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| PROGRAM CASP <input type="checkbox"/> (School Aged Program) |
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CHILD FAMILY INFORMATION

Date Today:

| <u>Child Information</u> | |
|--|---|
| Child's Name <input style="width: 90%; height: 25px;" type="text"/> <div style="text-align: center; font-size: small;">Last</div> | <input style="width: 90%; height: 25px;" type="text"/> <div style="text-align: center; font-size: small;">First</div> |
| Home Address <input style="width: 95%; height: 25px;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> Street City Province Postal Code </div> | |
| Phone Number <input style="width: 45%; height: 25px;" type="text"/> <div style="text-align: center; font-size: x-small;">Home Phone</div> | <input style="width: 45%; height: 25px;" type="text"/> <div style="text-align: center; font-size: x-small;">Daytime Number</div> |
| Date of Birth <input style="width: 300px; height: 25px;" type="text" value="MM/DD/YYYY:"/> | Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/> |

| <u>Parent/Guardian Information</u> | |
|--|-----------------|
| MOTHER | FATHER |
| Name: | Name: |
| Home Address: | Home Address: |
| Home/Cellphone: | Home/Cellphone: |
| Place of Work: | Place of Work: |
| Work Address: | Work Address: |
| Work Phone: | Work Phone: |
| Email Address: | Email Address: |
| Child's Living Arrangements – Check One: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> | |
| Child's Legal Guardians – Check One: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> | |

| <u>Emergency Contact Information (Someone other than Parent)</u> | |
|---|----------------------|
| Emergency Contact #1 | Emergency Contact #2 |
| Name: | Name: |
| Home/Cellphone: | Home/Cellphone: |
| Work Phone: | Work Phone: |

Health Information

Alberta Health Care Number:

Medical/Physical Concerns:

Ongoing Medication:

Immunizations Up to date: YES NO Parent's Signature:

Allergies/Dietary Restrictions:

Physicians Name: Physicians Phone Number:

I /we certify that the information given above and in any documents attached is correct, complete and most current.

(Date)

(Signature)

Health History

Does child have any known health problems? Yes No (If yes, attach documentation)

Check any of the following illnesses the child has had:

- Asthma Earaches Mumps Whooping Cough Bronchitis Eczema Pneumonia Polio
 Croup Frequent Colds Chicken Pox Croup Convulsions Measles Influenza
 Tonsillitis Rheumatic Fever Diphtheria Other:

Please list any injuries child has had:

PERSONS AUTHORIZED TO PICK UP

Other persons authorized to pick- up children (We will not release your child to anyone who is not authorized by you for pick up, photo identification will be required before releasing your child to anyone other than parent)

Attendance

Subsidy: Yes No Start Date:

CONSENT

Photo Consent

Photographs and videos are taken on different occasions such as birthdays, holidays, outings and special occasions. We use these pictures/videos in our childcare center for teaching, arts & crafts, albums, the newsletter and various other things. Please mark and sign each of the following requests.

I, (parent's name) give my permission for photos to be taken of my child,
 (child's name) **for presentations, advertisements or brochures,**
understanding that my child's photo will not be posted on any social media site.

Yes No **Parent Signature:** **Date:**

I, (parent's name) give my permission for photos to be taken of my child,
 (child's name) **for displaying on our bulletin boards and classrooms.**

Yes No **Parent Signature:** **Date:**

I have read and agree to the GBC Childcare Centre Policies and Procedures as outlined in the Parent Handbook including the Child Guidance Policy.

Parent Signature:

I am comfortable with my child going on supervised walks, close to the Centre or offsite field trips

Parent Signature:

In the event of an accident or incident involving my child at GBC Childcare Centre, I give permission for the staff to administer health care in the nature of First Aid.

Parent Signature:

I recognize, too, that in the event of an accident or incident involving my child where ambulance services are used I am responsible for any costs involved.

Parent Signature:

Program Information

GBC Childcare Centre Contract: Fees, Payments, additional charges

- ❖ PAYMENT – Families are required to pay their fees on the first of each month by auto withdrawal using a VOID cheque or a preauthorized debit form.
- ❖ VACATIONS – due to the costs of running the program we will not be pro-rating childcare fees for vacation times.
- ❖ ADDITIONAL CHARGES: Childcare fees do not cover the provision of special field trips or activities, special dietary foods, change of clothing, medication of any type, any late fees accrued, or day camp fees
- ❖ WITHDRAWAL AND TERMINATION OF SERVICE- Families are required to provide a least one-month's written notice when they withdraw their child. If one month's notice cannot be given and in lieu of notice we require one month's payment.

I am in agreement with the payment policies and procedures of GBC Childcare Centre.

Parent Signature:

Date:

Volunteering

I would be interested in helping/volunteering in my child's program: Yes No

If yes, I would like to ...

Share our family's culture and traditions

Show the children how to do an Art Project/Craft

Teach the children how to do a Sport and /or Game

Teach a recipe during Cooking Class

Help with Dance, Drama, or the Creative/Building Club

Help organize and / or clean supplies, toys, games and equipment

Help volunteer for a field trip as long as I am notified with advanced notice

I would be interested in helping the staff and be with the children on a

Monday Tuesday Wednesday Thursday and /or Friday

Other Suggestions

Please call Eric Willemssen at 403 235-3636 Ext. 33 if you would like more information.

CASP (After School Program)

This initiative of Grace Baptist Church Calgary is a partnership between:

- CASP
- Radisson Park Elementary
- Big Brothers and Big Sisters of Calgary
- Hull Services
- Kids Up Front

School Name: **Grade:**

Do you agree that CASP/LIT shares information with your child's school in regards to attendance, emergency contact and health information when appropriate?

Yes No

Parent/Guardian's Signature: **Date:**

Legal

Waiver of Liability

For GBC Childcare Centre After School Program (CASP)

Please read each statement carefully before signing. If you have any questions or concerns regarding the statements below, please discuss them with staff before signing.

1. I have been advised of the program activities and I am aware that there are certain risks inherent in my child's participation in the program activities.
2. I have been advised and I am aware that there are certain risks inherent when my child walks to CASP from Radisson Park Elementary School, Holy Family School, and Sir Wilfred Laurie School. I do not hold CASP responsible when my child walks from school to the care of the staff.
3. I release GBC Childcare Centre and its agents, servants, employees, Directors, and volunteers of and from any and all claims, demands, rights and causes of action of whatsoever kind of nature arising from, or by reason of, thereunder which have been or hereafter may be sustained by my child or myself or by any other person or persons having legal interest in the consequence of my child walking from school to the care of the CASP staff there under or any resulting accidents or injuries.

Child's Name

Parent/Guardian's Name (please print)

Date

Witness

Date

Signature

Signature