School Year: 2021/2022 Father Leduc Kindercare Program Father Leduc Kindercare Program



CHILD'S FULL NAME:		
Birthdate (mm/dd/yyyy):	Age:	Gender: M F Grade:
Alberta Health Care Insuran	ce Number:	
Family Doctor Name and Clin	ic Phone Number:	
Is your child up to date on h	nis/her immunizations: Y N	
Any allergies or dietary rest	rictions we should be aware of	f? Y N
If YES, what?		
Does your child have any me	dical conditions we should be a	aware of? YNIf YES, please ensure the
office has a separate medica	al form on file.	
Brief description of medical	condition:	
MOTHER/GUARDIAN FUL	L NAME:	
Full Address with Postal Cod	e:	
Home Ph #:	Cell Ph #:	Work Ph #:
Email address:		
FATHER/GUARDIAN FULL	L NAME:	
Full Address with PC:		
		Work Ph #:
Email Address:		
FMFRGENCY CONTACTS	(other than parents/guardians,	must speak Fnalish):
	(c	• •
		Work Ph #:
#2 Full Name:		Work Ph #:
FEES:		
\$3,200.00 per year		
\$320.00 non-refundable dep	osit must be paid by post date	ed cheque (June 1 2021) with application
· · · · · · · · · · · · · · · · · · ·	•	catholic.schoolcashonline.com/ (payments must
be set up by Sept 30th 2021	l)	
Version: January 2021		

Name	Relation		Phone Number
Please Note: The Alberta Gove	_	•	
of individuals allowed to pick u		•	• •
they are not on the list, we w	ill NOT release your ch	nild. If at any t	ime you would like to add
or remove an individual, please	and an Out of Caland	C+- ££	han
or remove an individual, please	ask an Out of School	care statt mem	der.
or remove an individual, please	ask an Out of School	Care statt mem	ber.
PARENT/GUARDIAN SIGNA			
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PARENT/GUARDIAN SIGNA Note: This information is b	TURE:	D.	ATE:
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PARENT/GUARDIAN SIGNA Note: This information is b	TURE: Deing collected and use the state of the st	ed in accordan f Privacy laws al Treatment	ATE: ce with the - FOIP (1997)
PARENT/GUARDIAN SIGNA Note: This information is b Freedom of Informa The undersigned,	TURE:	ed in accordan f Privacy laws al Treatment, being the	ATE: ce with the - FOIP (1997) legal parent/guardian of lemployed by the Father
PARENT/GUARDIAN SIGNA Note: This information is b Freedom of Informa The undersigned, Leduc Kindercare program to prove	TURE:	ed in accordan f Privacy laws al Treatment , being the uthorize personnel d medical treatment	ce with the - FOIP (1997) legal parent/guardian of lemployed by the Father nt to the said child.
PARENT/GUARDIAN SIGNA Note: This information is b Freedom of Informa The undersigned,	TURE:	ed in accordant f Privacy laws al Treatment , being the atthorize personnel medical treatment any action or inaction.	ce with the - FOIP (1997) legal parent/guardian of lemployed by the Father nt to the said child. ction of any personnel of the
Note: This information is b Freedom of Informa The undersigned, Leduc Kindercare program to prove This will serve as a release and inceptation Father Leduc Kindercare program medical treatment to the said students.	consent for Medical parents and auxide necessary first aid and demnification of and from associated with the renderent. The undersigned parents are according to the content of the conten	ed in accordant frivacy laws al Treatment , being the atthorize personnel and medical treatment any action or inacting of first aid or ant/legal guardian in	ce with the - FOIP (1997) legal parent/guardian of lemployed by the Father nt to the said child. ction of any personnel of the administering of recognizes and acknowledges
PARENT/GUARDIAN SIGNA Note: This information is b Freedom of Information The undersigned, Leduc Kindercare program to prove this will serve as a release and inceptation.	consent for Medical project and auxide necessary first aid and demnification of and from associated with the renderent. The undersigned parent program who may, as a respective program who may a respective pr	ed in accordant frivacy laws al Treatment , being the atthorize personnel medical treatment any action or inacting of first aid or int/legal guardian aresult of this requirement.	ce with the - FOIP (1997) legal parent/guardian of lemployed by the Father nt to the said child. ction of any personnel of the administering of recognizes and acknowledges est, be rendering first aid or
PARENT/GUARDIAN SIGNA Note: This information is b Freedom of Information The undersigned, Leduc Kindercare program to prove the serve as a release and inceptation for the said student that the personnel employed by the	consent for Medical program who may, as a root the said child, are not medical program with the renderment.	ed in accordant frivacy laws al Treatment , being the atthorize personnel and medical treatment any action or inacting of first aid or int/legal guardian in result of this requestion or included any action or interest and or inter	ce with the - FOIP (1997) legal parent/guardian of lemployed by the Father nt to the said child. ction of any personnel of the administering of recognizes and acknowledges est, be rendering first aid or
PARENT/GUARDIAN SIGNA Note: This information is b Freedom of Information The undersigned, Leduc Kindercare program to prove this will serve as a release and inceptation for the said students that the personnel employed by the administering medical treatment to the said students and the personnel employed by the administering medical treatment to the said students and the personnel employed by the administering medical treatment to the said students and the personnel employed by the administering medical treatment to the said students are said students.	TURE:	ed in accordant frivacy laws al Treatment , being the standard and action or inacting of first aid or int/legal guardian in result of this requestion or included and action or included and action or interesult of this requestion.	ce with the - FOIP (1997) legal parent/guardian of lemployed by the Father nt to the said child. ction of any personnel of the administering of recognizes and acknowledges est, be rendering first aid or