

**St. Michael's Out of School Care (OSC) Program
Registration Form**

PARENT CONTRACT

Between _____
(Parents' / guardians' name, hereinafter called the "Parents")

AND ST. MICHAEL'S OUT OF SCHOOL CARE (OSC) PROGRAM, the Parents desire to register their child for the Out of School Care (OSC) Program

**All information must be complete and the Annual (non-refundable)
\$50.00 Registration Fee (per family) is paid, BEFORE using the program**

(* Full Addresses Please: No Box #'s and add the city/town, "MH, Redcliff. . ." - Licencing Requirement!)

Name of Child (Surname/First Name)	Grade	Birth Date (Year/Month/Day)	Gender	Age	Allergies/Medical/Behavioural Info.
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Full Home Address: * _____ **Postal Code** _____

Physicians Name: _____ Phone Number: _____

Physicians Address: _____

I hereby certify that my child's immunizations are up to date. _____
(Parent/guardian signature)

PARENTS OR GUARDIANS

Mother: _____ Father: _____

Address: * _____ **Address: *** _____

Phone: (Home/Cell) _____	Phone: (Home/Cell) _____
(Work) _____	(Work) _____
(Email) _____	(Email) _____

Please provide an email address where you wish to have any pertinent documents or inquiries to be sent: _____

In event that either parent cannot be contacted in the case of a serious medical emergency, please give the name and address of another contact person; e.g. Grandparents, friend, neighbour:

Name: _____ Relationship to child: _____

Full Address: * _____

Phone: _____

Names of ALL persons that your child may be released to:

(Children will **ONLY** be released to individuals listed below)

Include names of PARENTS and ALL adults and siblings who may be picking up your child

Program Use only: Registration Fee paid

CONTRACT

1. St. Michael's Out of School Care Program agrees that _____
(Name of Child)
may be left in the Program on a Drop in basis. **In the event that a child has not been picked up by 5:30 pm**, the Program Coordinator will make every effort to contact the parent(s) or other designated adults, before calling the Department of Children's Services. **Children picked up after 5:30 will be subject to Late Pick-up Fee Charges.**
2. The Parent(s) hereby certify and agree that the child is in their lawful custody and that there are no other person(s) whose consent is required for the enrolment of the child in this program.
3. **For the 2018 / 2019 Registration Year, the Annual Registration Fee of \$50.00 (per family) must accompany the completed Registration Package (first 4 pages), to reserve and hold your spot(s).**
4. The Parent(s) agree to pay a fee for services according to the fee schedule of page 5 of this registration form.
5. Families will be billed at the end of each month, according to the number of hours used for each child during the prior month. Payment for these services must be made within three days of receipt of invoice. If the account is not cleared within seven days, the child may be withdrawn from this program. Service will be cancelled for those who fail to pay.
6. Corrective discipline will be administered at the discretion of the Program Coordinator or Principal. In no case shall a child be abused or be allowed to abuse others. Children who seriously misbehave could be expelled from the program.
7. In the event of a serious medical emergency, the Program Coordinator or designate will call 911, and then contact the parent(s). If a child is seriously ill, the parent(s) will be contacted and must pick up the child immediately.
8. The Program staff reserve the right to engage emergency medical assistance for any child left in their care, when such assistance is deemed to be necessary. The expense of the required assistance is to be borne solely by the Parent(s) or Guardian(s) of the child.
9. The program will take place in a designated area within St. Michael's School, with the usual place being the stage and gymnasium area. Children will have the opportunity to play outdoors when weather permits.
10. The program does not operate on school holidays or Professional Development days.
11. Children will be released **ONLY** to authorized individuals as stated by the Parent(s)/ Guardian(s) on the registration form.
12. The Program Coordinator and Principal reserve the right to cancel this contract at any time with three weeks notice if, in its discretion, it is deemed to be in the best interest of the child or the Program.
13. The Parent(s) Guardian(s) agree to provide one month written notice of terminating their use of the program. If notice is not provided, Program Coordinator and Principal reserve the right to bill the Parent(s)/Guardian(s) for one month of service.
14. The Parent(s) Guardian(s) agree to the Terms of the "Notification of Use" Form (FOIP).

IN WITNESS WHEREOF the parties hereto have set their hand and seals on the day and year written below:

_____ Date: _____
(Parent/Guardian)

_____ Date: _____
(Parent/Guardian)

_____ Date: _____
(Program Coordinator or Principal)

PROGRAM PARTICIPATION CONSENT

We, the undersigned, being the parent(s) and/or legal guardian(s) of:

(Name of Child)

hereby certify that we have given careful consideration to the participation by our child in the St. Michael's Out of School Care Program, and understand fully the nature and character of the risk undertaken by our child and agree to accept on behalf of the same child, all risks and responsibilities for injury or damage beyond the control of the St. Michael's Out of School Care Program.

We further certify, we are hereby releasing St. Michael's Out of School Care Program, St. Michael's School Administration and the Medicine Hat Catholic Board of Education and their sub-agents from all claims and demands whatsoever, occurring as a result of damage incurred to the child by reason of activities outside of the authority extended by the St. Michael's Out of School Care Program in the conduct of this project.

Our weekly theme-based planning encourages daily physical activities (indoors and/or outdoors), but sometimes the children come into the OSC Program, wearing flip-flops or sandals. We much prefer and do encourage them to wear running shoes. So, please ensure your child(ren) wear (or at least bring along) more suitable shoes, or they will not be allowed to participate in certain activities. It is our desire to bring awareness to this issue that we've struggled with and it is outlined in the Parent Handbook under Health and Safety as inappropriate footwear for the program.

Parent/Guardian Signature

Parent/Guardian Signature

Date

PLEASE NOTE:

Parents are required to provide a *HEALTHY & NUT-FREE* snack for their child(ren) anytime he/she (or they) are in attendance @ St. Michael's Out of School Care (OSC) Program.

*** this includes both the Before and After School Care Program ***

St. Michael's Out of School Care Program

Parental Consent Form (Permission Slip)

I, _____, hereby give St. Michael's OSC Staff permission
(Parent name, please print)

to provide the following services for my child, _____.
(Child's name, please print)

Please check Yes or No:

> *Photography for crafts and keepsake purposes:* YES _____ NO _____

> *A Closed Group/Private Facebook Page*

- are you okay with photos of your child(ren) being shared on here, when participating in the numerous and various activities we implement and carry out?

YES _____ NO _____

> *Cough Drops (Halls Vitamin C):* YES _____ NO _____

> *Insect Repellent:* YES _____ NO _____

> *Sunscreen:* YES _____ NO _____

> *Occasional Activity Snack / Treat:* YES _____ NO _____
(e.g.; A.M. Care cereal and milk, cupcakes for celebrations, etc.)

> *Health Care (provided in the nature of First Aid):* YES _____ NO _____

> *Inflatable Apparatuses (Bounce of Fun):* YES _____ NO _____

Parent/Guardian Signature

Date

St. Michael's Out of School Care Program

SCHEDULE OF FEES - PARENT COPY

PLEASE KEEP THIS PAGE AND THE NEXT THREE PAGES FOR YOUR RECORDS (pg. 5-7)

(Rates Revised June 2018)

ANNUAL REGISTRATION FEE: \$50.00 / family (non-refundable & not covered by subsidy)

FEES: Billing fees are \$8.00 per hour for each child. Logging of time will be calculated in 15-minute intervals.

At the end of every month, hours will be compiled for the previous month and families will be billed accordingly through the school secretary. Parent(s)/guardian(s) agree to pay all fees within 3 days of receipt of invoice. Cheques are to be made payable to “St. Michaels School” and monies are to be given directly to the Program Coordinator or to the school secretary. **Persistent delinquency of payment of fees may result in the expulsion of the child.**

SUBSIDY: For families who qualify, there is subsidy available to use the program and can be applied for through the Alberta Child Care Subsidy Program at <http://www.humanservices.alberta.ca/financial-support/15104.html>

When completing the “Application for Child Care Subsidy” form, please use “St. Michael’s School Programs” as the name of the program and the address of the program is “865 Black Boulevard N.W., Medicine Hat, Alberta, T1A 7B5”. Families are responsible for maintaining the updates on their Subsidy accounts for renewal.

Please note Subsidy **does not** cover the \$50 Registration Fee.

Please be advised that this is a non-profit organization. To the best of our abilities, we have kept fees low, but do rely on prompt payment to make this possible. Fees are subject to change.

Contact Person: Program Coordinator at stmichaelsoscprogram@gmail.com

PROGRAM OPERATIONS POLICIES (CONTRACT) – PARENT COPY

1. **In the event that a child has not been picked up by 5:30 pm**, the Program Coordinator will make every effort to contact the parent(s) or other designated adult, before calling the Department of Children Services. **Children picked up after 5:30 will be subject to Late Pick-up Fee Charges.**
2. The Parent(s) hereby certify and agree that the child is in their lawful custody and that there are no other person(s) whose consent is required for the enrolment of the child in this program.
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13. The Parent(s) / Guardian(s) agree to provide one month written notice of terminating their use of the program. If notice is not provided, Program Coordinator and Principal reserve the right to bill the Parent(s)/Guardian(s) for one month of service.
14. The Parent(s) / Guardian(s) agree to the Terms of the “Notification of Use” Form (FOIP).

***COMPLAINTS ABOUT ANY ST. MICHAEL'S OSC STAFF OR THE CARE THEY ARE GIVING
CAN BE MADE DIRECTLY TO THE PROGRAM COORDINATOR
OR TO THE SCHOOL PRINCIPAL***

(Please note: “Anonymous” complaints through email will not be tolerated)

PARENTS PLEASE RETAIN THIS COPY FOR YOUR RECORDS.

NOTIFICATION OF USE - PARENT COPY
Freedom of Information and Protection of Privacy Act (FOIP)

The Freedom of Information and Protection of Privacy Act (FOIP) aims to strike a balance between the public's right to know and the individual's right to privacy as those rights relate to information held by public bodies in Alberta.

This law, proclaimed October 1, 1995, affects all provincial government departments, agencies, boards and commissions. The ACT came into effect for School Boards and charter schools on September 01, 1998, health care bodies on October 01, 1998, post-secondary educational institutions on September 01, 1999 and local governments on October 01, 1999. The information collected on this registration form contains personal information covered by the ACT. This information is collected pursuant to the provisions of the SCHOOL ACT, its regulations and the Charter of Rights and Freedoms. This information is required in order to properly register your child with the Medicine Hat Catholic Separate Regional Division No. 20, and is necessary and related directly to the Board's obligation to provide each student with an educational program that meets the needs of the child, to provide a safe and secure school environment, to protect the child's rights and to determine eligibility for programming and funding.

In a school setting, the privacy of students and parents is protected by the rules that schools must follow in the collection, use, protection and disclosure of personal information. Alberta Schools collect and use personal information for authorized programs and activities that are a normal part of school life. These uses are a vital part of a healthy and functioning school environment, and participation of all students is very important. The FOIP ACT does not dramatically change normal school activities; it does not prevent parents from participating in their children's education. It does allow parents and students broader rights to access to information and it does obligate schools to protect privacy. The ACT should be applied in a common sense manner and should not negatively affect school life. The following are an example of many activities that are part of a normal school community life that encourages a healthy participatory environment, which is important and encouraged:

2. The use of a students' name, photograph or comments about the student in a school newsletter, calendar, yearbook/graduation notices or other school publications;
3. The taking of individual, class or school group photos for school purposes and the use of student photos for student identification cards;
4. The use of students' names on art work or other works or materials displayed in school or school boards locations, or other community events sponsored and supported by the school board;
5. The use of students' name for recognition on honour rolls, graduation ceremonies, awards and scholarship application and recognition; birthday recognition (typically practised in elementary schools announced over the PA);
6. The use of students' name, related contact information and telephone numbers for absenteeism verification and provision of transportation services;
7. The taking of photos and/or videos of classroom activities or school sponsored activities and their use by the media or other organizations where students are not identified by name or face or interviewed. Where individual students are identified or interviewed and the material used outside the school, a separate and specific consent will be required. Please note that photos and/or videos of school activities that are open to the public may be taken and used for purposes outside of the school ie: newspaper articles;
8. The taking of photos or videos of classroom or other school activities by school board personnel or agents for non-profit and educational purposes, where the material will be used within the school, Division or Division web-site. Where individual students are identified or interviewed and the material is to be used outside the school, separate and specific consents will be required;
9. The use of student's contact information made available to Palliser Health Authority to facilitate services relative to student health;
10. The disclosure of personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.

If you have any questions about the use or disclosure of the information collected please contact your School Administrator or the Superintendent of Schools:

Superintendent of Schools
Medicine Hat Catholic Separate Regional Division No. 20
1251-1st Avenue SW., Medicine Hat, Alberta T1A 884 (403) 527-2292 phone - (403) 529-0917 fax

PARENTS PLEASE RETAIN THIS COPY FOR YOUR RECORDS.