



KIDZINC School Age Care Society of Alberta

4411 10 Avenue SW, Calgary, AB T3C 0L9
Tel. 403.240.2059 Fax. 403.450.9684 Email. kidzinc@telus.net
www.calgarykidzinc.ca

REGISTRATION FORM

CHILD INFORMATION

Last Name _____ First Name _____ Initial _____

Birth Date _____ Age _____ Grade (Sept. 2017) _____ School _____
(print date in full)

Child's Primary Address _____

KidZinc Location _____ Immunization Up-to-Date YES _____ NO _____

Allergies/Medical Needs _____

Other Important Information _____

Components of Child Care Needed AM PM BOTH

PARENT/GUARDIAN #1 INFORMATION

PARENT/GUARDIAN #2 INFORMATION

Name _____

Address _____

Postal Code _____

Phone (home) _____

(work) _____

(cell) _____

Email _____

Relationship to child _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

Postal Code _____

Phone _____

Relationship to child _____

Name _____

Address _____

Postal Code _____

Phone _____

Relationship to child _____

OFFICE USE ONLY:

New Returning Start Date: _____

Registration Deposit Yes No AMOUNT _____ PAYMENT TYPE _____

Fees Paid By: Credit Card Direct Debit

Registry Payment Database Email List Left Program Date: _____



GENERAL CONSENT

I, the parent and/or guardian of _____ hereby give my approval and consent for the following:

- I have read, understand, and agree to the policies outlined in the KidZinc Parent Handbook
- I consent for first aid to be administered to my child should he/she become injured or ill while in the care of KidZinc.
- I consent for my child to receive emergency health care should he/she suffer an injury or serious illness while in the care of KidZinc
- I agree to pay monthly childcare fees in full, as outlined in the Fee Schedule, on the first day of each month.
- I agree to pay any additional fees required as outlined on the Fee Schedule
- I understand I must provide 30 days written notice of cancellation of care or I will be charged the full months fee.

Signed: _____
(Parent/Guardian Signature)

Name: _____
(Parent/Guardian Name – please print)

Date: _____



OUT-TRIP PERMISSION FORM

On occasion staff may take children on short excursions within several blocks of a program location without advance posting (nearby playgrounds, neighbourhood walks, another program location, etc.) Staff are required to post notices on program doors informing parents/guardians of their location.

I _____ give permission for
(Parent/Guardian)

_____ to participate in community out-trips
(Child's Name)

for the 2017/2018 school year.

Signed:

(Parent/Guardian Signature)

Date:



TRANSPORTATION POLICY AND RELEASE FORM

All children requiring transportation by KidZinc School Age Care are transported in accordance with Alberta Transportation regulations and as outlined in the KidZinc Parent Handbook.

Signing below acknowledges that you have read the transportation guidelines outlined in the Parent Handbook and that you agree to the conditions of the policy.

It is parent's responsibility to make alternative transportation arrangements for children who miss their scheduled bus.

I _____ give permission for
(Parent/Guardian)

_____ to be transported between
(Child's Name)

the KidZinc program centre and school for the 2017/2018 school year.

Signed: _____
(Parent/Guardian Signature)

Date: _____



CODE OF CONDUCT

KidZinc programs are professional childcare facilities and working environments. In order to ensure a safe and respectful atmosphere for all program participants and staff, parents and guardians are asked to adhere to the following Code of Conduct.

I, _____, the parent/guardian of
(Parent/Guardian Name)

_____ agree to:
(Child's name)

- Bring any concerns directly to a program staff member. Should concerns require a significant amount of discussion time, I will book a meeting time outside of program hours.
- Refrain from directly addressing the behavior of other children in the program.
- Settle disputes or disagreements with other parents outside the program.
- Speak respectfully to and about program staff and participants.
- Support staff in their child mentoring role by speaking in a positive manner about program staff to my child
- Refrain from using profanity or foul language in the program or in communication with program staff
- Refrain from using abusive or threatening language or behavior in the program
- Supervise younger siblings, who are not program registrants, while they are in the program during drop-off and pick-up
- Support a professional employee/client relationship by understanding that KidZinc policy strongly discourages KidZinc employees and parents from engaging in romantic relationships.
- Support KidZinc's relationship with community stakeholders by abiding by posted signs and rules in and around KidZinc rented program spaces (ie. parking signs)

By signing below, you are agreeing to comply with the above stated Code of Conduct. KidZinc reserves the right to terminate care without notice to families in violation of the Code of Conduct.

Signed: _____
(Parent/Guardian Signature)

Date: _____



MEDIA RELEASE

I _____ give media release permission for
(Parent/Guardian)

_____ in the following areas:
(Child's Name)

Check all that apply:

- I give consent for my child's artwork or writing to be used in KidZinc newsletters, posters, brochures or other written marketing materials.
- I give consent for my child's artwork or writing to be used on the KidZinc website.
- I give consent for my child's artwork or writing to be used on KidZinc social media accounts (Facebook and Twitter).
- I give consent for my child's photo to be posted in the KidZinc program.
- I give consent for my child's photo to be used on the KidZinc website.
- I give consent for my child's photo/video to be used in KidZinc newsletters, posters, brochures or other written marketing materials.
- I give consent for my child's photo/video to be used on the KidZinc website.
- I give consent for my child's photo/video to be used on KidZinc social media accounts (Facebook and Twitter).

By signing below, you are providing KidZinc with consent to use photos or video of your child or his/her art under the conditions as noted above.

Signed: _____
(Parent/Guardian Signature)

Date: _____



PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, give permission for Kidzinc School Age Care Society to provide my child _____ with Emergency Medical Treatment in situations of severe illness or injury or where standard First Aid practices are deemed insufficient to provide the best possible care to a child.

Emergency medical treatment may consist of a child with a severe illness or injury being transported by Kidzinc vehicle or ambulance to the nearest emergency medical facility. In cases where emergency medical treatment is necessary every effort will be made by Kidzinc to contact the parents or emergency contacts through the information provided on the Kidzinc registration form.

By signing this form, you are giving permission for Kidzinc School Age Care Society to provide your child with Emergency Medical Treatment when necessary.

Signature

Date



MEDICATION AUTHORIZATION

KidZinc requires parents consent for any child requiring medication, including epipens or inhalers, while at KidZinc. KidZinc staff are required to observe and records all use of medication by a child while attending the program. All medication must be in its original container.

Child's Name: _____

Name of Medication: _____

Prescription Number: _____

Prescription Expiry Date: _____

Start Date: _____ End Date: _____

Time to be Taken: _____ Amount: _____

Special Instructions: _____

By signing below you are giving permission for a KidZinc staff member to administer the above medication to your child according to labeled directions on the original medication container.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



KIDZINC School Age Care Society of Alberta

SELF ADMINISTRATION OF MEDICATION

In some cases children are able to administer their own medication. In all cases program staff are required to observe children taking medication. Does your child have permission to self administer their medication? Yes No

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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PARENT VOLUNTEER COMMITMENT FORM

KidZinc recognizes the importance of parent involvement in its programs. Parents will be presented with a variety of volunteer opportunities and are expected to volunteer at least once per school year. Please indicate below which volunteer areas are of interest to you. Check all that apply.

Volunteer Opportunities:

- Present a workshop to children in the program based on personal skill set. (ie. karate instruction, art instruction, sports instruction) *

Area of Expertise: _____

- Provide instruction and support to organization based on personal skill set. (ie. IT support, marketing support, legal advice)

Area of Expertise: _____

- Participate in community projects to help raise the profile of KidZinc (community clean up, skating rink maintenance, community gardens)
- Participate directly in the program for special events or field trips. *
- Casino Fundraiser
- Board of Directors/Board Committee (Locations, Fund Development)

*Parents volunteering directly in the program will be required to provide proof of a successful Police Security Clearance.

You will be contacted by program staff regarding volunteer opportunities. As per the KidZinc Parent Handbook *“parents are expected to participate in at least one volunteer event each year.”*

By signing below you are pledging to KidZinc that we can count on you for future volunteer events.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



PAYMENT AUTHORIZATION

Parents can choose between 2 methods of payment for monthly childcare fees. All fees are processed on the first of each month.

Payment Method 1 – Credit Card

Parent Name: _____

Card Type: Visa Mastercard

Card Number: _____

Expiry Date: _____

Payment Method 2 – Direct Debit

Parent Name: _____

Please attach a void cheque.

By signing this form you are consenting for KidZinc School Age Care Society of Alberta to charge your credit card or direct debit your account for monthly child care fees on the first of each month and to assess any other fees owing, as outlined in the Fee Schedule.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____