

School Year: 2022/2023

Father Leduc Kindercare Program



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? _____

Does your child have any medical conditions we should be aware of? Y___ N___ If YES, please ensure the office has a separate medical form on file.

Brief description of medical condition: _____

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:

\$3,200.00 per year

\$320.00 non-refundable deposit must be paid by post dated cheque (June 1 2022) with application

\$2880.00 Can be paid by monthly payments at <http://starcatholic.schoolcashonline.com/> (payments must be set up by Sept 30th 2022)

PICK UP LIST: (must include any person who can pick up your child)

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 Kindercare 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 Kindercare 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: _____

Transportation Agreement for Father Leduc Out of School Care

Student Name: _____ D.O.B.: _____

Name of School: Father Leduc OSC

School Address: 400 Sheppard Blvd.

Leduc, AB T9E 1C1

780-986-0045

Primary Person Responsible for drop off and pick up: _____

- All children will be dropped off and picked up via the front entrance of the school. The children will enter and exit through the front doors, unless parents are notified we are at a playground or field.
- Parents and guardians are responsible to transport their children to and from school
- OSC hours are from 7:30-8:25 AM and 3:10-5:00 PM on school days.
- In the AM the students will be dismissed from the gym or Learning Commons by staff. They will be signed out and students will walk to their classrooms.
- At 3:10 PM, students in grades 3-6 are dismissed by their teachers and they make their way independently up to the Learning Commons for program sign in. Students in grades K-2 are lined up by a staff member and dismissed at 3:10 PM to an OSC staff member on the stairs that brings them into the Learning Commons.
- If a child doesn't show up at the Learning Commons by 3:20, a staff member will contact the secretary to see if they have any information on the child. If the office has no information of the child being away or picked up, the child will be paged and asked to go immediately to the Learning Commons. Staff will be in contact with the school office. If a child is not found, we will call parents or guardians immediately. If we cannot get ahold of parents or guardians, emergency contacts will be called. At this point school office staff or administration will take over identifying the whereabouts of the child. OSC staff will continue the care of all other OSC students.
- It is the parent's responsibility to contact OSC phone 587-873-4539 with any absences or change of main pick-up persons.
- We must have at least 2 Emergency Contacts for your child on your registration form. Your emergency contact must be informed they are on the list.
- All care plans for each student will be exchanged with OSC staff and classroom teachers.

Date: _____

Parent Name: _____ (print)

Parent Signature: _____