

## Sylvan Lake School Aged Care Society

### Kidz Club Before and After School Care Program 2019/2020

Program Coordinator: (403) 877-9056 (General & registration inquiries) Program Administration: (403) 505-7225

\* CP Kidz Supervisor: (403) 887-4062

Steffie Kidz Supervisor: (403) 887-4044 \* O.L.R. Kidz Supervisor – (403) 396-5086

\* Beacon Kidz Supervisor (403) 877-9029

Name of Child: \_\_\_\_\_

#### Hours of Operation and Miscellaneous Fees

- Closed all Statutory Holidays
- Monday to Friday 7:00 am to 8:35 am / 3:00pm to 6:00pm and Compressed Days and Holidays 7:00am to 6:00pm
- Late fee charged for children picked up after 6:00pm: Charges are as follows: \$10.00 for the first 15 minutes and \$1.00 per additional minute thereafter. Staff are not permitted to drive children home.
- NSF Fees: NSF Fee \$75.00 - Payments are processed on the 1<sup>st</sup> of each month. If the bank returns your post-dated cheque you are subject to an NSF charge of \$75.00.
- Registration Fee - \$50.00 Per Child: this fee is non-refundable and goes towards buying the children supplies throughout the year such as Kleenex, crayons, glue, etc.

#### Full Time Care

**Parent Participation Fee \$200 (8 Hrs) for the 1<sup>st</sup> Child & \$100 (4 Hrs) for each additional child – This fee may be worked back**

Before School Care 7:00 - 8:35	\$200/Month
After School Care - 6:00	\$300/Month
Before/After School Care	\$350/Month

Compressed Days are included in the above fees, but must be signed up for on the compressed sign-up sheet (posted monthly).

#### Kindergarten Care: (Only 3 Kindergarten children allowed in each M/W and T/TH)

**Parent Participation Fee \$100 (4 Hrs) – This fee may be worked back**

Before School Care 7:00 - 8:45	\$125/Month
After School Care - 6:00	\$175/Month
Before/After School Care	\$225/Month

Compressed Days are included in the above fees, but must be signed up for on the compressed sign-up sheet (posted monthly).

#### Christmas/Spring Break/Winter Week, etc. (Non-Compressed Days)

\$30/DAY – Based on a minimum of 8 Children- Please note that Compressed Days are made available for regularly attending Kidz Club children first and subject to availability. Paid Non-Compressed Days must be booked and paid in advance, and two weeks written notice must be given to cancel any pre-booked days. If under two weeks' notice is given, payments those days will be non-refundable.

#### Participation Fees (Mandatory – Due on September 1 to be considered registered)

- **\$200.00 for the 1<sup>st</sup> Child Registered & \$100.00 for each additional child registered (All parents)** - this fee is refundable if you participate in 8 hours (for the \$200 Fee) or 4 Hours (for the \$100 Fee) - including board meetings, fundraisers, or community events.
- If registering after January or your child is in Kindergarten, the fee will be half (\$100.00) and you will need to participate in 4 hours.
- **Chq's will be dated for September 1<sup>st</sup> of the current year; these chq's will be cashed up front and when your participation hours are complete, a refund cheque will be issued to you.**
- Please note that if your child leaves the program throughout the year, your fees will be prorated and a refund chq will be issued for the difference. If you are a member throughout the year and do not work off all of your participation hours, this will not be prorated and you will not be issued a refund chq.

#### Registration Form Check List (All required to be considered registered)

	\$50.00 Chq (Per Child) for Registration Fee
	<b>Cheque for Parent Participation Fee – Dated September 1 of current year (To be cashed up front)</b>
	Post Dated Monthly Chq's For duration of school year – Sept to June – Postdated for 1 <sup>st</sup> of Each Month
	Completed Registration Form
	Completed Medication / Allergy Forms if applicable
	<b><i>Please check off this section if your child will be on Subsidy for the 2019/2020 School Year</i></b>

For office use only: Date and Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

## S.L.S.A.C.S. Policies and Guidelines

- Kidz Club is for registered children only and Drop-In Care will not be provided throughout the school year. There are no additional discounts for siblings and as such, there is one registration form required per child. Registration for Kidz Club is on a first come first serve basis. Be sure to register early, as we cannot guarantee a space for your child. Once our program is full, your child will be placed on a waiting list on a first come first serve basis.
- Please check the daily calendar, information board, and your child's folder frequently of news regarding the program as updates are regularly posted or distributed regarding activities within the program.

## Subsidy

- Will you be applying for subsidy? If so please apply as soon as possible using the website: [www.child.gov.ab.ca/childcaresubsidy](http://www.child.gov.ab.ca/childcaresubsidy).
- **Subsidy Program ID Codes for schools: OLR: 70049974 \* Steffie: 70012040 \* CP: 70021816 \* Beacon: 70069350**
- You will still be responsible for registration fees, fundraising fees, first and second month fees and any other fees that subsidy does not cover including but not limited to: Winter Week, Christmas, Spring Break, etc. SLSACS needs to be provided with all documents such as approval, expiry dates and dollars paid towards childcare from the parent. If these are not given to SLSACS within the first month and all efforts to reach the parent have failed, the second month fees will be cashed. If an approval letter is handed into staff within the first 2 weeks, the second month's fees will not be cashed. As the school year progresses and situations regarding subsidy change, parents will be notified about remaining balances. Balances must be caught up monthly.

## Signing Kids In/Out of Program

- **Parents/Guardians must sign children in and out of the program.** Children are not allowed to leave with someone other than those listed on the registration form. If someone else will be picking up your child it is recommended that a consent form be provided at least 24 hours prior for the unlisted individual. Photo identification will be required.

## Attendance

- Please ensure you provide a monthly schedule to the staff of Kidz Club if your child **will not** be attending on certain days. If your child is registered and does not show up at Kidz Club, you will receive a phone call from a staff member confirming the absence of your child for that day.

## Leaving Program – Two Week's Written Notice

- **Two week's written notice is required** prior to terminating registration of the program. If two weeks' notice is not provided the postdated payment will be cashed as scheduled. If the program is required and available at a later date, a new registration form along with postdated cheques for the duration of the school year must be submitted prior to acceptance back into the program.

## Behaviors at Program

- **The Sylvan Lake School Aged Care Society promotes a safe, friendly, educational environment for the children and staff at Ecole Steffie Woima, C.P. Blakely, Our Lady of the Rosary and Beacon Hill Schools.**
- Intolerable behaviors are subject to immediate suspension of child care. An immediate Board Member Hearing with all parties included will be conducted and may result in **immediate** termination of the registration of your child (in the case of parent or child committing the offense) or **immediate** termination of employment (in the case of a staff member committing the offense)
- **Some behaviors that are not tolerated by students, staff and parents include but are not limited to:**
  - \* Swearing, spitting, kicking, hitting, wrestling
  - \* Any sort of physical or threatening violence including threatening tones (judgments made by the staff members)
  - \* Raising of loud voices
  - \* Bullying of children or staff members
  - \* Teasing to the extent of hurting one another's feelings
  - \* Threatening children, staff members, or Board Members in any way

Signature of acknowledgment of Parent/Guardian

Please Print Name & Relationship to Child

Child's Name

Date (mm/dd/yy)

**Sylvan Lake School Aged Care Society**  
**Before and After School Care Program Registration Form**

Start Date \_\_\_\_\_ Termination Date \_\_\_\_\_

**Member Information (Child)**

Program Attending (please select one):    ☐ Steffie Kidz            ☐ CP Kidz            ☐ OLR Kidz            ☐ Beacon Hill Kidz  
Care Required (please select one):        ☐ Kindergarten        ☐ AM Only            ☐ PM Only            ☐ Full Time (AM/PM)

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Primary Contact Information (This will be the first person we will contact)**

First & Last Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Home Address (or legal land description): \_\_\_\_\_

Mailing Address (if different then above): \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ (Email Addresses are not shared)

**Secondary Contact Information (This is the second person we will contact)**

First & Last Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Home Address (or legal land description): \_\_\_\_\_

**Emergency Contact Information (if we cannot locate primary & secondary – Must live in Sylvan Lake)**

First & Last Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Home Address (or legal land description): \_\_\_\_\_

**Pick Up Authorization (These persons are authorized to pick up my child)**

Child may also be picked up by: *Photo ID will be required*

Name: _____	Relationship to member: _____	Phone: _____
Name: _____	Relationship to member: _____	Phone: _____
Name: _____	Relationship to member: _____	Phone: _____
Name: _____	Relationship to member: _____	Phone: _____

\_\_\_\_\_  
**Signature of acknowledgment of Parent/Guardian**

\_\_\_\_\_  
**Please Print Name & Relationship to Child**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Date (mm/dd/yy)**

## SLSACS Health Information & Parent Permission (please initial)

Alberta Health Care # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

History of illness \_\_\_\_\_

Does your child require medication on a regular basis? \_\_\_\_\_

Allergies \_\_\_\_\_

Any Special Needs or Concerns Staff should be aware of? \_\_\_\_\_

Special Talents / Skills of child: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

<b>PERMISSION FORM – Please Initial Yes or No to All Questions:</b>	<b>Y E S</b>	<b>N O</b>
<b>Use of Product Permission:</b> I give the Sylvan Lake School Age Care Society staff permission to administer items such as bug spray, hair spray (lice), sunscreen, After-bite, etc...		
<b>First Aid Permission:</b> I give the Sylvan Lake School Aged Care Society staff permission to administer First Aid if necessary.		
<b>Emergency Medical Permission:</b> If emergency medical care is deemed necessary, I authorize the Sylvan Lake School Aged Care Society staff in the event that we are unable to contact you, to act on my behalf in granting permission for my child to receive emergency medical treatment.		
<b>Field Trip Permission:</b> I hereby give permission for my child/children to go on field trips and outings accompanied by Sylvan Lake School Aged Care Society staff. Please note that parents are required to sign permission forms on a trip-by-trip basis.		
<b>Photographic Permission:</b> I hereby give permission to have my child appear in any educational and/or media coverage approved by the Sylvan Lake School Aged Care Society.		
<b>Immunization:</b> My child is immunized		
<b>Cultural Information:</b> Would your Family be willing to share cultural information with our staff and/or children? If Yes, what is your child's cultural background? _____		
<b>Communication:</b> Do you consent to communication between Kidz Club and school staff?		
<b>Media:</b> Do you consent to allow your child to watch PG movies with approval of our staff?		

### **DECLARATION**

I understand that all medication will be in a locked container in a location that is not accessible to the children, but only to staff. If your child needs medications, please let the staff know specific instructions.

I have read the above and have indicated my response as requested. All information provided in this registration form is true and complete. I will maintain current information with the Kidz Club and any changes in place of residence, place of employment, home and/or work telephone numbers, persons having access to the children, emergency contact persons, etc., will be reported promptly.

\_\_\_\_\_  
**Signature of acknowledgment of Parent/Guardian**

\_\_\_\_\_  
**Please Print Name & Relationship to Child**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Date (mm/dd/yy)**

## Returning Families

### Welcome Back!!

- ☐ I am familiar with the program policies at Kidz Club and our rights and responsibilities as members and families.
- ☐ I know who to ask or where to get the information about how I/ my family can be more involved in the club.
- ☐ I would like more information about how I/my family can be more involved in the club.
- ☐ I received a copy of my Participation Volunteer Hour List
- ☐ I received a copy of my Parent Handbook
- ☐ I am aware that I can have the program policies emailed to me or I can have a copy printed for me at any time.  
(Policies are updated monthly)
- ☐ I have chosen NOT to receive a copy of the parent handbook (Policies & Procedures). \_\_\_\_\_ (Initial)
- ☐ Please check how you would like to receive your receipts (Statements): \_\_\_\_ Monthly \_\_\_\_ Yearly

## New Families

### Welcome to Kidz Club!!

- ☐ I received a copy of my Parent Handbook
- ☐ I would like a copy of the Policies & Procedures via email.
- ☐ I would like a hard copy of the Policies & Procedures.
- ☐ I have chosen NOT to receive a copy of the Policies & Procedures. \_\_\_\_\_ (Initial)
- ☐ I am aware that I can have the program policies emailed to me or I can have a copy printed for me at any time.  
(Policies are updated monthly)
- ☐ I agree to participate in a parent/guardian orientation with Kidz Club staff. \_\_\_\_\_ (Initial)
- OR**
- ☐ I am familiar with and understand all program policies at Kidz Club and my rights and responsibilities as a member.  
\_\_\_\_\_ (Initial)
- ☐ I understand that information regarding my child and/or family will NOT be shared without written permission from me.  
\_\_\_\_\_ (Initial)
- ☐ Please check how you would like to receive your receipts (Statements): \_\_\_\_ Monthly \_\_\_\_ Yearly

## Parent Orientation (Staff to Complete)

### Parent Information Package & Checklist:

- |   |   |
|---|---|
| <input type="checkbox"/> Parent Handbook  | <input type="checkbox"/> Photocopy of Registration Form                   |
| <input type="checkbox"/> Photocopy of Oath of Confidentiality (Signed by parents) | <input type="checkbox"/> Copy of Participation Hour Ideas                 |
| <input type="checkbox"/> Policies and Procedures (if applicable)                  | <input type="checkbox"/> Copy of Signed Parent Accreditation Consent Form |

### Items to Discuss:

- |   |  |
|---|--|
| <input type="checkbox"/> Parent Consent form for Accreditation  | <input type="checkbox"/> Sign In/Out Sheets                      |
| <input type="checkbox"/> Not Attending Protocol   | <input type="checkbox"/> Peanut / Nut Free Facility / Microwaves |
| <input type="checkbox"/> Inside Shoes and Outside Shoes   | <input type="checkbox"/> Compressed Day Sign Up Sheets           |
| <input type="checkbox"/> Field Trip Sign Up Sheets  | <input type="checkbox"/> Remaining Payments                      |
| <input type="checkbox"/> Additional Charge Days/Cancellation (Christmas, etc.)  | <input type="checkbox"/> Subsidy                                 |
| <input type="checkbox"/> Bussing From Mother Theresa (Parents are responsible for setting up bussing from Mother Theresa to and from OLR) |  |

\_\_\_\_\_  
Signature of acknowledgment of Parent/Guardian

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date (mm/dd/yy)