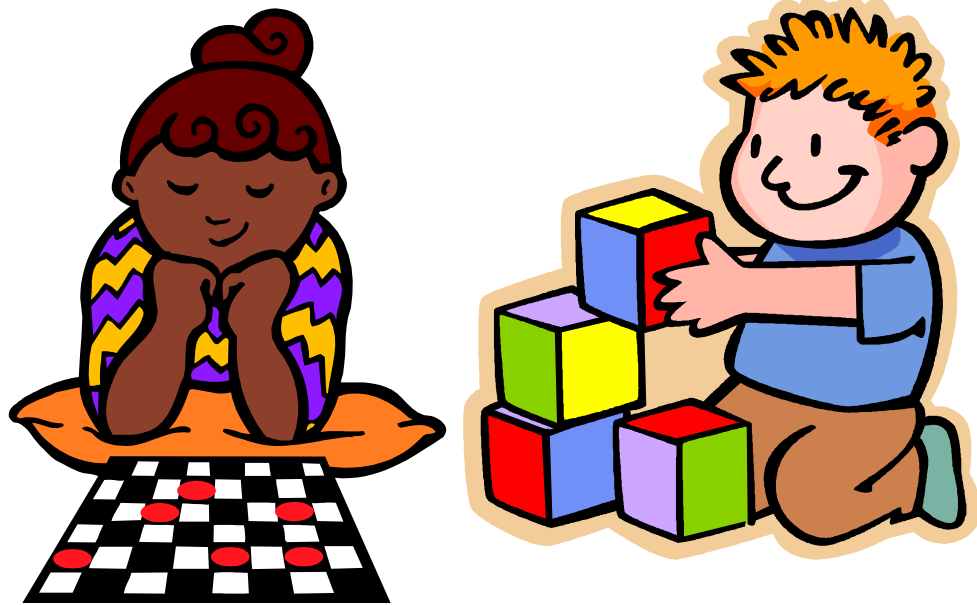


# R&S Out of School Care Inc.



## Registration Guide

For the 2019-2020 School Year

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ in \_\_\_\_\_ - \_\_\_\_\_ school year.

## **R&S Out of School Care Inc.**

11445 – 40 Avenue Edmonton, Alberta T6J 0R4  
Phone: (780) 905-9651 (780) 906-2258 (587) 920-7456 Fax: (780)  
Email : [randsosc@gmail.com](mailto:randsosc@gmail.com) Website : [www.randsosc.com](http://www.randsosc.com)

Fully accredited since 2010 and proudly serving the community for over 20 years.

Child's name (nick name) \_\_\_\_\_

Sex: Female \_\_\_ Male \_\_\_ Birth date: \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

2<sup>nd</sup> Child's name (nick name) \_\_\_\_\_

Sex: Female \_\_\_ Male \_\_\_ Birth date: \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

Enrolment Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Full Time Care (AM & PM) \_\_\_\_\_ Part Time Care (AM or PM) \_\_\_\_\_

Drivers License \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_

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

Address of Child's Residence \_\_\_\_\_, Alberta

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

### **Kindergarten**

*Please clearly indicate:*

My child is enrolled in the \_\_\_\_\_ program at \_\_\_\_\_ School,  
AM/PM

therefore I will require \_\_\_\_\_ care at R&S.  
AM/PM

## Emergency Contacts

Please provide 2 emergency contacts below. These must be 2 individuals **other** than the parents/guardians and they must reside in the Edmonton area.

1. Emergency Contact Name _____ Relationship to child _____ Address _____ Phone _____
2. Emergency Contact Name _____ Relationship to child _____ Address _____ Phone _____

## FAMILY INFORMATION

### Parent 1

Mother  Father

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Hours \_\_\_\_\_

Marital Status \_\_\_\_\_

### Parent 2

Mother  Father

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Hours \_\_\_\_\_

Marital Status \_\_\_\_\_

If divorced or separated, please answer the following:

How long have you been separated? \_\_\_\_\_

Does your spouse have contact with the children? \_\_\_\_\_

How often? \_\_\_\_\_

Are there any problems regarding your ex-spouse that we should be aware of?

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Reason for requiring childcare \_\_\_\_\_

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Who will be bringing your child(ren) to R&S \_\_\_\_\_

Who will be picking up your child(ren) from R&S \_\_\_\_\_

### Medical Information

Is your child(ren) in good physical health? \_\_\_\_\_

Is your child's(ren's) immunization up-to-date? \_\_\_\_\_

Are there any medical problems we should be aware of? \_\_\_\_\_

	Date dd/mm/yyyy	Date dd/mm/yyyy	Date dd/mm/yyyy	Date dd/mm/yyyy
Whooping cough				
Diphtheria				
Tetanus				
Salk Polio				
Measles				
Mumps				
Rubella				

Does your child(ren) have any allergies? If you have more than one child, please state what child has the allergy. \_\_\_\_\_

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If yes, describe the reaction and what action must be taken in the event of a reaction

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Is your child(ren) taking any medication? If yes, please list them

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Does your child self-administer any medication? (Ventolin, Insulin etc.) If yes\*, please identify the medication and frequency:\_\_\_\_\_

*\*If your child self-administers medication, please refer to the Permission for Self-Administration form*

*\*If your child always carries an EpiPen or inhaler in their knapsack, it needs to be stored on top of the piano in the main R&S area daily. If inhalers and EpiPens only comes to R&S occasionally, staff need to be informed and the above will apply.*

Where is the medication kept? (Lunchbox etc.) \_\_\_\_\_

Family Physician: DR. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency, do we have permission to take your child to the nearest hospital?

Yes \_\_\_\_\_ Signature \_\_\_\_\_

No \_\_\_\_\_ Signature \_\_\_\_\_

Does your child have any of the following?

Nose Bleeds \_\_\_\_\_ Earaches \_\_\_\_\_ Glasses \_\_\_\_\_

Toothaches \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Speech Problems \_\_\_\_\_

Does your child have any conditions treated with a prescription drug on a long-term basis?

Eczema \_\_\_\_\_ Seizures \_\_\_\_\_ Other (please list) \_\_\_\_\_

What drug is used to treat the condition? \_\_\_\_\_

What treatment is used for treating your child's medical needs? \_\_\_\_\_

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Are there any medical conditions or behavioral issues we need to be aware of? If so, do you have a medical diagnosis from your doctor? If you have more than one child, please state the name of the child that has the medical condition.

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Does your child(ren) have any fears?

\_\_\_\_\_

Many children exhibit certain behaviour when under stress. Does your child:

Bite nails \_\_\_\_\_ Twirl Hair \_\_\_\_\_ Have temper tantrums \_\_\_\_\_

Other \_\_\_\_\_

Can your child communicate well for his/her age? \_\_\_\_\_

Is there anything else you would like to tell us about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What goals do you have for your child when they are in our program? \_\_\_\_\_

\_\_\_\_\_

Who lives in your home? \_\_\_\_\_

Who visits often? \_\_\_\_\_

Who is most responsible for looking after your child? \_\_\_\_\_

What and how does your family celebrate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any aspects of dress that are important to your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Dietary Considerations**

What foods does your child(ren) like? \_\_\_\_\_

Not like? \_\_\_\_\_

Is there any food your child doesn't/shouldn't eat? \_\_\_\_\_

**Authorization/Release**

It is the parent's responsibility to notify the centre in advance, as to who from the authorized list will be picking up your child(ren).

I hereby give permission for the following person/(s) to pick up my child(ren) from the centre:

_____	_____
_____	_____
_____	_____

**Comments and/or other relevant information:**

\_\_\_\_\_

\_\_\_\_\_

**Subsidies**

Eligible lower-income families can apply for subsidies to offset the cost of child care. For information on subsidies, or to find out if you qualify, call (780) 427-0444 or visit <https://www.alberta.ca/child-care-subsidy.aspx>

Eligible families can be rewarded as much as \$310 for children in out-of-school care according to the Government of Alberta. All forms must be **completed and approved**.

**Late Pick-Up Fee Agreement**

As per section 26, page 25 of our Parent Handbook, R&S Out of School Care Inc. closes at 6:00 PM. Failure to pick up a child prior to 6:00 PM will result in a charge of \$2.00 per minute. The late fee may be appealed if staff have been notified of a late-pick up and a reasonable explanation is provided. In the case of a late pick up, you will agree to pay the staff on duty directly.

I, \_\_\_\_\_ hereby agree to the conditions listed above.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**E-mail Subscription for Monthly Newsletters**

Each month, R&S sends out a monthly electronic newsletter with important information such as dates of closure, fees, policy changes, field trips, and more. We highly encourage parents to read our monthly newsletters.

Please provide an email(s) where we may send you the newsletters below:

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**Permission to Post Student Medical/Allergy Information**

The Freedom of Information and Protection of Privacy Act (FOIP) sets controls and standards on how childcare centers collect, use, disclose and dispose of personal information in their custody or under their control. Because it is so important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post information identifying your child’s name and medical information.

We understand that the student’s medical information is provided to us in confidence and it will be protected and used in compliance with the FOIP Act.

I, \_\_\_\_\_, hereby consent to the use of my child’s information as listed and described above.

\_\_\_\_\_  
(Full name of student)

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)

**Permission to Post Student Information**

The Freedom of Information and Protection of Privacy Act (FOIP) sets controls and standards on how childcare centers collect, use, disclose and dispose of personal information in their custody or under their control.

Student information may be used for the following purpose(s):

- Child’s name on sign out

I, \_\_\_\_\_, hereby consent to the use of my child’s information as listed and described above.

\_\_\_\_\_  
(Full name of student)



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**(Parent/Guardian signature)**

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**(Date)**

**Permission to Post Photographs or Videotape**

At R&S O.S.C., students in all grade levels will have the opportunity to participate in various crafts, activities, field trips, and other special events. Students are frequently photographed on request, as they love to show off their creations, their skills, and their friendships. These photos may be used for R&S, within the center on our many display boards and/or our newly re-designed information website.

Your permission is required for the following to take place. Please sign and return this form to R&S indicating your willingness for your child's image to be used for the above purposes.

Yes, I consent to:

- Having my child photographed and/or video taped
- Having my child's artwork photographed
- Having my child's images/artwork being on the R&S website. (child's name will not be posted)
- R&S O.S.C. using the images in publications, advertisements and promotional materials including websites
- Having my child's photo or his/her artwork displayed or presented within the center on display board
- Having my child's images/artwork being posted on the R&S Facebook Page. (child's name will not be posted)

The images may be kept and used for an undetermined time period as long as they are relevant and valid. If you decided to revoke your permission, you may do so at any time by contacting me.

Student's Name: \_\_\_\_\_  
(first and last name printed out)

Parent/Guardian(s) Signature: \_\_\_\_\_

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

## Transportation Policy & Contract

This agreement is between (Family Name) \_\_\_\_\_ and R&S Out of School Care (R&S O.S.C.) regarding the transportation of your child(ren) to and/or from R&S O.S.C. located at Dayspring Presbyterian Church on 11445- 40 Ave.

*Method of transportation: **walking***

You agree to have your child(ren) \_\_\_\_\_ escorted to and/or from \_\_\_\_\_ School to R&S O.S.C. by an R&S staff member. On all morning walks, students will be escorted to their school by staff. Staff do not leave school yard until the children are in groupings at the door, until the first bell, or until the

children are well within the school grounds with the supervisor on duty. If you have any special requests such as walking your child to their specific door or walking them to the office, please let us know prior to registration and we will do our best to accommodate those needs.

If your child(ren) have any special needs or require extra assistance in walking to and from the school, staff can accommodate those needs by holding the child(ren)'s hand(s) during the walk. When staff are unable to hold a child's hand (e.g. when using both arms to signal and protect children while crossing the road), the child will be asked to hold another child's hand. If the child refuses to hold another child's hand, they must be able to stand safely on their own and follow staff instructions, particularly while crossing roads. The specific signal words "leader's lead" will be given by staff when they feel it is safe for the children to cross. **All children need to stand or walk safely while the staff direct them across the street.** Upon crossing, the staff can again take the child's hand.

- \* The pre-determined after school pick up area for St. Boniface is located inside the main doors in front of the office. This walk is approximately 5 minutes\*, depending on weather conditions. Bell times are 8:25am, 3:08pm, and early Thursdays are 12noon.
- \* The pre-determined after school pick up area for Richard Secord is located at the Southeast entrance doors facing 40<sup>th</sup> Ave. This walk is approximately 5 min\*, depending on weather conditions. Bell times are 8:36am, 3:26pm, and early Thursdays are 2:15pm.
- \* The pre-determined after school pick-up area for Westbrook is the East entrance nearest the tarmac and facing 119<sup>th</sup>St. This walk is approximately 8 minutes\*, depending on weather conditions. Bell times are 8:30am and 3:00pm.
- \* The pre-determined after school pick-up area for St. Stanislaus is on the west side of the school (front) by the St. Stanislaus sign. This walk is approximately 4 minutes\*, depending on weather conditions. Bell times are 8:30am, 3:19pm, and early Thursdays are 11:50am.
- \* The pre-determined after school pick-up area for Greenfield is the south main entrance facing the 114<sup>th</sup>St. This walk is approximately 6 minutes\*, depending on weather conditions. Bell times are 8:35am, 3:27pm, and early Thursdays are 2:07pm.

*\*Approximate times have been decided based on the lengthiest possible scenarios.*

All morning departure times from the center will be adjusted accordingly, depending on weather conditions, to ensure your children will get to school on time. During winter months, walk times may be extended to account for slower paces due to safety, and children may wait indoors at designated areas. St. Stanislaus and Greenfield walks are always done together and, depending on the needs of the children, Westbrook and St. Boniface may be walked together or separately in the morning.

When enhanced ratio is possible, each school will have their own walk. When not, due to staffing constrictions, some walks may be combined and affect departure times.

A.M. Departure Times from R&S to Schools:

Westbrook – 8:10

St. Boniface- 8:12

Richard Secord- 8:20 if going alone; 8:10 if combined with other schools but drop-off will be approximately 8:30)

St. Stanislaus/Greenfield- 8:15

\*If your child does **not arrive at R&S by 8:00** in the morning, please kindly take them to school.

All walks will have a **no gum policy**, as it can be a safety concern.

It is the parents responsibility to provide transportation to and from school if Yellow Bussing is required, as well as to notify the driver if their child(ren) will be absent. Yellow Bus students will be dropped off and picked up from the East entrance, nearest 40<sup>th</sup>Ave, at Dayspring Presbyterian Church.

We will drop off and pick up your child at their respective schools each school day. The following procedures are to be taken if a child is not at the designated meeting area within 10 minutes of dismissal:

1. Other children (particularly siblings, friends, classmates) will be asked of his/her whereabouts
2. The child's room is checked
3. The school's office is contacted to confirm attendance & asked to page the student
4. Halls and bathrooms are checked

If the child is not found at the above locations:

1. Staff will phone the parents
  - a. If parents and emergency contacts do not know where the child is, 911 will be contacted
2. Staff will phone center
3. R&S at center will phone back to provide direction (come back to center, wait, etc.)
4. In the event that a parent fails to notify R&S staff of a child's absence from school, a written notice will be issued and documented. Every subsequent notice will be accompanied by a \$25.00 penalty.

Field Trip Transportation:

Individual field trip transportation forms will be given to the parents to read, sign and return. The information will contain destination, address, method, departure times, arrival times, phone number and staff ratios. The center uses Yellow Buses and/or walking for transportation on field trips. Bus behaviour and expectations are explained to the children before each trip.

- \* **You agree to notify the Center if your child(ren) will be absent from the Center on any given day.**
- \* **You agree to dress your child(ren) accordingly, depending on weather conditions, and understand that children will be required to wear everything they are sent to school with.**
- \* **EXTREME WINTER WEATHER CONDITIONS: You agree to the R&S “Eyes Only” Policy. On days with high wind-chills and low temperatures, children are only allowed to leave the center once they have completely covered and “eyes only” are visible.**
- \* **You AGREE to allow your children to be walked under all weather circumstances, or, if you feel that the weather is too extreme, you will arrange for your child to get to school in another way (eg: you will drive your child or arrange for a taxi)**

My children will require the following escorted walks: (please check)

BEFORE school \_\_\_\_\_

AFTER school \_\_\_\_\_

**I have read and agree with the above Transportation Policy Contract.**

\_\_\_\_\_  
**(Signature of Parent)**

\_\_\_\_\_  
**(Signature of Operator)**

\_\_\_\_\_  
**(Date)**

**Child Care Contract**

In compensation for providing care to my child(ren), I agree to the following:

1. I agree to abide by the policies outlined in the Parent Handbook, and understand that failure to do so will result in the termination of childcare services. I understand that this is a contract and my signature indicates that I have read and understood the policies outlined in the Handbook and that I will agree to honor this contract.
2. I release R&S Out of School Care from liability for accidents or illness occurring while my child is in the Center or on field trips. Only gross negligence is exempt.
3. In the event of an emergency, I give R&S Out of School Care permission to seek medical attention and administer first aid. If I cannot be reached, I give permission for any medical procedure deemed necessary by any doctor selected by the Center. I understand that I remain responsible for any expenses incurred by this attention.
4. I agree to pay R&S O.S.C. the sum of \$\_\_\_\_\_ per month for the care of my child. I understand this payment must be made in advance, at the beginning of every month in which childcare is received. All fees are non-refundable and non-transferable.
5. R&S O.S.C. reserves the right to increase monthly fees, in accordance with the Province of Alberta schedule. Thirty days written notice will be provided.
6. Delinquent fees are considered a breach of contract and reason for termination. I acknowledge that I will be liable to a small claims judgment, in the amount of one month's notice.
7. I agree that it is my responsibility to notify the Director at least one month prior to withdrawing my child from care.
8. I understand that the liability insurance policy of R&S O.S.C. does not cover children in attendance before the hour of 7:00am or after the hour of 6:00pm (a copy of the insurance held by R&S O.S.C. will be made to available to parents upon request), nor is the church or its staff able to accept responsibility for children at any time.
9. I understand that R&S O.S.C. reserves the right to terminate childcare services for any reason seen fit by the Director.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

## Neighbourhood Walk Permission Form

I \_\_\_\_\_ grant permission to the staff at R&S  
(Full parent Name, please print)

to walk with my child \_\_\_\_\_ to off-site  
(Full Child's Name, please print)

neighbourhood excursions throughout the year. Off-site excursions can include but are not limited to:

nearby parks, playgrounds, community, skating rinks, sledding hills, emergency building evacuation practices, swimming or splash parks, and any local events within the communities.

If your child(ren) have any special needs or require extra assistance in walking to and from the school, staff can accommodate those needs by holding the child(ren)'s hand(s) during the walk. When staff are unable to hold a child's hand (e.g. when using both arms to signal and protect children while crossing the road), the child will be asked to hold another child's hand. If the child refuses to hold another child's hand, they must be able to stand safely on their own and follow staff instructions, particularly while crossing roads. The specific signal words "leader's lead" will be given by staff when they feel it is safe for the children to cross. **All children need to stand or walk safely while the staff direct them across the street.** Upon crossing, the staff can again take the child's hand.

Greenfield Park: 3735 – 114 St.  
Richard Secord Park: 4025 – 117 St.  
Aspen Gardens Park: 12015 – 39A Ave  
Royal Gardens Park: 4030 – 117 St.  
Westbrook Park: 11915 – 40 Ave NW  
St. Boniface Park: 11810 – 40 Ave  
St. Stanislaus Park: 3855 – 114 St.  
Mac's Convenience Store: 11737 – 40 Ave  
No Frills: 11405 – 40 Ave  
Subway: 11405 – 40 Ave  
Petrolia Mall: 11411 – 40 Ave  
Confederation Pool: 11204 – 43 Ave  
Rainbow Valley Ravine: 13204 – 45 Ave

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Director or R&S staff)

**Parent/Guardian medication consent and release form**

Student Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Reason for Medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify the times, situations or procedures in which R&S staff are to administer medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request and authorize R&S Out of School Care staff to administer the following medication as treatment to \_\_\_\_\_.  
(Child's Name)

In case of a severe reaction, the following steps should be taken/performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request and give consent to any R&S staff member to administer this prescribed medication at R&S, onsite or off, with the full realization that R&S staff are not medically trained. I will provide my child's medication in its original container, which provides directions, dosage, and administration times.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## **Parent/Child Orientation Checklist**

Parents and children of new families to the center are given a tour of the center including:

- Boots/knapsack/coat area
- Washrooms (including wheelchair accessible)
- Kitchen/food preparation area
- Snack areas
- Manipulative room
- Craft room
- Dramatic play/dance area
- Courtyard
- 456 Area
- Back door
- Emergency fire exits
- Fire drill route
- Lockdown drill route
- Staff area
- Procedure to sign children out at the end of the day and parent signature at the end of the week
- Add date and time on voice messages left
- A fee of \$25.00 charged if R&S is not notified of child absences. This will be strictly enforced.

Program Supervisor/Director or Staff has verbally gone through all the information in the Parent Handbook:

\_\_\_\_\_  
Program Supervisor/Director or Staff Signature

I have read and understand the contents of the Parent Handbook:

\_\_\_\_\_  
Parent Signature

I have read and understand the contents of the Health and Safety Policies:

\_\_\_\_\_  
Parent Signature

I understand and have fully completed the Medical Information Section:

\_\_\_\_\_  
Parent Signature

My child and I have had an orientation of the centre and are aware of procedures, protocols and schedules.

\_\_\_\_\_  
Parent Signature