



MID-SUN COMMUNITY CHILD CARE MID-SUN REGISTRATION FORM 2020/2021 FOR KINDERGARTEN CARE

Commencement Date: _____ Termination Date: _____

*\$75.00 Registration Fee: _____ (VISA/ MC/ DEBIT/ CASH/ CHEQUE) **Registration Fee Non-refundable/Non-transferable**

*Component Required: AM Kindergarten PM Kindergarten Full Day Kindergarten

*School: Ecole St Teresa Midnapore Other _____

*** requirements of registration; please print clearly**

*Child's Legal Name: _____
first name last name

*Also Known As: _____
name by which child is commonly known as

*Address: _____
Must be legal land description.

*Postal Code: _____

*Home Phone #: _____

*Date of Birth: _____ / _____ / _____
Year month day

*School: _____

*Grade: _____

*Mother's Legal Name: _____
first name last name

*Father's Legal Name: _____
first name last name

*Address: _____
Must be legal land description.

*Address: _____
Must be legal land description.

*Mother's Phone #: Home- _____

*Father's Phone #: Home- _____

*Work- _____

*Work- _____

Cell- _____

Cell- _____

*Email: _____

*Email: _____

***Persons authorized to pick up child** (if for any reason you should not want your child to leave with a particular person, please indicate, legal documents may be required). _____

Alternate Emergency Contact: (Must be someone other than a parent and live locally)

*Name: _____
First name last name

*Address: _____
Must be legal land description.

* Cell Home Phone #: _____

Relationship: _____

Health Care Information:

*Allergies: YES NO If YES please list: _____

*Does your child take any ongoing medication or have any special needs, such as diet, rest or exercise requirements for medical or other reasons:(ex- inhaler for Asthma, vegetarian) yes no If Yes please list: _____

*Does your child have a history of serious illness? yes no If Yes please list: _____

*Are your child's immunizations up to date? yes no

The information given on this form is true and correct.

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date



MID-SUN COMMUNITY CHILD CARE CONSENT WAIVERS

***Accident Policy**

If my child, _____ has an accident and is seriously injured while attending the
child's full name

Program: The Mid-Sun Community Child Care Program will:

- Call 911
- Contact the parent or the child's emergency contact immediately after calling 911
- Report the injury to Child and Family Services Authority

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

Media Consent

I, _____ give permission to Mid-Sun Community Child Care to take my child's,
Parent/Guardians full name

child's full name photograph, display their art work and take video recordings for program

use only and promotional reasons within the program (examples- photo album to show new families) and documentation purposes in perpetuity. Photos will not be posted on any form of social media.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date

Sharing Of Information

I, _____, give consent to the Mid-Sun Community Child Care to share child-
Parent/Guardians full name specific information about my child, _____ with relevant stakeholders and
child's full name

understand that a record will be maintained of the information shared where applicable.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date

***School Bus Policy**

It is the responsibility of the parent/ legal guardian to communicate to the Out of School Care Programs, to the school and to the child regarding any changes to before and after school transportation. It is the parents/ legal guardians responsibility when the child misses a bus or when the child takes a bus home without expressed permission to do so. All children using bussing to either go to school or to arrive at the program after school must do so on their own supervision. Until the child is signed into the Out of School Care Program, The Mid-Sun Community Child Care is not responsible for any incidents that may occur.

Yes My child, _____ is registered for the School Bus
Child's full name

No My child, _____ is not registered for the School Bus
Child's full name

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date



***Policies Needing Parent Initials**

*I, _____, have read and fully understand The Parent Handbook for the Mid-Sun
Parent/Guardians full name
Community Child Care Programs. I further agree to adhere by the following policies:

Policy	Page	*Initial
1. Hours of Operation & Closure Dates	3	
2. I understand that the Licensed OOSC programs run from September to June; registration for subsequent years must be completed on a yearly basis and is not guaranteed.	3	
3. OOSC Payment and Tax Receipt Information	4	
4. Absence from School	5	
5. Communication Policy; Confidentiality Policy; Complaint Policy	6-8	
6. Bullying and Harassment Policy	8	
7. Health and Safety Policy- Potential Health Risk, Administration of Medication, Nutrition	9-11	
8. Supervision Policy- Pick up/ drop off from schools	11-12	
9. Child Guidance and Bullying Awareness Policies	13-15	
10. Programming Policy/ Program Space Utilization	17-19	
11. Off-Site Excursion Policy- Field Trips, Midnapore Lake Excursions, Safety	19-20	
12. Emergency Evacuation Procedures & Emergency Procedures	22-23	

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

Would you like to receive occasional updates from Mid-Sun Community Association by E-Mail?
(You will receive updates in regards to registration dates, community events, community news, etc...)

YES NO



MID-SUN COMMUNITY CHILD CARE PARENT FEE AGREEMENT

*Parent Fee Agreement		*Parent Initial
The monthly fee of \$830 is due on the 1 st of each month and will be automatically processed.		
Payments		
Payment Method Included: <input type="checkbox"/> Credit Card <input type="checkbox"/> Post Dated Cheques <input type="checkbox"/> Subsidy		
<ul style="list-style-type: none"> • Mid-Sun will be moving to a new software and processing system sometime in the next few months. We expect to be able to accept Interact Debit at that time. In the meantime, due to Covid-19, we strongly discourage the use of cheques. • A form of payment is required to be on file to complete registration, even if on subsidy • Families must notify the Program of any fee splitting. Joint-parenting families must fill out and sign a fee payment form- parents must alternate months, no splitting of monthly fees • It is the responsibility of the parent to update payment information 		
Parent/ guardian name requested on tax receipts (only 1) * _____		
<ul style="list-style-type: none"> • We will not be able to change this once it is in the computer or change it retro-actively • Receipts will be emailed monthly through Max Galaxy, please retain for tax purposes • If tax receipts need to be emailed again, there will be a \$25 charge • If tax receipts are requested to be printed, there will be a \$5/ sheet of paper charge 		
Monthly Fees Per Child/ Component		
All fees include processing fee. **Fees are subject to change at any time		
Kindergarten Care- includes non-school days including Spring/Easter break and early dismissals; Fees are not pro-rated for holiday breaks	\$820	
No-Show Fee	\$20	
Late Pick Up Fee- To be paid in cash to the staff at pick up	\$1 per minute	
Fee Agreement		
<ul style="list-style-type: none"> • One month's written notice of withdrawal or change in components is required, dated the 1st of the month. All schedule changes will take place on the 1st of the month. • Failure to notify the Program prior to August 1st that your child will not be returning in September will result in a charge for September fees. • A charge of \$20.00 will be applied to any NSF cheque or failed credit card charges. • Families must notify the Program of any change of payment method in writing. • Families must supply their Subsidy Approval Notice to the Program. Deposit may be required. • There will be no pro-rating of monthly fees to accommodate holidays, sick days or other absences. • There will be no pro-rating of fees for program closers due to strike, natural disasters, power outages, pandemic or any other program closures. • Families with delinquent accounts will be given 5 working days' notice to clear up outstanding balances or childcare will be terminated. Finding and the cost of alternate care is the parent's responsibility. 		

If at any time you have concerns or questions regarding your fees, please approach the Program Director as soon as possible.

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

*Program Director Printed Name

*Program Director Signature

*Date

Mid-Sun Community Child Care

COVID-19 ALBERTA HEALTH DAILY CHECKLIST

alberta.ca/BizConnect Email: BizConnect@gov.ab.ca ©2020 Government of Alberta | Updated: August 2020

Overview

This tool has been developed to support activity organizers, employers, businesses and facility operators in reducing the risk of transmission of COVID-19 among attendees/staff. The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.

Attendees should fill out this checklist prior to participating in the activity or program. If an individual answers **YES** to any of the questions, they **must not** be allowed to attend or participate in the activity or program. Children and youth will need a parent to assist them to complete this screening tool.

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

	Does the attendee have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE
1. (The child's family is expected to check children's temperatures daily)		
Fever	YES	NO
Cough	YES	NO
Shortness of Breath / Difficulty Breathing	YES	NO
Sore throat	YES	NO
Chills	YES	NO
Painful swallowing	YES	NO
Runny Nose / Nasal Congestion	YES	NO
Feeling unwell / Fatigued	YES	NO
Nausea / Vomiting / Diarrhea	YES	NO
Unexplained loss of appetite	YES	NO
Loss of sense of taste or smell	YES	NO
Muscle/ Joint aches	YES	NO
Headache	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO
2. Has the attendee travelled outside of Canada in the last 14 days?	YES	NO
3. Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4. Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

I, hereby agree to **daily** assess my child(ren) and understand that if my child(ren) exhibit any of the above symptoms, that the child must be removed from the program immediately and may not return till symptoms subside. Please note that it is always recommended that the parent seek testing for a child with symptoms of COVID-19. If child has a pre-existing condition, a doctor's note must be provided. We are required to confirm and record that screening was completed.

1.
*Child's full name

2. _____
*Child's full name

*Parent/Guardian Printed Name

*Parent/Guardian Signature

*Date

Families will be made aware of any updates to the symptoms list