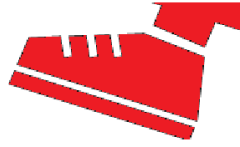


A STEP AHEAD



Child Development Services Ltd

Registration contract for school year starting Sept. 1, 20__ (yr) through to June 30, 20__ (yr). Please print clearly and fill out form completely. We are required by Alberta Child and Family Services licensing regulations to collect all of the following information. A Step Ahead Child Development Services Ltd will also be referred to herein as 'A Step Ahead' and 'the program.'

Child's Name _____ Date of birth _____

Child's Grade (for the contract year) _____ Child's School _____ Healthcare # _____

Allergies/ Medical Conditions/ Health Info _____

_____ Is your Child's immunization up to date? _____

Child's Physician _____ Dr's Ph # _____ Location _____

What level of swimming has your child most recently completed and passed? _____

PRIMARY CAREGIVER (First person of contact): _____

Relation to child _____ PHONE #'s (In order of most likely to contact you during program hours) :

#1 (_____) _____ Work Cell Home? Additional #'s _____

Contact Email _____

Home Address: _____ City _____ Postal Code _____

Place of Work _____ Work Address _____

ADDITIONAL CAREGIVER (or alternate emergency contact) _____

Relation to Child _____ PHONE #'s (In order of most likely to contact you during program hours) :

#1 (_____) _____ Work Cell Home? Additional #'s _____

Contact Email _____

Home Address: _____ City _____ Postal Code _____

Place of Work _____ Work Address _____

Persons authorized by caregiver/guardian/parents to pick-up child (please remind them to bring photo ID)

#1 _____ Ph # _____ #2 _____ Ph # _____

#3 _____ Ph# _____ #4 _____ Ph# _____



One-time Registration Fee Paid? ___ Monthly Fee total \$ ___ Please submit 10 post-dated cheques and record cheque #:
 (Sept) ___ (Oct) ___ (Nov) ___ (Dec) ___ (Jan) ___ (Feb) ___ (Mar) ___ (Apr) ___ (May) ___ (June) ___

I/We have carefully read the 'A Step Ahead-Parent Handbook' for the year of this contract and hereby agree that I/we will abide by the regulations and policies in effect for A Step Ahead and I/we hereby agree that the information given in this application is filled out in its entirety and is complete, true and correct. I/We hereby consent to any emergency medical attention, care or treatment of my/our child as deemed necessary by the Director or staff of A Step Ahead, in the event of sudden illness or injury. I/We further consent to having my/our child transported to an emergency facility so immediate medical attention may be provided in the event of sudden illness or accident. I/We further understand that every reasonable effort will be made to contact me/us, as soon as it possible or safe to do so. _____ (Parent Initials)

I/We understand that A Step Ahead will, from time to time, do minor off-site outings or errands within the local area, in which my child may participate (IE: local parks, recycling depot, pet store, library, or other nearby locations). I/We consent to my/our child participating in minor off site trips with A Step Ahead, that arise spontaneously, both in and out of the community, at the discretion of A Step Ahead. It is understood that regulated staff ratios will be maintained during all off-site activities. For any major off-site activities, such as field trips or day trips, it is understood that my/our consent and authorization is subject to the following conditions: 1) The program advising me/us in writing of the off-site trip at least two days prior to the intended date of the trip. 2) My/Our having the right to advise the program in writing, at least one day prior, that I/we do not consent to my/our child participating in the off-site trip. 3) It is understood that it shall be my/our responsibility to provide alternate care should I/we not wish for my/our child to participate in any off-site activity. _____ (Parent Initials)

I/We understand that A Step Ahead will arrange field trips from time to time to swimming venues. I/we understand that if my child is not 8 years of age or older, AND completed and passed Swimmers Level 4, A Step Ahead requires that my/our child wear a life jacket at all times while swimming. I/We are aware of the inherent risks of swimming and it is my/our responsibility to ensure that my child brings a life jacket to swimming venues should he/she be required to wear one. I/we understand that the program may decide that my/our child is not a strong enough swimmer, or is concerned about my/our child making safe water choices, and require my/our child to wear a lifejacket regardless of age or swimming level. _____ (Parent Initials)

I/We grant permission to A Step Ahead Child Development Services Ltd to Transport my/our child to and from school, on community outings and errands or for field trips in and around Calgary, AB. I/We agree to hold harmless A Step Ahead, and the directors, owners, employees, volunteers and consultants of A Step Ahead Child Development Services Ltd. for any and all transportation and activities involving my/our child. _____ (Parent Initials)

I, _____ the parent (and/or) legal guardian of _____, with the consent and agreement and on the behalf of all legal guardians of above child, give my/our acknowledgment, approval and permission for my/our child to participate in the programs of A Step Ahead – Child Development Services Ltd. I hereby acknowledge and agree that the participation of my child is at my/our sole risk and liability; moreover I/we hereby indemnify and agree to hold harmless A Step Ahead Child Development Services Ltd. and its employees, directors, owners, consultants & volunteers from any and all actions, claims and liabilities connected by and through this program.

Must be signed with a witness present:

Signature of Parent/ Guardian _____ Date _____
 Print name of Parent/ Guardian signed above _____

Witness Signature _____ Date _____
 Print name of Witness signed above _____