

A STEP AHEAD

Child Development Services Ltd



Registration Form page 1/2

A Step Ahead Child Development Services Ltd will also be referred to herein as 'A Step Ahead' and 'the program.' We are required by Alberta Child and Family Services licensing regulations to collect all of the following information. Please print clearly and fill out the full form. This contract is valid for the traditional school year, from September 1st through to June 30th each year, from the Child's starting date to the date of withdrawal. 1 full month written notice is required for withdrawal.

Child's Name _____ Date of birth _____

Child's Home address: _____

Child's Additional Home Address if applicable: _____

Registration contract starting (first day attending) yyyy/ mm/ dd _____ and Child's Grade (at start date) _____

Allergy, Health, Medical or Behavioural concerns _____

_____ Are your Child's immunizations up to date? _____

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

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? _____ Post dated cheques or Pre Authorized Debit Form submitted for payment of fees? _____

I/We have carefully read the current 'A Step Ahead-Parent Handbook' and hereby agree that I/we will abide by the regulations and policies outlined in the current 'A Step Ahead-Parent Handbook'. (Parent Initials) _____

I/We hereby confirm that the information given on this registration contract (including medical and behavioural concerns) is filled out in its entirety and is complete, true and correct (to the best of my/our knowledge) and will promptly notify A Step Ahead in writing should any information change or require updating. (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, which my Child may participate in (IE: local parks, library, recycling depot, pet store, 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 near the community, at the discretion of A Step Ahead. It is understood that regulated staff ratios will be maintained during all off-site activities. (Parent Initials) _____

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 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 the corporation, directors, owners, employees, volunteers, and consultants of A Step Ahead Child Development Services Ltd. for any and all incidents and/or accidents that may arise during and around transportation and off-site activities involving my/our Child. (Parent Initials) _____

I/We hereby consent to any first aid or emergency medical attention, care or treatment of my/our Child as deemed necessary by the 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 and that every effort will be made to contact me/us as soon as it reasonable and safe to do so. (Parent Initials) _____

I/We understand that while every effort to respond appropriately to illness or injury will be made, A Step Ahead staff and volunteers are not medical professionals and I/We agree to hold harmless the corporation, directors, owners, employees, volunteers, and consultants of A Step Ahead Child Development Services Ltd. for any and all incidents of illness or injury. (Parent Initials) _____

I/We consent to the sharing of information between A Step Ahead and my/our Child's school for the following purposes: Child's attendance, medical or health concerns, and for communication of any strategies/expectations/concerns with regards to social, behavioural, or developmental goals. _____ (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 _____