐ Sandwiches Tuna

☐ Bagels Hard boiled eggs

☐ Wraps

☐ Crackers

(child's name) _____ is NOT allowed to partake of other food, which I have not provided.

PARENT AGREEMENT AND CONTRACT

I will adhere to our agreed payment of \$ _____ and prepaid for the first of each month by post-dated checks or government subsidy forms.

If fees are not paid by the 5th of the month I understand that my child may be withdrawn from the program until payment has been received.

My child is registered for **MRS D's Afterschool** program and I understand that I should not send my child to the center if they are ill and I will notify the center if my child has come in contact with a communicable disease. I will also call the center before my child's class begins to let staff know if my child will be absent that day.

In case of accident or illness, I authorize the center to contact a physician and/or ambulance if I cannot be reached immediately to pick up my child and I will accept all physician/ambulance fees.

In the event of absenteeism due to illness, vacation, etc. not initiated by the center, I understand I am still responsible for full payment.

In case of a staff illness or emergency, I authorize a qualified substitute to care for my child.

The first week of attendance will be considered a period of adjustment for each child. It is the center and parent's responsibility to keep each other informed of the child's progress and happiness. If a child seems unhappy or if the arrangement seems unsatisfactory for any other reason the contract can be terminated by either party without notice during this period.

Termination of regular services after this adjustment period requires 30 days-notice by either party in writing on the first of the month or a payment of one month's fees must be paid in lieu of notice. Post-dated checks would be returned at that time or if full payment was made a refund by check will be given. Please allow 2 weeks for processing of a refund by check after last day of child's attendance at the center for either termination of services or unexpected facility closure.

I give permission for my child's photograph to be taken to be displayed at the center.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES. I HAVE RECEIVED A PARENT HANDBOOK WITH ALL INFORMATION ABOUT OUR POLICIES & PROCEDURES.

_____ PARENT OR GUARDIAN SIGNATURE DATE

_____ START DATE OF PROGRAM END DATE OF
PROGRAM (office use)