**Sylvan Lake School Age Care Society (SLSACS)**

**Kidz Club Before and After School Care Programs-Registration**

Registration Process:

Registration can be printed and returned in person to the program your child will attend (access to the program is the outside gym doors), Or scanned and returned by email to [SLSACSdirector@live.ca](mailto:SLSACSdirector@live.ca). The form is also fillable and can be completed from a computer (completing or printing from a phone will affect formatting). Signatures can be obtained on the first day of care, as needed. A paper copy of the form will also be available at the program your child will attend and can be picked up Monday to Friday from 3:00pm-6:00pm until June 29, or at CP Kidz Club in July/August from 7:00am-6:00pm.

You will receive email confirmation once your registration is received and informing you if your child has a spot for the school year, in which payments (registration fee/child, and 10 post dated cheques for September – June for monthly childcare fees-registration can be added to September fees) will be due to secure your child’s spot. If all spots have filled, your child will be placed on a wait list and you will be contacted once a spot becomes available, based on the order registration was received.

The program supervisor will touch base with all new families prior to school starting, or you may set up a tour/orientation prior to the new school year starting.

If your child has any medical conditions, medications to be administered during operational hours, or allergies your program supervisor will have additional documents for you to complete.

If you will be utilizing childcare subsidy, please indicate this on your registration.

Any questions regarding accounts and fees can be directed to Brandi Maxon, Financial Coordinator at [slsacsdirector@live.ca](mailto:slsacsdirector@live.ca) or by phone at 403-505-7225

General information regarding registrations or the programs can be directed to Amy Smith, Program Coordinator at slsacsdirector@live.ca or by phone at 403-877-9056; or you can contact your program supervisor as follows:

Noella, Steffie Kidz Club Supervisor: 403-887-4044

Colleen, CP Kidz Club Supervisor: 403-887-4062

OLR Kidz Club members can contact Amy, program coordinator, directly.

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| **OFFICE** |
| Mailing Address: Box 8939 Sylvan Lake, AB T4S 1S6 |
| Phone: (403) 877-9056 Program Coordinator (general and registration inquiries) |
| Phone: (403) 505-7225 Financial Coordinator (fees, subsidy) |
| Email: [slsacsdirector@live.ca](mailto:slsacsdirector@live.ca) |

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|  | **CP Kidz Club** 4815-43 Street, Sylvan Lake, AB (C.P. Blakely School)  Ph: (403) 887-4062 Email: [cpkidzclub@live.ca](mailto:cpkidzclub@live.ca) | | | | | | | | | |
|  | **OLR Kidz Club** 4520 Ryders Ridge Blvd., Sylvan Lake, AB (Ecole Our Lady of the Rosary)  Ph: (403) 396-5086 Email: [olrkidzclub@live.ca](mailto:olrkidzclub@live.ca) | | | | | | | | | |
|  | **Steffie Kidz Club** 4720-45 Avenue (Ecole Steffie Woima School)  Ph: (403) 887-4044 Email: [steffiekidzclub@live.ca](mailto:steffiekidzclub@live.ca) | | | | | | | | | |
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| Start Date: | | | | |  | | | | Termination Date (completed by staff): |  | | |
|  | | | | | | | | | | | |
| **MEMBER INFORMATION (CHILD)** | | | | | | | | | | | | |
| Child’s Full Name: | | | | | | |  | | | Birthdate:  dd/mm/yyyy |  | |
| Grade: | | |  | | | Teacher: | |  | | | | |
| Address: | | | |  | | | | | | | | |

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| **CHILDCARE REQUIRED** (Please check applicable box) | | | | | | | |
|  | Grade 1 and Up: | | |  | |  |
|  | |  |  | Before School Care Only | | | |
|  | |  |  | After School Care Only | | | |
|  | |  |  | Before and After School | | | |
|  | Kindergarten: | | **School Days:** | |  | |
|  | |  |  | Before School Care Only | | | |
|  | |  |  | After School Care Only | | | |
|  | |  |  | Before and After School | | | |

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| **PARENT/GUARDIAN INFORMATION 1** | | | | | |
|  | Child’s Primary Residence | | | | |
| Full Name: | |  | | | |
| Relationship: | |  | | | |
| Full Address: | |  | | |
| Mailing Address:  (if different from above) | |  | | |
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| Cell Phone: | |  | | | |
| Home Phone: | |  | Work Phone: |  | |
| Email: | |  | | |

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| **PARENT/GUARDIAN INFORMATION 2** | | | | |
|  | Child’s Primary Residence | | | |
| Full Name: | |  | | |
| Relationship: | |  | | |
| Full Address: | |  | | |
| Mailing Address: (if different from above) | |  | | |
| Cell Phone: | |  | | |
| Home Phone: | |  | Work Phone: |  |
| Email: | |  | | |

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| **EMERGENCY CONTACT INFORMATION** (Person to contact if we cannot reach parents/guardians-Must live in Sylvan Lake) | |
| Full Name: |  |
| Relationship: |  |
| Address: |  |
| Cell Phone: |  |
| Home/Work Phone: |  |

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| **PICK UP AUTHORIZATION** | | | | | | | |
| Other than parent/guardians(s), these persons are authorized to pick up my child. Please note: Photo ID will be required | | | | | | | |
| Name: | | |  | Relationship: |  | Phone: |  |
| Name: | | |  | Relationship: |  | Phone: |  |
| Name: | |  | | Relationship: |  | Phone: |  |
| Name: |  | | | Relationship: |  | Phone: |  |
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| **CUSTODY** | | | | |
| Are there legal custodial issues? | Yes |  | No |  |
| If yes, please explain and provide the program all necessary custody documents. | | | | |

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| **HEALTH/CHILD INFORMATION** | | | | | | | | | | | | | |
| Alberta Health Care Number: | | | | | |  | | | | | | | |
| Family Doctor: | |  | | | | | | | | | | Phone: |  |
| History of Illness: | | |  | | | | | | | | | | |
| Immunizations up to date? | | | | | Yes | |  | | No |  | | | |
| Current Medications: | | | |  | | | | | | | | | |
| Allergies: |  | | | | | | | | | | | | |
| Special needs or concerns staff should be aware of? | | | | | | | | | | |  | | |
| Special Talents/Skills: | | | |  | | | | | | | | | |
| Primary language spoken at home: | | | | | | | |  | | | | | |
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| **KIDZ CLUB HOURS OF OPERATION AND FEES** | | | | | | | | | | | | | |
| **Holidays:** Kidz Club is closed all statutory holidays  **School Days:** Open Monday to Friday from 7:00am-8:35am and 3:00pm-6:00pm  **Full Days of Care:** Open from 7:00am-6:00pm  **Late Fees:** For children picked up after 6:00pm, charges are as follows- $10 for the first 15 minutes and $1 per each additional minute thereafter. Staff are not permitted to drive children home.  **NSF Fees:** Monthly childcare fees are processed on the first day of each month. Parents/guardians are subjects to a $75 NSF fee for any cheques returned from the bank.  **Late Payment Fee:** If payment has not been received by the 5th day of each month, parents/guardians are subject to a $25 late fee.  **Registration Fee:** $50/child for school year registration and $30/child for summer registration. This fee is non-refundable. This fee is processed when registration is received by SLSACS to ensure your child’s spot in the program.  **Childcare Fees:** Postdated cheques for monthly childcare fees are required for September – June prior to your child attending Kidz Club. Cheques are dated the first of each month and made payable to SLSACS. Childcare payments are paid one month in advance. If your balance is 30 days overdue, without payment arrangements made to the Financial Coordinator, childcare will be suspended until payment is received in full. All current overdue balances must be paid in full to register. | | | | | | | | | | | | | |

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| **2020-21 FEE SCHEDULE** | | | |
| **Grade 1 and Up** | | | |
| Before school care | $250/month |
| After school care | $350/month |
| Before and after school care | $400/month |
| **Kindergarten** | | | |
| Before school care | $150/month |
| After school care | $200/month |
| Before and after school care | $250/month |
| **REGISTRATION CHECKLIST**- All information required for registration to be complete | | | |
|  | Completed Registration form | | |
|  | Completed Medication/Allergy assessment forms (if applicable) | | |
|  | Registration fee: $50 cheque/child (non-refundable), to be processed immediately | | |
|  | Monthly Childcare fees: Post-dated cheques- September to June (dated the first of each month) | | |
|  | Please check if applying for childcare subsidy for the 2021-22 school year | | |
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| **FULL DAYS OF CHILCARE (paid days and included days)** | | | |
| Full days of childcare are included in the monthly childcare fees. Days must be booked in advance and are subject to a cancellation fee if notice is not provided and the child does not attend program. School breaks and holidays are not included in the monthly childcare fees and are charged and **additional $30/day.** These days include but are not limited to fall break, Christmas break, winter break, and spring break. Full days of care must be booked and paid for in advance, by the first day of the month. Full days of care will only operate based on a minimum of 8 children enrolled. These fees are non-refundable, unless two weeks written cancellation notice is provided to the program. Sign up sheets for childcare will be made available at each Kidz Club program. | | | |

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| **SUBSIDY** |
| **Subsidy**  Parents/guardians requiring childcare subsidy are encouraged to apply as soon as possible to avoid delay in subsidy payments. Parents/guardians are responsible for the registration fee (non-refundable), first month of childcare fees (in the full amount), and any other fees that subsidy does not cover; including but not limited to, full days of care, field trips, etc.  It is the responsibility of the parent/guardian, to notify the program at registration if they will be utilizing the childcare subsidy program. The first month of childcare fees will be processed. This amount will be used as a deposit and kept on the account as a credit. SLSACS receives subsidy payments one month behind from childcare subsidy; Amounts received may fluctuate monthly, based on hours the child is in the care the month previous. **Please note:** Subsidy approval amounts are based on the number of hours parents/guardians applied for. If these hours are not met, subsidy may only cover a portion of the fees, and therefore parents will not receive the full amount they were approved for.  Parents/guardians will be notified of remaining balances/credits on their monthly statements. Parents/guardians will be required to provide payment (cheque) to cover the outstanding difference between the invoice and subsidy payment; Account balances must be paid by the first of each month to avoid suspension of care.  It may take up to three months for subsidy to adjust payments after the account has closed. SLSACS is not responsible for reminding parents/guardians of their subsidy renewal. The subsidy program will not back pay if a parent/guardian does not complete subsidy renewal on time.  Parents/Guardians can apply for childcare subsidy using the website: [www.child.gov.ab.ca/childcaresubsidy](http://www.child.gov.ab.ca/childcaresubsidy)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Subsidy Program ID Codes:** | | | | | | | **CP Kidz Club** | 80001495 | **OLR Kidz Club** | 80002023 | **Steffie Kidz Club** | 80001499 | |

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| **SLSACS Policies and Procedures** |
| * Kidz Club is for registered children only and drop-in childcare in not provided during the school year. There is no additional discount for siblings. One registration form per child is required. * Registration to Kidz Club is on a first come, first served basis. Be sure to register early as we cannot guarantee a spot for your child. Once the program is full, children are placed on a waiting list and contacted in order of received, once space becomes available. * All medications will be locked in a container in a location not accessible to children. If your child requires medications, please let staff know specific instructions. * Please check calendars, the parent communication board, and monthly newsletters as program updates are posted regularly (information and activities within the program). * All parents/guardians are provided with the *SLSACS Parent Handbook* at registration. It outlines all policies and procedures of the program. Parents/guardians are required to read and sign acknowledging their understanding of policies and procedures, as well as agreeance to follow. Failing to comply may result in immediate suspension and/or termination of childcare. |

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| |  |  | | --- | --- | | **TERMINATION OF CARE** | | | **Two (2) weeks written notice** is required prior to terminating your child’s care from Kidz Club. If two weeks notice is not provided, the postdated cheque for childcare fees will be processed as scheduled and there will be no refunds. Parents/guardians can obtain the *Termination of Care* form from the program your child attends. If childcare is required at a later date, a new registration will need to be completed. Change of childcare will also require two weeks written notice. | |  |  | | --- | | **ATTENDANCE** | | If possible, please provide the program with a monthly calendar in advance of all dates your child will not be attending the program. Please notify the program as soon as possible of any absences; If your child does not arrive to program as expected after school, you will receive a phone call from staff confirming the absence. As childcare fees are paid in advance to secure your child’s spot in the program, you will not be refunded/credited for any days your child does not attend program for sick days, vacation, etc. |  |  | | --- | | **SIGNING CHILDREN IN/OUT OF KIDZ CLUB** | | **Parents/Guardians must sign their child in and out of the program.** Children are not allowed to leave the program with someone other then those listed on the authorized pick up section of registration; children will only be released to an adult. **Photo ID will be required** for all persons picking up. If an unlisted individual is picking up your child, it is recommended consent be provided at least 24 hours in advance. |  |  |  |  | | --- | --- | --- | | **BEHAVIOURS** | | | | SLSACS promotes a safe, friendly, and educational environment for all children, families, and staff involved in Kidz Club programs. Intolerable behaviours are subject to immediate suspension of childcare.  Behaviors that will not be tolerated and **can** be reason for immediate suspension and/or termination of childcare include:   * swearing, yelling, kicking, hitting, punching * any sort of physical or threatening violence, including threatening tones * spitting on/at others * damage to property * bullying * running away/hiding from staff * stealing * bodily exposure or inappropriate gestures | | | | **I have read and understand the child guidance policy in the *SLSACS Parent Handbook*** | **Initial:** |  | | | | | | | | |
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| **WELCOME TO KIDZ CLUB!** – please check all boxes or initial indicating your agreeance/understanding | | | | | | | |
|  | I have received a copy of the *SLSACS Parent Handbook* outlining polices and procedures through email | | | | | | |
| Do you require a printed copy of the *SLSACS Parent Handbook* | Yes |  | | No |  |
|  | I am aware I may request a copy of the *SLSACS Parent Handbook* at any time (policies updated monthly) | | | | | | |
|  | I understand any information regarding my child and/or family will not be shared without written permission from me | | | | | | |
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| I agree to participate in a parent orientation with program staff | | | **Initial:** | |  | |
| **OR** | | | | | | | |
| I am familiar with and understand all SLSACS Kidz Club policies and procedures and do not require an orientation | | | **Initial:** | |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Indicate how you would like to receive your receipts (statements) | Monthly |  | Yearly |  | | | | | | | |  |

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| **PERMISSIONS**- Please **initial** yes or no | | **YES** | **NO** |
| **Use of Product Permission**: I give permission for SLSACS staff to administer products such as bug spray, hair spray (lice), sunscreen, afterbite, etc. to my child. | |  |  |
| **First Aid Permission:** I give SLSACS staff permission to administer first aid to my child, if necessary. | |  |  |
| **Emergency Medical Permission:** If emergency medical care is deemed necessary and I cannot be reached, I authorize SLSACS staff to act on my behalf in granting permission for my child to receive emergency medical treatment. | |  |  |
| **Field Trip Permission:** I give permission for my child to go on field trips and outings accompanied by SLSACS staff. **Please note:** Parents/guardians are required to sign consent forms on a trip-by-trip basis. | |  |  |
| **Photograph Permission:** I give permission for my child to appear in any educational and/or media coverage approved by SLSACS. | |  |  |
| **Cultural Information:** Would your family be willing to share cultural information with staff and/or program children?  If yes, what is your cultural background? | |  |  |
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| **Communication:** I authorize communication between SLSACS staff and my child’s school staff. | |  |  |
| **Media:** My child may watch PG rated movies on media days, with SLSACS staff approval. | |  |  |

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| **DECLARATION** | |
| I have read the above and have indicated my response as requested. All information provided in this registration is complete and accurate. I agree to maintain current information with SLSCS and any changes in residence, contact information, place of employment, persons having access to my child, etc. will be reported promptly to the program supervisor by completing a *Change of* *Information* form.  I am familiar with Kidz Club policies and procedures and my rights and responsibilities as Kidz Club members. I agree to follow and comply with all policies and procedures. Failure to comply may result in suspension and/or termination of childcare | |
| Signature of Acknowledgement of Parent/Guardian |
| Parent/Guardian Printed Name |  |
| Child Full Name |  |
| Date (mm/dd/yyyy) |  |

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| **PARENT/GUARDIAN ORIENTATION (completed by staff)** | | | | | | | |
| **Date:** | |  | | **Staff Signature:** | | |  |
|  | Parent Handbook Reviewed-Policies and Procedures | |  | | | Childcare fees/payments | |
|  | Oath of Confidentiality | |  | | | Tour of program | |
|  | Full days of childcare (payments, sign up, etc.) | |  | | | Supervision policies and procedures | |
|  | Subsidy (if applicable) | |  | | Child Guidance policies and procedures | | |
|  | Sick children and health policies | |  | | Not attending protocol | | |
|  | Filed trips/consent | |  | | Alternative emergency location | | |
|  | Indoor/outdoor shoes | |  | | Sign in/out sheets | | |
|  | Peanut free environment | |  | | Bussing (OLR only) | | |

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| **FOR OFFICE USE ONLY** | | | | | | | |
| Date/Time Received: | |  | | | Received By: |  | |
|  | All subsidy documents received | | Date: |  | | Signature: |  |
|  | All childcare payments received (September to June posted dated cheques, registration fee) | | | | | | |
|  | Photocopy of registration form provided to parents/guardians | | | | | | |
|  | Child file complete (portable, registration, medication/allergy forms) | | | | | | |
| **Notes:** | | | | | | | |