

2011-2012

ST. PATRICK'S BEFORE/AFTER SCHOOL PROGRAM REGISTRATION

BETWEEN \_\_\_\_\_ & ST. PATRICK'S BEFORE/AFTER SCHOOL PROGRAM

NAME OF CHILD	ALLERGIES	BIRTHDAY	PERSONAL HEALTH #	ARE IMMUNIZATIONS UP UP TO DATE?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's address:

\_\_\_\_\_  
\_\_\_\_\_

Does your child use any regular medication? Please list \_\_\_\_\_

Does your child require any prescription medicine that would be needed in an emergency situation while he/she is attending the program? (Inhaler, epi-pen, insulin, etc?)

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs such as medical, physical, developmental or emotional conditions that would be relevant to their care?

Physician's Name \_\_\_\_\_ Ph # \_\_\_\_\_

**PARENTS OR GUARDIANS:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ Phone (home) \_\_\_\_\_  
(cell) \_\_\_\_\_ (cell) \_\_\_\_\_  
(work) \_\_\_\_\_ (work) \_\_\_\_\_

In the event that the Parent/Guardian cannot be contacted in the case of an emergency, please list two contact persons, ie: grandparents, uncle, aunt, friend or neighbour.

Name \_\_\_\_\_ Ph# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

CHILDREN WILL **NOT** BE RELEASED TO ANY INDIVIDUAL WHO IS NOT LISTED ON THIS FORM.

Name all persons your child/children may be released to.

\_\_\_\_\_

Registration Fee (\$30.00 per Family) Paid \_\_\_\_\_ Date \_\_\_\_\_

**ST. PATRICK'S BEFORE/AFTER SCHOOL PROGRAM PARENT CONTRACT**

1. St. Patrick's Before/After School Program agrees that \_\_\_\_\_ may  
(Name of Child or Children)

In the event that a child/children have not been picked up by 5:30pm, the supervisor will make every effort to contact the parent(s) or other designated adults, before calling the Child and Family Services Authority. **There will be a \$20.00 penalty per day each time you are late picking up your child/children.** The parents or Guardians hereby certify and agree that the child is in their lawful custody and that there are no other persons whose consent is required for the enrolment of the child in this program.

- 2. Annual registration fee of \$30.00 per family upon admission into the program is required. (non-refundable)
- 3. The parents agree to pay according to the attached fee schedule. Please note fees are subject to change.
- 4. Service will be cancelled for those who fail to pay. Service charge of Twenty dollars (\$20.00) will apply for all NSF cheques. If the account is not cleared in seven days, the child/children will be withdrawn from the program.
- 5. Corrective discipline will be administered to all at the discretion of the responsible supervisor. In no case shall a child be abused or allowed to abuse others. Children who seriously misbehave will be discharged from the program. As per day care regulation Corporal Punishment is prohibited.
- 6. In the event of a serious medical emergency, the supervisor will call 911 and then contact the parents or guardians. If a child is ill, the parent(s) or guardian(s) will be contacted and must pick up the child immediately.
- 7. Before/After School Program reserves the right to engage emergency medical assistance for any child left in its care, when such assistance is deemed to be necessary. The expense of the required assistance to be borne solely by the parents or guardians of the child.
- 8. The program will take place in a designated area of St. Patrick's School. Children will play outdoors whenever the weather permits. Please ensure that your child always has appropriate clothing for the season and/or weather. (gloves, hats, jacket, boots, snow pants, etc.)
- 9. The program will not operate on school holidays, which include Christmas break, Easter break, and Professional Development days, including teacher's convention and regularly scheduled PD days, and any others as may arise.
- 10. **Children will be released only to authorized persons as stated by the parents or guardians on the registration form. Children WILL NOT be released to anyone not on the list.**
- 11. If any child is a threat to the safety and well being of another student or the program, action will be taken immediately.
- 12. Medication will not be administered to children at the program.
- 13. Smoking is not permitted on or off the premises.
- 14. All hazardous products are inaccessible to the children.
- 15. The kitchen is not used as a playroom.
- 16. The parents/guardians are responsible for sending a snack if its required. The Southeast Alberta Child Services recommends servings from the two food groups, in accordance with Canada's food guide. The program will have available supplemental nutrition which will be paid for by parents.
- 17. It is advised that parents/guardians use their discretion in the belongings their children bring to the program. The program will not be held responsible for any loss or damage which may be incurred to their possessions.
- 18. I have seen, read and agree with the above outlining my responsibilities to the St. Patrick's Before/After School Program. We, the undersigned being the parents and/or legal guardians of \_\_\_\_\_

(Name of child or children)

Hereby certify, that we have given careful consideration to the participation by our son/daughter in the St. Patrick's Before/After School Program and understand fully the nature and character of the risk undertaken by our son or daughter and agree to accept on behalf of the same child, all risks and responsibilities for injury or damage beyond the control of the St. Patrick's Before/After School Program.

We further certify, we are hereby releasing St. Patrick's Before/After School Program, School Administration, and the Medicine Hat Catholic Board of Education and their sub-agents from all claims and demands whatsoever, occurring as a result of damage incurred to the child by reason of activities outside of the authority extended by the St. Patrick's Before/After School Program and St. Patrick's School in the conduct of this project.

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

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

\_\_\_\_\_  
School Council Representative

\_\_\_\_\_  
Date