



DISCOVERY OUT OF SCHOOL CARE REGISTRATION FORM

CENTRE'S NAME _____ **DATE** _____

CHILD'S NAME _____ BIRTH DATE: ____/____/____ SEX: M OR F _____
(GIVEN NAME) (SURNAME) (MONTH)(DAY)(YEAR)

ADDRESS _____/CITY: _____ AGE: _____ Grade: _____

POSTAL CODE: _____ PHONE NUMBER: _____

PARENT 1: _____ PARENT 2 _____
(GIVEN NAME) (SURNAME) (GIVEN NAME) (SURNAME)

RELATIONSHIP(MOTHER/FATHER) _____ RELATIONSHIP(MOTHER/FATHER): _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ CITY: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

PLACE OF WORK: _____ PLACE OF WORK: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ POSTAL CODE _____ CITY: _____ POSTAL CODE _____

BUSINESS PHONE _____ BUSINESS PHONE _____

EMERGENCY CONTACT PEOPLE:(PLEASE MAKE SURE THESE PEOPLE KNOW TJEIR NAME IS BEING USED BY YOU FOR AN EMERGENCY CONTACT)

1: _____ 2: _____

(GIVEN NAME) (SURNAME) Relationship to child (GIVEN NAME) (SURNAME) Relationship to Child

ADDRESS: _____ ADDRESS _____

CITY: _____ POSTAL CODE _____ CITY _____ POSTAL CODE _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

BUSINESS PHONE: _____ BUSINESS PHONE: _____

PARENT SIGNATURE: _____ DATE SIGNED _____

DISCOVERY OUT OF SCHOOL CARE REGISTRATION FORM

AUTHORIZED PERSONS TO WHOM YOUR CHILD MAY BE RELEASED (FIRST & LAST NAMES):

NAME OF ANY PERSONS WHOM **YOUR CHILD MAY NOT SEE** OR HAVE CONTACT WITH, IF APPLICABLE, CUSTODY ORDERS(YES ____/NO ____).

CHILD'S MEDICAL INFORMATION

FAMILY DOCTOR: _____ PHONE NUMBER: _____

ALBERTA HEALTH CARE INSURANCE NUMBER: _____

1. IS THERE ANY MEDICAL CONDITION YOUR CHILD HAS THAT REQUIRES SPECIAL CARE: (EX: HEART DISEASE, DIABETES, ECT) IF SO, PLEASE STATE BELOW ANY SIGNS TO BE AWARE OF AND APPROPRIATE MEASURES TO BE TAKEN) _____
_____.
2. ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES/NO WHICH HEALTH CLINIC DID THEY LAST ATTEND _____.
3. IS THERE ANYTHING YOUR CHILD IS TERRIFIED OF?(EX. LARGE DOGS/SWIMMING) YES/NO. IF YES, PLEASE STATE BELOW. _____
4. ARE THERE ANY PHYSICAL OR EMOTIONAL CONDITIONS WE SHOULD BE AWARE OF? YES/NO. IF YES, PLEASE STATE BELOW. _____.
5. ALLERGIES, FOOD RESTRICTIONS OR RECURRING MEDICAL ISSUES? YES/NO IF YES, PLEASE STATE BELOW. _____.
6. DOES YOUR CHILD TAKE PRESCRIBED MEDICATION? YES/NO. IF YES PLEASE STATE BELOW. _____.
7. ATHLETE'S FOOT OR OTHER SKIN DISEASE? YES/NO. IF YES PLEASE STATE BELOW. _____.
8. WHAT CHILDHOOD DISEASES HAS YOUR CHILD HAD?
_____.
9. ADDITIONAL INFORMATION: _____.

PARENT SIGNATURE: _____ DATE: _____

DISCOVERY OUT OF SCHOOL CARE REGISTRATION FORM
POLICY & ADMISSIONS AGREEMENT

The generous and understanding EPSB'S school administrators, teachers and custodial staff are one of the most important factors in the Out of School Cares continued success and one of it's most valued assets. Discovery Out of School Care is incorporated as a non-profit society associated under provincial legislation and administered by a Board of Director's.

Discovery Out of School Care meets or exceeds all of the standards established by the department of Alberta Children and Youth Services. It endeavours to provide a welcoming and safe environment varied of interesting programs and nutritious snacks for it's children.

1. Hour's of operation are from 7:00 am to 5:45 pm, Monday to Friday. The centre is closed for winter break (December 24th – January 1st), statutory holidays, Saturdays, and Sundays.
These dates are subject to change.
2. A non-refundable registration fee of \$75/child will be charged at the time of registration to ensure a spot is held. Should the child not take the position the parent will fore fit the fee.
3. Monthly payments will be withdrawn through a PAD Agreement, which is due on the 1st of every month. **A surcharge of \$25 will be charged for payment s received after the 5th of each month.** **There will also be a \$45 charge for NSF cheques.** If amounts owing to the centre are more than 15 days, care will be suspended until payment is made, care will be terminated after 30 days of nonpayment. Parents can make personal application to the Director for extensions.
4. It is the parents responsibility to apply for subsidy and receive approval, hopefully before the child enters the program, If a parent qualifies for subsidy, that parent is responsible for the full amount until subsidy is approved. Parents are to be sure that all documents required for subsidy approval are submitted in a timely manner. It is also the parent's responsibility to keep subsidy current and up to date. Should there be a lapse in subsidy approval, again the parent is responsible for the full amount until subsidy is approved.
5. One month written notice shall be given if the parent withdraws the child. Discovery Out of School Care reserves the right to cancel your child's care at any time if it is in the best interest of the child or others within the centre.
6. **All children must be picked up by a parent or guardian or authorized person of at least 16 years of age. Children of any age will not be allowed to walk hoe alone under any circumstances.**
7. Each child must bring their own lunch. The centre provides nutritious morning and afternoon snacks.

8. Your child must be fully clothed and properly clothed for the seasons and the centre activity upon arrival at the centre. Running shoes are required for the use of the school gym as well as a pair of indoor shoes for the centre. **PLEASE LABEL ALL BELONGINGS.**
9. The centre uses due efforts in caring for children and their effects, however, the centre cannot be liable for any lost or damage to children's clothing, shoes, backpacks or other effects.
10. Your child must remain home when ill or unable to participate in activities normally held during the centre's hours or operation. Any child who contracts a communicable disease such as mumps or measles must remain at home as specified by the City of Edmonton Public Health Policy. If a child becomes ill or seriously injured, the parent/guardian will be notified immediately. If parents have not picked up their child within 1 hour, emergency contacts will be called to pick up the child. **ONLY MEDICATION PRESCRIBED BY A DOCTOR WILL BE ADMINISTRED TO A CHILD. MEDICATION MUST BE GIVEN BY THE PARENT OR THE STAFF MEMBER AND MUST BE LABELED TO INCLUDE THE CHILD'S NAME, DOCTOR'S NAME, AND DOSAGE REQUIRED.**
11. Any change of name, address, phone number or employer must be reported to the centre as soon as possible.
12. It is the practice of the centre to make a phone check with the parents at both home and work numbers if a child has not arrived at the centre after school classes. For their part, parents are expected to notify staff when they know in advance that their child will be absent.
13. Information regarding children who attend our program will be shared from time to time with EPSB school personnel if it is deemed in the best interest of the child. Expect for provisions of the Alberta Child Welfare Act, information will not be provided for any other individuals or organizations without written permission of the child's parent or guardian.

I have read and understood all the policies in this agreement as well as those in the "Parent Information Handbook".

Parent Signature: _____ Date: _____

Discovery Out of School Care Registration Form Transportation Policy

This policy has been created for children who are enrolled in a Discovery OSC. The EPSB staff and Discovery OSC staff will work together as a community and all show concern and responsibility for their children.

Parent is responsible to bring child/children into the centre and inform the staff of their child's arrival.

1. Discovery OSC is responsible to release the child (grade 1-6) at the school's first bell from the OSC entrance/exit and children in kindergarten will be walked to class.
2. OSC staff and the School staff are responsible to supervise children from the 1st bell until the children go into the school.
3. Discovery OSC educators are responsible for supervision of only kindercare students to and from their classroom.
4. In inclement weather children will be kept inside and go to their classrooms from the program.
5. Discovery OSC is responsible to meet and walk only the kindercare students to and from their classroom.
6. Parents are responsible to inform the OSC of any changes in their child's routine of being picked up.

Failure to arrive procedures for Discovery OSC

1. Children are asked if they may or may not have seen the missing classmate.
2. School office is called to determine if the child was marked absent and/or left the school.
3. Once verified that the child is not on the school premise. Parents are called to verify if the child was removed from the school. If a parent/guardian cannot be contacted, emergency persons are phoned. If the child is detained due to school activities and 1 trip has already been made to the class, educators should then ask the school staff to escort the child to our program when their activities are completed. If all the above

steps have been exhausted and we cannot locate the child, the Edmonton City Police will be called.

PARENTS ARE RESPONSIBLE TO NOTIFY EDUCATORS THAT THEIR CHILD WILL BE ABSENT.

Initial: _____

Child's name: _____

Parent's Signature _____ Date: _____

Discovery OSC Registration

Emergency Permission

I hereby give my permission for the staff of Discovery OSC to give my child emergency treatment as they think necessary.

Child's name: _____

I will be responsible for all cost incurred due to the emergency. (ex. Ambulance costs)

Additional Comments:

_____.

Parents Signature: _____ Date: _____

Picture Release

Photograph During Activities.

I hereby release for public or telecast in any news media, the photography taken of:

_____ participating in centre activities.

(child's name) (First) (Last)

To protect the privacy of parent and children, no photograph will be released unless this for is signed.

Parent Signature: _____ Date: _____

Consent for Field Trips

Discovery OSC has full permission to allow my child/children to go on various field trips outside the centre, as well as activities in the school gymnasium and outside tarmac. The children will be supervised by the educators. I understand that I will be notified in advance of the destination, date, and return time of each field trip that is held away from the centre, school gymnasium, outside tarmac and school playground if for some reason my child cannot participate in a field trip, I will notify the staff immediately.

Child's Name: _____

(First)

(Last)

Parent Signature _____ Date: _____

Discovery OSCS is proud of its children and their parents. At every opportunity our staff would like to display your child's artwork.

Artwork/Written Work for Display

Your child is very creative, and we like to show off their art, stories, creations in displays throughout the centre and publication.

Photographs/Media Interviews

In the past the centre has been contacted by the media (news paper, radio, T.V.) for quotes and/or interviews from children and parents. These images and sounds may be published or aired in a variety of locations including audio tapings on T.V., radio and newspaper.

Parents/Children Names/Photographs

Parents and children's names and pictures may be posted by the centre in relation to the daily operation (ex. Cubbies, Photos around the room).

In order for you and your child to have full benefit of the centres program, we need parent's permission for the above areas. Please circle YES or NO to the following item to indicate your willingness for you and your child to participate.

YES/NO Artwork for display/publication

YES/NO Written work for display/publication

YES/NO PHOTOGRAPHS FOR THE CENTRE'S DISPLAY

YES/NO Children and parents name displayed for daily running of the centre.

Child's Name: _____

(First) (Last)

Parent/Guardian (Printed Name) _____

Parent/Guardian Signature _____ Date: _____

DISCOVERY PLACE PRESCHOOL SOCIETY OF EDMONTON PAD AGREEMENT

DATE _____

Pre-authorized Debit Plan Agreement Your Authorization as Payor to DISCOVERY PLACE PRE-SCHOOL SOCIETY OF EDMONTON (the "Payee") to Debit an Account Instructions 1. Please complete all sections in order to instruct your financial institution to make payments directly from your account. 2. Please sign this Authorization. For joint accounts, all account holders must sign if more than 1 signature is required on cheques issued against the account. 3. **Return the completed form to the Payee with a blank cheque marked "VOID or the PAD form from your bank**

Payor Information

Name _____

Child's Name _____

Address _____

Telephone _____

Financial Institution Branch Address to debit my account (attach bank form or void cheque)

DEPOSIT ACCOUNT NUMBER _____

BRANCH TRANSIT NUMBER _____ (5

DIDGITS) FINANCIAL INSTITUTION NUMBER _____ (3

DIDGITS) FINANCIAL INSTITUTION NAME _____

BRANCH ADDRESS _____

You, the Payor may revoke your authorization at any time by contacting DISCOVERY PLACE PRE-SCHOOL SOCIETY OF EDMONTON by phone or email. Subject to providing 10 days notice. To obtain a sample cancellation form or for more information on your right to cancel a PAD agreement, contact your financial institution.

Type of Service _____ Personal _____ Business

Payment Frequency **MONTHLY** to be withdrawn on the **1st** of every
month

Payment Start Date (MM/dd/yy) _____

Name of Account Holder Signature and Date _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution.

DISCOVERY PLACE PRESCHOOL SOCIETY OF EDMONTON 4308 Whitelaw Way NW Edmonton, AB T6W 0P4

FOR OFFICE USE ONLY

LOCATION	TYPE OF SERVICE (KINDER OSC PRESCHOOL)	AMOUNT