



Updated: April 2026

## MID-SUN COMMUNITY CHILD CARE 2025/2026 REGISTRATION FORM- KINDERGARTEN CARE

**\*All fields must be completed, please print clearly and in blue or black ink**

Start Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

### Parent/ Guardian:

\* ☐ Create an ActiveNet Account      \* ☐ Credit Card on the account      \* ☐ Paid the \$75 Annual Registration Fee (Non-refundable/Non-transferable)

### Licensed Child Care Representative:

\* ☐ Verified identity of the child and their relationship to the parent/guardian (e.g., birth certificates, court orders).

\* ☐ Verified that parents/ legal guardians presenting themselves as an authority to give consent are 18 years of age and older by physically and visually reviewing government identification.

\* **Component:** ☐ Full Time (100+ hours) and attending child care during school hours

\* School: ☐ St Teresa of Calcutta    ☐ Midnapore Elementary    ☐ Other \_\_\_\_\_

\* Child's Legal Name: \_\_\_\_\_      \* Preferred Name: \_\_\_\_\_  
first name last name name by which child is commonly goes by

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      \* Grade for 25/26 school year: **Kindergarten**  
month day year

### 1<sup>st</sup> Legal Guardian Info/ Mother

\* Legal Name: \_\_\_\_\_  
first name last name

\* Preferred Name: \_\_\_\_\_

\* Cell #: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Postal Code: \_\_\_\_\_

\* Cell Carrier (i.e. Telus): \_\_\_\_\_

### 2<sup>nd</sup> Legal Guardian Info/ Father

\* Legal Name: \_\_\_\_\_  
first name last name

\* Preferred Name: \_\_\_\_\_

\* Cell #: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Postal Code: \_\_\_\_\_

\* Cell Carrier: \_\_\_\_\_

\* **Persons authorized to pick up child** (please provide legal documents for any person NOT ALLOWED to pick up):

### 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; etc.)

☐ 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; hay fever, etc.)

☐ 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 personal information stated on this form. The above information will be shared with the government.

\* 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 Out of School Care Program, the Mid-Sun Community Child Care Program will:

- Call 911
- Contact the parent/legal guardian 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 will keep my child at home if ill and understand that if my child exhibits ANY SYMPTOMS OF ILLNESS in Out of School Care, that my child must be removed from the program IMMEDIATELY. I understand that my child may not return to care till my 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/ Legal Guardian Printed Name

\_\_\_\_\_  
\* Parent/ Legal Guardian Signature

\_\_\_\_\_  
\* Date

\* **Sharing Of Information:** Consent to share information with the government, child care services, school, etc.

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

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

I, \_\_\_\_\_ hereby agree to pick up/drop off \_\_\_\_\_ directly with a Kindergarten Educator on a daily basis.

\_\_\_\_\_  
\* Parent/ Legal Guardian Printed Name

\_\_\_\_\_  
\* Parent/ Legal 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/ Legal Guardian Printed Name

\_\_\_\_\_  
\* Parent/ Legal Guardian Signature

\_\_\_\_\_  
\* Date



## **MID-SUN COMMUNITY CHILD CARE CONSENT WAIVERS**

**Media Consent:** (Permission to take a photo of your child- for the annual year book, put up your child's art projects, record presentations, etc.)

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/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **\*Family Profile Information**

**\*Family Information** (i.e. custody arrangements; step parents; who has signing authority, 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 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 Midnapore School

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

<b>Initial of Consent</b>	<b>Community Excursion</b> (walking times according to google maps)
* 	<b>Midnapore School-</b> 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, carnivals, etc.) during the school year.
* 	<b>Surrounding Field Spaces-</b> 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.
* 	<b>CBE Midnapore School Playground-</b> 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.
* 	<b>CCSD St. Teresa of Calcutta School Playground-</b> 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.
	<b>Midnapore Lake-</b> 185 Midlake Blvd SE, (700m, ~10 minute walk). Monthly as weather permits. The lake offers a variety of activities during all seasons, such as skating, playgrounds, opportunities for nature walks 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 2 washrooms. The following are some of the rules we will adhere to while at the lake: <ul style="list-style-type: none"><li>• Skating- children must wear a helmet, regardless of whether they are playing hockey or skating on the upper rink. Children need to supply their own skates, helmets, hockey sticks and pucks.</li></ul>
	<b>Fish Creek Provincial Park, Glennfield Day Use Area-</b> 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

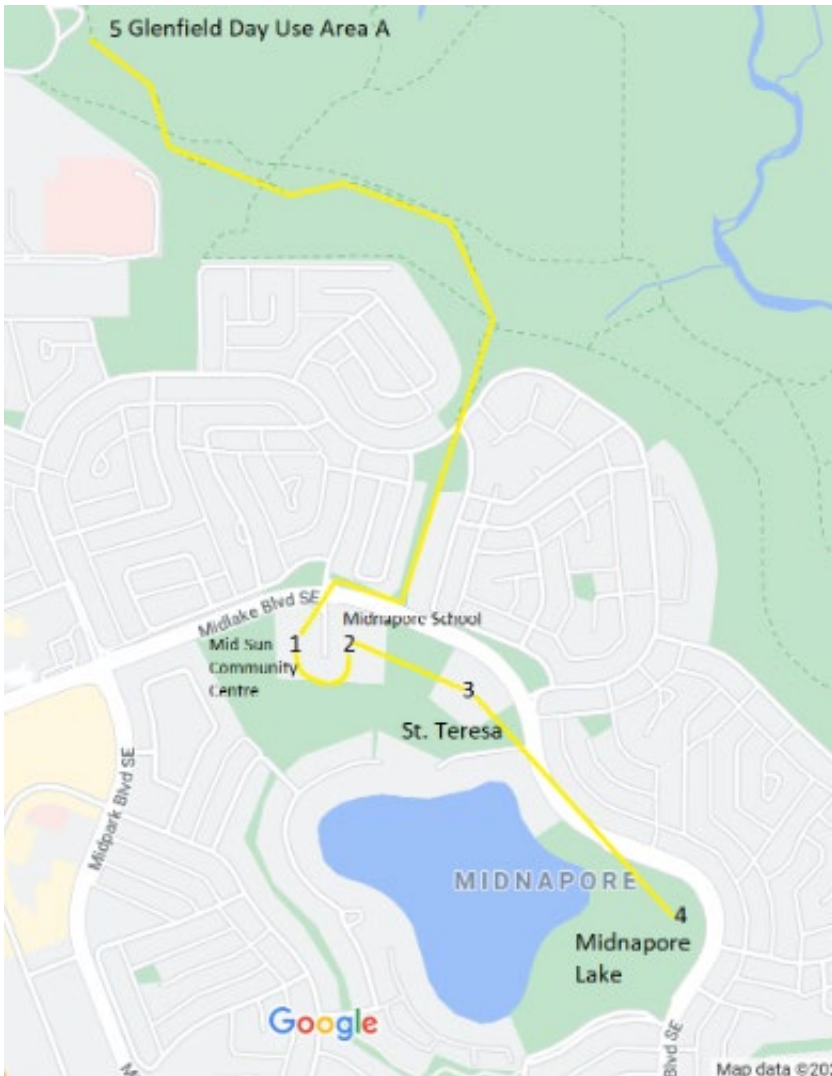
I, \_\_\_\_\_ hereby consent to my child, \_\_\_\_\_,  
Parent/legal guardian's name Child's name  
to participate with the Mid-Sun Community Child Care Programs Community Excursions. I agree to release the Mid-Sun Community Child Care from liability for any illness or accident occurring during the activities.

\* \_\_\_\_\_  
Parent/ Legal Guardian Printed Name

\* \_\_\_\_\_  
Parent/ Legal 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:

<b>Policy</b>	<b>*Initial</b>
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



## MID-SUN COMMUNITY CHILD CARE PARENT FEE AGREEMENT

<b>*Fee Agreement</b>		<b>*Parent Initial</b>
The full-time monthly fee of <b>\$326.25</b> is due on the 1 <sup>st</sup> of each month and will be automatically processed.		
<b>Payments</b>		
Payment Method: <input type="checkbox"/> Credit Card on file      CVV: _____ • <b>A credit card is required to be on file to complete registration</b>		
<b>Monthly Fees Per Child/ Component</b> All fees include processing fee. **Fees are subject to change at any time		
<b>Kindergarten Care-</b> includes approved non-school days, Spring/Easter break. Fees are not pro-rated for holiday breaks	<b>\$326.25</b>	
<b>Late Pick Up Fee-</b> To be paid in cash to the staff at pick up	<b>\$1 per minute</b>	
<b>Failed Credit Card Charges</b>	<b>\$25</b>	
<b>Fee Agreement</b> Please be aware of the following policies regarding withdrawals, changes, and fees:		
We require one month's written notice for any withdrawal or change in program components. This notice must be dated for the 1st of the month, with all scheduled changes taking effect on the 1st of the following month. Fees will not be pro-rated if terminated mid-month.		
If you do not notify the Program before August 1st that your child will not attend in September, you will be charged for September fees.		
If you are a joint-parenting family, you must inform the Program of any fee splitting arrangements. Both parents/ legal guardians must complete and sign a fee payment form, alternating months for payments; no splitting monthly fees. Tax receipts will be in the name of the Primary Account holder child is registered on.		
Please note that we do not pro-rate monthly fees for holidays, sick days, or other absences. Similarly, fees will not be pro-rated for program closures due to strikes, natural disasters, power outages, pandemics, or any other unforeseen circumstances.		
Families with overdue accounts will receive a 5-day notice to settle outstanding balances. Failure to do so will result in termination of childcare services, and securing alternate care will be the family's responsibility.		
It is the responsibility of the parent to update payment information on their account. Please visit <a href="https://anc.ca.apm.activecommunities.com/midsun">https://anc.ca.apm.activecommunities.com/midsun</a> to log into your account to access receipts and update your personal information (including credit card information).		

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 Representatives Printed Name

\_\_\_\_\_  
Program Representatives Signature

\_\_\_\_\_  
Date