

Lakeview After School Care

Registration Forms

9104 179 Ave NW, Edmonton, AB T5Z 2K9 1-780-4572132

2017/10/21

Address: 9104-179 Ave Phone: 780-457-2132

Portable Emergency Information Record

General Information					
Child's Name:					
Child's date of birth:					
Alberta Health Care Number:					
Child's current address(es) and postal code(s):					
Parent's Information					
Mother's name :					
Mother's current address:					
Home phone number:	Cell phone n	umber:	Business phone number:		
E-mail:	Place of work :				
Father's name:					
Father's current address:					
Home phone number:	Cell phone number:		Business phone number:		
E-mail:	Place of work:				
Emergency Contact to whom Child Can Be Released					
Name:	Current address:				
Relationship to child:					
Home phone number:	Cell phone number:		Business phone number:		
Alternate Emergency Contact to whom Child Can Be Released					
Name:	Current address:				
Relationship to child:					
Home phone number:	Cell phone number:		Business phone number:		
Child's Health Information					
Family physician's name and phone number:					
Allergies:		Ongoing medication:			
Immunization up to date? Yes No					

Address: 9104-179 Ave Phone: 780-457-2132 Parental Agreement of Childcare

I/ We	wish to enroll my/our child
	with Lakeview After School Care Centre
starting	AND it is hereby agreed that (Please
initial each number to in	ndicate that you have read it and are in agreement.)

1. I will pick up my child from Lakeview After School Care Center no later than 6:00 pm. After 6:00 pm, I agree to pay a basic fee of \$20, plus an additional \$1.00 per minute after 6:00 pm until my child is removed from the After School Care facility.

_____2. I/ We will notify Lakeview After School Care if my/our child is to be absent even for one (1) day.

_____3. All child care fees are due in advance; on or before the first (1st) calendar of each month.

- ★ A \$35.00 late fee will be charged if payment is received after the 5th day of the month
- ★ Child care fees are rated on a per calendar month basis and shall not be subjected to any adjustments on grounds of partial month attendance, statutory holidays and civic holidays, sick days, vacation or absent times of the like
- ★ If a child is enrolled in the After School Care mid-month , the full monthly fee is still required

4.1/ We agree to abide by the sick policy and will not bring my/our child to Lakeview After School Care if he/she is not well

★ If he/she has been exposed to, or contacted a contagious disease, I/ We will report and discuss the circumstances with the Director immediately and a medical certificate will be required prior to the child returning to After School Care.

_____5. I/ We will advise the Director immediately of every change of address, phone number, marital status, place of employment or schooling, so that I/We may be contacted without delay when necessary.

_____6. I/ We agree to give notice, in advance, or any changes or additions regarding persons who I/ We have approved to have access to my/our child

- ★ I / We accept responsibility to ensure that my/our child is signed into and out of the care of Lakeview After School Care, as required
- ★ In the case of a divorce or shared custody, I/ We agree to provide a letter to indicate whose custody the child is in at all times

_____7. I understand that, if I desire to terminate our enrollment in Lakeview After School Care, I/ We are to provide in writing, 30 days notice

- ★ This notice to withdraw must be received by the Director on or before the 1st day of the child's last month in the After School Care
- ★ I/ We understand and accept that notices received after the 1st day of the month will be considered late and, as a result I/ We will pay an additional month's day care fee

8. I/ We, whose name(s) are entered above and who are the undersigned of this agreement, agree to pay After School Care fees to the child named herein

LIABILITY: I/ We further agree to hold Lakeview After School Care, and its agents harmless for any liability t to my child or any guardian or parent thereof because of any claims on behalf of my child against the After School Care or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against the After School Care or any employee or agent thereof on my child's behalf and the school or its legal agent not to be found at fault, I/ We agree to pay any attorney fees, court fees, damages, or other costs that the After School Care or its agent incur to defend itself against such action.

 Parent/Guardian Name and Signature
 Date

 Parent/Guardian Name and Signature
 Date

Director

ACCIDENT/SICKNESS POLICY

In the event of a medical emergency, I ______, understand that every effort will be made to contact me or the emergency contact person(s). In the event that none of the above can be reached, I hereby give permission to the staff of Lakeview Daycare to seek medical treatment necessary for

(child's name)

I agree to be responsible for any costs incurred.

Date:_____

Signature:

FIELD TRIP POLICY:

I, ______ authorize the staff of Lakeview After School Care to take my child off the premises of Lakeview After School for purposes of outdoor activities. Please note that for any major outings advance notice will be given, along with all pertinent details, requiring my signature signifying my permission.

Date:

Signature:_____

TRANSPORTATION POLICY

I,______ hereby give permission to Lakeview After School Care to transport my child in the event of field trips and/or to school.

Date:

Signature:_____

PICTURE RELEASE POLIGY

I,________hereby give permission to the staff of Lakeview After School Care to photograph my child during daily activities and special events. I understand and agree that these pictures may be displayed in the centre and/or be displayed on banners, flyers, bulletin boards, and screen productions for the purposes of After School Care family events or After School Care advertising.

Date:_____

Signature:_____

Address: 9104-179 Ave Phone: 780-457-2132

CHILD'S HEALTH HISTORY

Child's name:	
Age:	S2
Please check any that apply to your child:	
Heart Condition	Asthma
Drug Allergies	Diabetes
Allergies	Epilepsy
Physical Limitations (explain below)	Seizures
Hemophilia	Emotional Disabilities
HIV Virus	Hyperactivity
Is your child currently taking any medications(s):	
If YES, please list the medication(s) and the reason for t	taking the medication(s):
Does your child have any special needs (including socia	I, physical, emotional abilities

Does your child require the assistance of an outside agency (an Aid, Community options, etc.)?:_____

or disabilities)?:_____

Address: 9104-179 Ave Phone: 780-457-2132 LAKEVIEW AFTER SCHOOL CARE CHILD BEHAVIOUR POLICY CONTRACT

Lakeview After School Care has a zero tolerance policy for disruptive and disrespectful behaviours. Unacceptable behaviour toward peers and /or staff members; such as, but not limited to, inappropriate language, physical harm (bitting, hitting, throwing objects), and constant disobedience will not be permitted. In order to ensure safety and a peaceful environment for all children and staff in the After School Care the following procedures will be followed:

- ★ First Offense: This will occur after two incident forms due to the aforementioned inappropriate behaviours have been written up within a calendar month. The Director will notify the parents via. Telephone or letter regarding the inappropriate behaviours and parents will be required to sign the incident report form. At this time, the Director will endeavor to work in cooperation with the parents/ guardians to seek solutions.
- ★ Second Offense: The child will not be permitted to return to the After School Care for one day. There will be no fee compensation, as parents have had adequate notification regarding the inappropriate behaviours.
- ★ Third Offense: Parents will be notified that their child's enrolment at Lakeview After School Care is being terminated with little or no notice, due to the severity of the child's behaviour. Additionally, in the case of an enrolment being terminated, no fee compensation or refund will be made for any unused fees for the month in which the expulsion occurs.

We understand that all children grown and develop at different stages and it is not our intention to have any children leave due to behaviour issues. When a child's behaviour is threatening or harmful toward their peers or After Care staff members, we find it necessary to respond to these behaviours in a manner that will benefit everyone.

I/ We, ______ understand, if that my/our child, ______ displays inappropriate and/or disrespectful behaviours as outlined above, I/ We will comply with the disciplinary actions stated above; no matter how inconvenient this may be.

Parent/Guardian Name and Signature	Date
Parent/Guardian Name and Signature	Date
Lakeview Daycare Director	Date

Address: 9104-179 Ave Phone: 780-457-2132 LAKEVIEW AFTER SCHOOL CARE FAMILY BEHAVIOUR POLICY

In the event of a concern or complain, parents or guardians are requested to address the matter directly with the Program Director. The meeting with the Director is the time to discuss any issues with children or caregiver, not with the caregivers themselves. An appointment is required and may be arranged by telephone. Pick up time or drop off time with the children is not suitable for this purpose.

Lakeview After School Care has a zero tolerance policy for disruptive and disrespectful behaviours. Unacceptable behaviours toward peers and /or staff members; such as, but not limited to, inappropriate language, physical harm, loss of emotional control, lack of a calm and reasonable deportment, unwillingness to adhere to After School Care policies and procedures will not be permitted. In order to ensure safety and a peaceful environment for all children and staff in the After School Care the following procedures will be followed:

- ★ First Offense: This will occur after one incident of any of the aforementioned inappropriate behaviours. The Director will contact the parent(s) via telephone or letter to review the inappropriateness of the behaviour or situation. At this time, the Director will endeavor to work in cooperation with the parents/ guardians to seek solutions.
- ★ Second Offense: Parents will be notified that their child's enrolment at Lakeview After School Care is being terminated with little or no notice, due to the severity of the behaviour. Additionally, in the case of an enrolment being terminated, no fee compensation or refund will be made for any unused fees for the month in which the expulsion occurs, as adequate notification regarding the inappropriate behaviour has been given.

It is not our intention to have any family leave due to behaviour issues. When any person's behaviour is threatening or harmful toward their peers or After School Care staff members we find it necessary to respond to these behaviours in a manner that will benefit everyone.

Date

Parent/Guardian Name and Signature

LAKEVIEW TRANSPORTATION POLICY

Children are transported to and from school (before and after school) with the Center's vehicles. Due to the number of children transported, it is our policy to pick up the younger children first, starting with the kindergartens.

If your child is not at the designated pick-up area, and **no prior notification that you are picking up your child from the school,** the following procedures will be followed:

- 1. The driver will go into the school office (taking any children in the van with her);
- 2. The driver will ask the school to page the child /children over the school intercom;
- 3. If the child does not respond to the page, the driver will phone the child's parents of the where about of the child. If parents neglected to notify the Center and picked up their child, the driver can continue on her pick-up route. But if parent cannot be reached, the driver will phone the emergency contact person of the where about of the child and if after 10 minutes, the child is not still located, the driver will notify the Center and director or his designate will call the Edmonton City Police. THE DRIVER WILL REMAIN IN THE SCHOOL UNTILL FURTHER NOTICE BY THE EDMONTON CITY POLICE. The director will take over and resume the unfinished school pick-up route. SEE ATTACHED SCHOOL BUS ROUTE.

DESIGNATED PICK-UP AND DROP-OFF AREAS ARE LOCATED AT BISHOP'S MAIN ENTRANCE, WHILE FLORENCE HALLOCK AND LAGO LINDO'S AT THE PARKING LOT AREAS. PLEASE ENSURE YOUR CHILD/ CHILDREN ARE AWARE OF THE SPECIFIED LOCATIONS. THE KINDERGARTEN TEACHER ASSISTANT WILL ACCOMPANY THE CHILDREN TO THE VAN DRIVER BACK TO THE CENTER, GRADE 1-6 CHILDREN WILL MEET AT THE DESIGNATED AREA(S) AS STATED PER SCHOOLS.(UPON ARRIVAL & DROP-OFF, A.M. & P.M., A SCHOOL VOLUNTEER OR A SCHOOL TEACHER IS ON PLAYGROUND PERIMETERS FOR CHILDREN'S SUPERVISION.)

*PLEASE NOTE TRANSPORTATION WILL BE CANCELLED DUE TO ADVERSE WEATHER CONDITIONS (extreme cold, ice roads, and excessive snow). Parent/ guardians will be notified Drop-offs will be responsibility of the parent/ guardian. The center will then contact Public Transportation (Co-op Taxi Service) utilizing their van services to transport children back to Center.

*IN THE EVENT OF AN ACCIDENT, THE DRIVER WILL NOTIFY THE CENTER IMMEDIATELY. THE CENTER WILL THEN INIATE CONTACT WITH PARENTS AND/ OR DESIGNATED EMERGENCY CONTACTS.

Parent/Guardian Signature

Date

Director/Designate Signature

LAKEVIEW AFTERSCHOOL BUS ROUTE

BISHOP G. BUS SCHEDULE

Leave the Center 8:15 am-all grades Pick-up 11:18 am –Kindergarten Drop-off Kindergarten-11:50 am Afternoon Dismissal-3:15 pm Thursday Early Dismissal-12:00 noon

LAGO LINDO BUS SCHEDULE

Leave the Center 8:30 am-all grades Pick-up 11:30 am -Kindergarten Drop-off Kindergarten-12:20pm Afternoon Dismissal-3:30 pm Thursday Early Dismissal-2:10 noon

FLORENCE HALLOCK

Leave the Center 8:40 am-all grades Pick-up 11:42 am -Kindergarten -12:15pm Drop-off Kindergarten-12:15pm Afternoon Dismissal-3:13 pm Thursday Early Dismissal-2:13 pm

NOTE :

MORNING ROUTE: 1st, Bishop G. 2nd, Lago Lindo, 3rd, Florence H. AFTERNOON ROUTE: 1st, Bishop G. 2nd, Florence H., 3rd, Lago Lindo

LAKEVIEW AFTER SCHOOL CARE CENTER

Address: 9104-179 Ave Phone: 780-457-2132

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

Lakeview After School Care admits children of any race, color, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children in the After School Care. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in administration of its childcare policies, admission policies, or After School Care administered programs.

Note: This application will not be processed without the \$45.00 application fee. This fee is a no guarantee, non refundable fee.

Parent Handbook

I acknowledge that I have read the contents of the Parent Handbook and agree with the contents of the provided information from Lakeview After School Care.

Parent/Guardian Name and Signature

Parent/Guardian Name and Signature

Date

Date

Lakeview Daycare & After school Family Profile

Parent's Name:
Child's Name:
What is the cultural background of your family?
What are the other cultures followed in the family?
Do you speak a second language at home?
Please write child's name in your home language. (If any)
Will you be willing to share words from your home language with the staff, to use in program planning?
What cultural celebrations you participate in?

Will you or anyone in the family willing to share any artifacts from your culture, with children during circle time?

_____Yes _____No

Do you, or anyone in your family, have a special skill or talent that could be shared with children?

Do you have any community connections that could be used by the daycare?

Lakeview Daycare & Afterschool wants to ensure that your family history become a part of our programming with our children. We acknowledge and appreciate your contribution to celebrate diversity with us!

Thank you for completing this form.

Created: April 2016 Added to Registration form