

2025-2026

ST. PATRICK'S OUT OF SCHOOL CARE PROGRAM REGISTRATION

FORMS ARE CONSIDERED INCOMPLETE AND WILL BE RETURNED IF NOT COMPLETELY FILLED OUT

	CHILD'S NAME	AGE	ALLERGIES	GRADE	BIRTHDAY
#1					
#2					
#3					

Child's address: _____

Parent/Guardian Email: _____

Parent/Guardian Contact Number: _____

Monthly Fees and Time Sessions:

All blocks 7:00 - 8:55 am 3:20 - 5:30 pm	Early Morning block 7:00 - 8:55 am	Late Morning 7:45 - 8:55 am	After School Pick up by 4:30 pm	After School up to 5:30 pm
1 day/week = \$70.00	1 day/week = \$35.00	1 day/week = \$20.00	1 day/week = \$35.00	1 day/week = \$45.00
2 days/week = \$130.00	2 days/week = \$70.00	2 days/week = \$40.00	2 days/week = \$55.00	2 days/week = \$85.00
3 days/week = \$190.00	3 days/week = \$105.00	3 days/week = \$60.00	3 days/week = \$75.00	3 days/week = \$120.00
4 days/week = \$245.00	4 days/week = \$130.00	4 days/week = \$75.00	4 days/week = \$90.00	4 days/week = \$160.00
5 days/week = \$300.00	5 days/week = \$155.00	5 days/week = \$90.00	5 days/week = \$100.00	5 days/week = \$200.00

Child Schedule: please place a checkmark (✓) in the slot(s) below that you require for the Out of School Care Program.

Time Slot	Monday			Tuesday			Wednesday			Thursday			Friday		
	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3
7:00 am - 8:55 am															
7:45 am - 8:55 am															
3:20 pm - 4:30 pm															
4:30 pm - 5:30 pm															

Will you be applying for government subsidy YES or NO

Does your child use any regular medication that will be with them at school? (Inhaler, epi-pen, insulin, etc?)

(if yes, additional consent form for medication required)

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

Is your child currently immunized _____

Physician's Name _____ Ph # _____

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. **(address is needed for licensing)**

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 OSC Program Coordinator

CHILDREN WILL NOT BE RELEASED TO ANY INDIVIDUAL WHO IS NOT LISTED ON THIS FORM. Name all persons your child(ren) may be released to.

ST. PATRICK'S OUT OF SCHOOL CARE PROGRAM PARENT CONTRACT

1. St. Patrick's Out of School Care 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 dropping off early or 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 prepaid program. A \$50.00 fee is required to put towards the use of this program.

4. The parents agree to pay according to the fee schedule on registration form. **Please note fees are subject to change.**

5. Service will be canceled for those who fail to pay. 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. Out of School Care 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 Out of School Care 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 with regards to the personal belongings that 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 Out of School Care 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 Out of School Care 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 Out of School Care Program. We further certify, we are hereby releasing St. Patrick's Out of School Care 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 Out of School Care Program and St. Patrick's School in the conduct of this project. I consent to the Out of School Care program sharing information with teachers and staff of St. Patrick School as needed about my child.

Parent/Guardian

Parent/Guardian

Date

Date

Please send all completed forms to rachelle.hall@mhcbe.ab.ca