Updated: Sept 29, 2020

MID-SUN COMMUNITY CHILD CARE
MIDNAPORE REGISTRATION FORM 2020/2021 FOR GRADES 1 TO 6

Commencement Date: _____ Termination Date: _____

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

***Component Required:** ☐ **After School Care** ☐ **Before and After School Care** (Before care located at Mid-Sun CA)

*** requirements of registration must be filled in, please print clearly**

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*Child's Legal Name: _____ *Also Known As: _____
first name last name name by which child is commonly known as

*Address: _____ *Postal Code: _____
Must be legal land description.

*Home Phone #: _____ *Date of Birth: _____/_____/_____
year month day

*School: Midnapore School *Grade for 20/21 school year: _____ ☐ English ☐ Mandarin

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

*Address: _____ *Address: _____
Must be legal land description. 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: _____ *Address: _____
First name last name 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, Epi-Pen/ Benadryl for Allergies, 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

Permission Authorizing that a Child May Leave the Program Unaccompanied by an Adult

I, _____ authorize my child, _____ to leave the Out of
Parent/Guardians full name child's full name
School Care Program UNACCOMPANIED BY AN ADULT when instructed to do so by a parent/legal guardian and OOSC staff. I agree to release from liability the Mid-Sun Community Child Care from any illness, injury or accident occurring once the child has left the program.

_____	_____	_____
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
_____ photograph, display their art work and take video recordings for program
Child's full name
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 (example-
Child's full name
Midnapore School) and understand that a record will be maintained of the information shared where applicable.

_____	_____	_____
Parent/ Legal Guardian Printed Name	Parent/ Legal Guardian Signature	Date

MID-SUN COMMUNITY CHILD CARE CONSENT WAIVER

Working with Teachers at the Midnapore School During Out of School Care Hours

I, _____, hereby give consent that my child, _____,
Parent/Guardians full name — child's full name

may work with any teacher in the Midnapore School during Out of School Care hours. The children will be responsible for checking in with the OOSC before returning to their classrooms to work with their teachers; OOSC staff will call to confirm with teacher so staff know the exact whereabouts of the child. Child will not be signed in and in the care of the OOSC until they are back with the Program.
I understand that OOSC staff are not supervising my child during this time and agree to release the Mid-Sun Community Child Care-Midnapore Elementary Out of School Care from liability for any illness or accident occurring during this time.

_____	_____	_____
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 Program, to the school and to the child regarding any changes after school transportation. It is the parents/ legal guardian's responsibility when the child misses a bus or when the child takes a bus home without expressed permission to do so. 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

MID-SUN COMMUNITY CHILD CARE
TRANSPORTATION TO AND FROM SCHOOL CONSENT WAIVERS
FOR GRADES 1 TO 6 ATTENDING MIDNAPORE OOSC

***Transfer TO School- MIDNAPORE SCHOOL** (times according to 2019-20 school year and are subject to change)

I hereby consent for my child, _____;

- Description of Activity: To transfer children to the Midnapore School playground from the Mid-Sun Community Child Care program located in the Mid-Sun Community Centre.
- Duration of Activity: Children will leave the Community Centre by 7:50am for the 8am school start time. It will take ~5 minutes as staff and children must walk around the parking lot.
- Transportation: Walking
- Supervision: The Mid-Sun OOSC staff will supervise the children at all times. Children will be put into groups if applicable; staff will carry walkie talkies and there will be a cell phone for in case of emergencies. The Mid-Sun OOSC staff will ensure that minimum staff to children ratio will be adhered to at all times.
- Children may walk to Midnapore School at 7:48am without staff supervision if permission authorizing a child to walk to and from school unaccompanied by an adult is signed.

_____ _____ _____

*Parent/ Legal Guardian Printed Name *Parent/ Legal Guardian Signature *Date

***Transfer FROM Midnapore School Classrooms to Midnapore OOSC**

I hereby consent for my child, _____;
Child's full name

- Description of Activity: Arrival of the child independently from the Midnapore classroom to the Midnapore OOSC designated location.
- Duration of Activity: It will take ~5 minutes for the child to arrive at the Midnapore OOSC designated location independently.
- Transportation: Walking
- Upon Arrival: Once child arrives at designated program location, child will be signed in on attendance form.

_____ _____ _____

*Parent/ Legal Guardian Printed Name *Parent/ Legal Guardian Signature *Date

***Transfer TO School- MIDNAPORE SCHOOL ON NON-SCHOOL DAYS**

I hereby consent for my child, _____;
Child's full name

- Description of Activity: To transfer children to the Midnapore School OOSC location from the Mid-Sun Community Child Care program located in the Mid-Sun Community Centre.
- Duration of Activity: Children will leave the Community Centre at 8:30am. It will take ~5 minutes as staff and children must walk around the parking lot. Children must be dropped off no later than 8:25am to Mid-Sun. There will be no dropping off of children between 8:30am and 8:35am.
- Transportation: Walking
- Supervision: The Mid-Sun OOSC staff will supervise the children at all times. Children will be put into groups if applicable; staff will carry walkie talkies and there will be a cell phone for in case of emergencies. The Mid-Sun OOSC staff will ensure that minimum staff to children ratio will be adhered to at all times.

_____ _____ _____

*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 $ _____ is due on the 1st of each month and will be automatically processed.	
Payments	
Payment Method Included: ☐ Credit Card ☐ Post Dated Cheques ☐ Subsidy • 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) * _____ • 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	
Per Child Registration Fee- non-refundable/ non-transferable	$75
After School Care- does not include non-school days; includes all early dismissals	$420
Non-School Day Surcharges- includes non-school day before care drop in	$60
Before and After School Care- includes non-school days and early dismissals, except Spring Break-surcharges apply	$525
Before School Care Drop In- At the Mid-Sun Community Centre	$15
No-Show Fee	$20
Late Pick Up Fee- To be paid in cash to the staff at pick up	$1/ min

Fee Agreement
• 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/ Manager 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

1. (The child's family is expected to check children's temperatures daily)		Does the attendee have any new onset (or worsening) of any of the following symptoms:	**CIRCLE ONE**
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
Parent/guardian's name

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.

_____

*Child's full name

_____ _____ _____

*Parent/Guardian Printed Name *Parent/Guardian Signature *Date

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