



School Year: 2022/2023

## Father Leduc Out of School Care

CHILD'S FULL NAME: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Grade: \_\_\_\_\_

Alberta Health Care Insurance Number: \_\_\_\_\_

Family Doctor Name and Clinic Phone Number: \_\_\_\_\_

Is your child up to date on his/her immunizations: Y \_\_\_ N \_\_\_

Any allergies or dietary restrictions we should be aware of? Y \_\_\_ N \_\_\_

If YES, what? \_\_\_\_\_

If your child has any medical conditions please fill out a separate Father Leduc Catholic School medical form and attach with registration.

Medical Form Attached: Y \_\_\_ N \_\_\_

MOTHER/GUARDIAN FULL NAME: \_\_\_\_\_

Full Address with Postal Code: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Email address: \_\_\_\_\_

FATHER/GUARDIAN FULL NAME: \_\_\_\_\_

Full Address with PC: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

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

### EMERGENCY CONTACTS (other than parents/guardians, must speak English):

#1 Full Name: \_\_\_\_\_

Full Address with PC: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

#2 Full Name: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

### FEES:

\$90 per month for Before School Care (7:30am - 8:30am): \_\_\_\_\_

\$180 per month for Afternoon School Care Only (3:00pm - 5:00pm): \_\_\_\_\_

Non-Refundable deposit for Sept must be paid at time of application (post dated for June 1 2022)  
Payments for Oct-June must be setup on <http://starcatholic.schoolcashionline.com> by Sept 30, 2022

**ALTERNATE PICK UP LIST: (Other than your Emergency Contacts ex: Sibling, Grandparent, Friend)**

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please Note: The Alberta Government Licensing Act requires all care programs to have a list of individuals allowed to pick up your child. If a person arrives to pick up your child and they are not on the list, we will NOT release your child. If at any time you would like to add or remove an individual, please ask an Out of School Care staff member.**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Note: This information is being collected and used in accordance with the Freedom of Information and Protection of Privacy laws - FOIP (1997)**

**Consent for Medical Treatment**

The undersigned, \_\_\_\_\_, being the legal parent/guardian of \_\_\_\_\_, request and authorize personnel employed by the Father Leduc Out of School Care program to provide necessary first aid and medical treatment to the said child. This will serve as a release and indemnification of and from any action or inaction of any personnel of the Father Leduc Out of School Care program associated with the rendering of first aid or administering of medical treatment to the said student. The undersigned parent/legal guardian recognizes and acknowledges that the personnel employed by the program who may, as a result of this request, be rendering first aid or administering medical treatment to the said child, are not medical practitioners.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_