



MID-SUN COMMUNITY CHILD CARE 2024/2025 REGISTRATION FORM- KINDERGARTEN CARE

Start Date: _____ Termination Date: _____

*ActiveNet Account Created

*\$75.00 Registration Fee- **Non-refundable/Non-transferable**

*Component Required: Full Time (100+ hours)

*School: St Teresa of Calcutta Midnapore Other _____

*** All fields must be completed, please print clearly**

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

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

Mother's or 1st Legal Guardian Info

Father's or 2nd Legal Guardian Info

*Legal Name: _____ *Legal Name: _____
first name last name first name last name

*Address: _____ *Address: _____

*Postal Code: _____ *Postal Code: _____

*Cell #: _____ *Cell #: _____

*Cell Carrier (i.e. Telus): _____ *Cell Carrier: _____

*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: _____ Relationship: _____
First name last name

*Contact Phone #: _____ Cell Home

Health Care Information:

*Allergies?: YES NO If YES please list: _____

*Does your child take any ongoing medication? (i.e.- Inhaler for Asthma; Epi-Pen/ Benadryl for allergies; ADHA medication; Hay fever)
 YES NO If YES please list: _____

*Does your child have a history of health issues or have any special needs? (i.e. dietary restrictions, diabetic, prone to headaches?)
 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. I understand that I must keep the Program updated with any changes to the above information.

*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 each incident to the Statutory Director forthwith in the manner required by the Statutory Director.

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

***Illness Policy**

I, _____ hereby agree to daily assess _____ and
Parent/guardian's name Child's full name
 will keep my child at home if ill and understand that if my child exhibits any symptoms of illness in OOSC, that my child must be removed from the program immediately. I understand that my child may not return to care till the child has been 24 hours symptom free and feels well enough to participate or a doctor's note is provided in accordance with the Early Learning and Child Care Regulations and AHS guidelines.

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

***Drop Off and Pick Up Policy for Kindergarten Care**

I, _____ hereby agree to pick up/drop off _____ directly
Parent/guardian's name Child's full name
 with a Kindergarten Educator on a daily basis.

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

*** Kindergarten Care follows the CCSD Calendar**

I understand that Mid-Sun Kindergarten Care Program follows the Calgary Catholic School District and as such, some program closures may not align with Midnapore Elementary.

 *Parent/Guardian Printed Name *Parent/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-specific information about my child, _____ with relevant stakeholders 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
COMMUNITY EXCURSION WAIVER

The Programs will “regularly” utilize the Community Outdoor Spaces that are within safe and easy walking distance as deemed appropriate by Licensing and the Mid-Sun Community Child Care from the Mid-Sun Community Center throughout the school year. Activities may be planned of spontaneous.

Date and Times: Families will be made aware of any community excursions by either monthly newsletters, emails, texts or signs posted in a prominent location.

Transportation: we will be walking from the Mid-Sun Community Center

***Description of Activity:** Please initial those excursions you are consenting your child to participate in

Initial of Consent	Community Excursion (walking times according to google maps)
* <input type="checkbox"/>	Midnapore School- 55 Midpark Rise SE (35m, ~ 2 minute walk). Spaces utilized- gym, we will occasionally mix the two OOSC programs for special events (i.e. magician, carnivall, etc.) during the school year.
* <input type="checkbox"/>	Surrounding Field Spaces- Fields south and west of the Mid-Sun Community Centre, excluding the Skate Park; Daily when weather permits. Outdoor space consists of ~6 foot fencing along Midlake Blvd and residential housing make up the borders.
* <input type="checkbox"/>	CBE Midnapore School Playground- 55 Midpark Rise, SE, ~2 minute walk. Daily when weather permits. Outdoor space consists of ~4 foot fence adjacent to cul-de-sac, school grounds and large green space which backs onto residential housing making up the other borders so as to enable Educators to view children at all times.
* <input type="checkbox"/>	CCSD St. Teresa of Calcutta School Playground- 121 Midlake Blvd SE, (500m, ~3 minute walk). Daily when weather permits. Outdoor space consists of ~6 foot fencing on the north perimeter along Mid-Lake Blvd, school grounds and large green space which backs onto residential housing making up the other borders so as to enable Educators to view children at all times.
<input type="checkbox"/>	Midnapore Lake- 185 Midlake Blvd SE, (700m, ~10 minute walk). Monthly as weather permits. The lake offers a variety of activities during all seasons, such as swimming, skating, tobogganing, playgrounds, opportunities for nature walks and talks, and ample space for games and activities. The Lake is ~30 acres in size and is surrounded by ~7 foot chain link fence as well as a manned entrance for extra security. Facility includes 4 washrooms.
<input type="checkbox"/>	Fish Creek Provincial Park, Glennfield Day Use Area- 14428 Bannister Rd SE, (1.9km, ~25 minute walk). Twice annually when weather permits. Fish Creek offers the opportunity to explore the natural environment by providing areas for nature walks and talks, and ample space for games and year round activities. Washrooms as open all year.

Child care will not be provided on-site during community excursions as all of the Program’s Educators will be required for the activity to maintain proper ratios. If consent is not given or retracted for any given community excursion, children may not attend on those days where the activity has been planned.

Children will require- to be dressed appropriately for the weather and activity.

Supervision- The children will be supervised by the Midnapore OOSC Educators at all times. Educators will carry emergency cards, first aid kits, may carry walkie talkies and there will be a cell phone for in case of

emergencies. The Midnapore OOSC will ensure that minimum Educator to child ratio will be adhered to at all times.

To contact the Program while Off-site: please call 403-256-4422

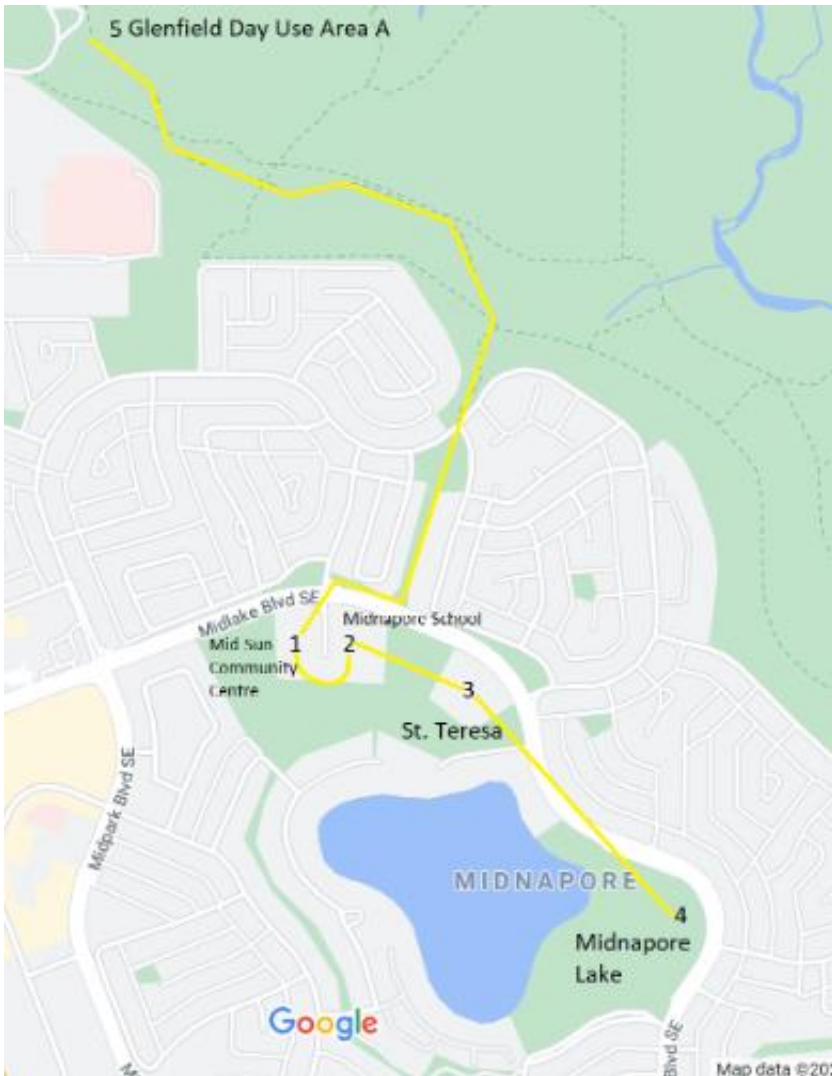
I, -----hereby consent to my child, -----
Parent/legal guardian's name Child's name
to participate with the Mid-Sun Community Child Care Programs Community Excursions. I agree to release the Mid-Sun Community Child Care from liability for any illness or accident occurring during the activities.

*Parent/Guardian Printed Name

*Parent/Guardian Signature

*Date

Community Excursions Map



- 1. Mid- Sun Community Center** (50 Midpark Rise SE)
- 2. Midnapore School /CBE Midnapore School Playground-** 55 Midpark Rise SE, ~2 minute walk (walk around parking lot)
- 3. CCSD St Teresa of Calcutta Playground-** 121 Midlake Blvd, 500m, ~3 minute walk (walk through field)
- 4. Midnapore Lake-** 185 Midlake Blvd SE, 700m, ~10 minute walk. (walk through the field or along Midlake Blvd)
- 5. Fish Creek Provincial Park, Glennfield Day Use Area-** 14428 Bannister Rd, SE, 1.9km, ~25 minute walk



**MID-SUN COMMUNITY CHILD CARE
ACKNOWLEDGMENT OF READING PARENT HANDBOOK AND POLICIES**

***Policies Requiring Initials**

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

Policy	*Initial
Hours of Operation & Closure Dates- 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.	
Program Fees, Payment, Subsidy and Tax Receipt Information	
Absence from School/Program- I understand that it is my responsibility to notify the Program when my child will not be attending the Out of School Care.	
Termination Policy	
Inclusion and Diversity Policy	
Communication Policy; Confidentiality Policy; Complaint Policy	
Volunteer Policy	
Child Guidance and Bullying and Harassment Policies	
Off-Site Excursion Policy/Community Excursions, Safety	
Supervision Policy- Pick up/ drop off from schools	
Health and Safety Policy- Potential Health Risk, Administration of Medication, Nutrition	
Programming Policy	
Emergency Evacuation Policy	

 *Parent/ Legal Guardian Printed Name

 *Parent/ Legal Guardian Signature

 *Date

***Family Profile Information**

*Family Information (i.e. all members of the family, step parents, custody arrangements, etc.): _____

*What Languages are spoken at home: _____

*Cultural background (i.e. English, Chinese, Scottish, Indian, Sudanese, etc.): _____

What do you as a family celebrate (i.e. Christmas, Kwanza, Chinese New Year, Diwali, etc.) _____

Special family traditions: _____

Special interests and abilities (i.e. plays hockey/soccer/piano, dances, etc.): _____



MID-SUN COMMUNITY CHILD CARE PARENT FEE AGREEMENT

*Fee Agreement		*Parent Initial
The monthly fee of \$840 is due on the 1 st of each month and will be automatically processed.		_____
Payments		
Payment Method: <input type="checkbox"/> Credit Card: CVV: _____ <input type="checkbox"/> Subsidy		_____
<ul style="list-style-type: none"> A form of payment is required to be on file to complete registration, even if on subsidy Receipts will be issued to those whose payment is on file. 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 on their accounts Please visit https://anc.ca.apm.activecommunities.com/midsun to log into your account to access receipts and update your personal information (including credit card information). 		
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	\$840	_____
Late Pick Up Fee- To be paid in cash to the staff at pick up	\$1 per minute	_____
NSF cheque or failed credit card charges	\$25	_____
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. 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. Families are responsible to ensure program fees remain up to date regardless of subsidy payments. 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