

2017-2018

ST. PATRICK'S BEFORE/AFTER SCHOOL PROGRAM REGISTRATION

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  
(additional consent form-medication required) 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 a  
contact person, ie: grandparents, uncle, aunt, friend or neighbor.

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

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

**Licensing requires that parents are responsible for keeping child records (ie: emergency contact,  
medical, legal custody, phone & address changes) up to date with B/A School Program Coordinator  
(Mrs. Westland)**

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.

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

Program Fee (\$20.00 per Family - this covers program activities such as craft supplies, games, etc), plus a  
required fee of \$50.00 to put towards the use of this program. Paid

\_\_\_\_\_ Date \_\_\_\_\_

**We would like to go paperless with the invoices. Please supply us with your email address to receive  
by email** \_\_\_\_\_

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

1. St. Patrick's Before/After School Program agrees that \_\_\_\_\_ may attend the program. (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 program fee of \$20.00 per family upon admission into the program is required. (non-refundable)

3. This is a pre-paid program. A \$50.00 fee is required to put towards the use of this program.

4. The parents agree to pay according to the attached fee schedule. Please note fees are subject to change.

5. 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.

6. 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.

7. 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.

8. 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. I give the Before/After Program staff permission to provide health care (such as a cold cloth to break a fever, or bring down swelling) any health care that is in the nature of first aid to my child/children.

9. 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.)

10. 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.

11. **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.**

12. If any child is a threat to the safety and well being of another student or the program, action will be taken immediately.

13. Only emergency medication (consent form required) will be administered as/if needed at the program.

14. Smoking is not permitted on or off the premises.

15. All hazardous products are inaccessible to the children.

16. The kitchen is not used as a playroom.

17. 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.

18. 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.

19. 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. I consent to the Before/After School program sharing information with teachers and staff of St. Patrick School as needed about my child.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

St. Patrick's Before /After School Program  
Dismissal Consent Form

**For students in Grade 1 to 5 Only**

**ALL PARENTS WILL BE REQUIRED TO CHECK THE APPROPRIATE SECTION ON THE FORM BELOW AND SIGN IT.**

I would like my child(ren) \_\_\_\_\_  
Dismissed at 8:40 am each morning from the Before/After School Program to be in the care of school staff, outside or supervised inside if weather is a factor (raining or the wind chill is colder than -20 degrees Celsius).

I would like my child(ren) \_\_\_\_\_  
to remain in the Before/After School Program until 8:55am. I will be charged for this time.

**Kindergarten Parents – Please Note**

In order to safely transfer our younger students to their morning school programs, all kindergarten and preschool children using the Before/After School Program will remain in the program until 8:55am. They will then be escorted to their morning school program.

For organizational and safety purposes, students cannot randomly change where they go from week or day to day. They will either stay in the program after 8:40am or go outside.

Later on in the year kindergarten students will be dismissed from the program at 8:40am as we prepare them for transitioning into grade 1. Kindergarten parents will be notified when this is about to occur.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_