

2021-2022 Registration

Child's Information

Child's Information:

Last Name:	First Name:
Date of Birth (mm/dd/yyyy):	Immunization up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
School:	Grade for 2021-2022:
Child Resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father	Other(please specify):
Please indicate any allergies/medical conditions, or special needs your child may have:	

My child requires:

Full time before and after school (includes PD Days/Fall Break/Christmas Break/Spring Break)	\$ 500 per month
Full time before school only (includes PD Days/Fall Break/Christmas Break/Spring Break)	\$ 337 per month
Full time after school only (includes PD Days/Fall Break/Christmas Break/Spring Break)	\$ 424 per month
Kindergarten Full time before and after school (includes PD Days/Fall Break/Christmas Break/Spring Break)	\$ 250 per month
Kindergarten Full time before school only (includes PD Days/Fall Break/Christmas Break/Spring Break)	\$ 168 per month
Kindergarten Full time after school only (includes PD Days/Fall Break/Christmas Break/Spring Break)	\$ 212 per month
Part time/Casual before school only (does not include PD Days)	\$ 27 per morning
Part time/Casual after school only (does not include PD Days)	\$ 35 per afternoon
Part time/Casual before and after school Daily Rate (includes PD Days/Fall Break/Christmas Break/Spring Break)	\$ 63 per day

Parent/Guardian Information

First Parent/Guardians Information:

Last Name:	First Name:	
Mailing Address:	Physical Street Address:	
Email Address:		
Home Phone:	Cell Phone:	Work Phone:
Employer Name and Address:		
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father	Other(please specify):	

Second Parent/Guardians Information:

Last Name:	First Name:	
Mailing Address:	Physical Street Address:	
Email Address:		
Home Phone:	Cell Phone:	Work Phone:
Employer Name and Address:		
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father	Other(please specify):	

2021-2022 Registration

Other siblings/children living in the home		
Name:	School Attending:	Age:
Name:	School Attending:	Age:
Name:	School Attending:	Age:
Name:	School Attending:	Age:
Emergency Contact information <small>(Must be an adult 18+ yrs. old)</small> (Parent/Guardian will always be called first in cases of emergency)		
Name:	Physical Street Address:	Phone number:
Relationship to child:		Alternative number:
Name:	Physical Street Address:	Phone number:
Relationship to child:		Alternative number:
Name:	Physical Street Address:	Phone number:
Relationship to child:		Alternative number:
Persons Authorized to Pick Up Your Child <small>(Must be an adult 18+ yrs. old)</small>		
<small>PLEASE NOTE: People listed below are persons that may pick up your child if you are unable to. Please ensure that persons listed below are aware that they have been listed here. Your child will not be released to anyone unless we have written permission prior to the occasion</small>		
Name:	Physical Street Address:	Phone number:
Relationship to child:		Alternative number:
Name:	Physical Street Address:	Phone number:
Relationship to child:		Alternative number:
Name:	Physical Street Address:	Phone number:
Relationship to child:		Alternative number:
Persons Not Authorized to Pick Up Your Child		
<small>PLEASE NOTE: please provide a copy of a court order if applicable.</small>		
Name:	Physical Street Address(if known):	Court Order:
Relationship to Child:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Physical Street Address(if known):	Court Order:
Relationship to Child:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information		
I hereby verify that the above information is true and correct to the best of my knowledge.		
Parent or Guardians Signature:		Date:

2021-2022 Registration

Transportation Guidelines

Child's Information:

Last Name:

First Name:

School:

Grade for 2021-2022:

It is the responsibility of the parent to contact the Sturgeon School Division Transportation department at <http://www.sturgeontransport.ca/> or 1-888-459-4062 to make arrangements for pick up and drop off from the program.

Sturgeon School Division Transportation fees are not included in the program.

The program is not responsible for making transportation arrangements with Sturgeon School Division.

Mode of Transportation:

Sturgeon School Division Transportation

Time/location and bus number for morning pick up from program:

Location:

Bus Number:

Time:

Time/location and bus number for afternoon pick up from the school:

Location:

Bus Number:

Time:

Parents Responsibilities:

It will be the responsibility of the parent to inform the program staff of any changes, deviations of plans or emergencies concerning their child.

It will be the responsibility of the parent to make sure their child is supervised after being transported from the program to another school before the start of that school day.

It will be the responsibility of the parent to make sure that the program staff has all pertinent phone numbers or emergency contact information should the child not show up at the predetermined location at drop off time.

It will be the responsibility of the parent to ensure transportation is provided for their child if busses are cancelled due to inclement weather. The program is not responsible for the child in any way should this occur.

It is the responsibility of the parent to keep the staff of the program informed of their child's whereabouts at all times.

Staff Responsibilities:

It will be the responsibility of the program staff to ensure the child is supervised until they are on the bus to be transported to the correct school and after they transported to the program.

It is the staff's responsibility to call the school/parents if the child has not arrived at the program at the designated time after school. If the school/parents cannot be reached, the emergency contact will be called. If neither of these can be reached, the Program Manager will be informed and at her discretion, the RCMP will be notified.

For children attending the program in the afternoon, the child will meet in the designated classroom. Should a child not show up for the program, one of the staff members will check with the school secretary to see if the child is just tardy, withheld in their classroom or has left school earlier. If this is not the issue, the staff member will then contact the parent to see where the child may be. Should the parent be unavailable, the emergency contact will be called. Should there be no response from either the parent or the emergency contact, the Program Manager will be informed, and at her discretion the RCMP will be notified.

I acknowledge having read and understood this transportation release and accept the terms therein.

Parent or Guardians Signature:

Date:

2021-2022 Registration

Waivers and Releases (to be completed by Parent or Legal Guardian)

Child's Information:

Last Name:

First Name:

School:

Grade for 2021-2022:

Parent Agreement

I, _____, hereby release the program, its' employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my child _____.

Parent Handbook

I, _____, am stating that I have received a 2021-2022 Parent Handbook and understand our programs policies and procedures, and have been informed of the new changes.

Photography and Media Release and Waiver

I hereby authorize do not authorize (check one) the program to use photographs taken of the aforementioned individuals while attending or participating in The program and activities (scheduled or unscheduled) sanctioned by the Program Manager. Photographs may be used to promote the program or used in or as part of publications, advertisements, newsletters and displays intended for the general public. No other use of these photographs will be allowed. I also understand that the program may use my child image or be photographed or taped for use by TV, print or social media outlets which may visit the program for the purpose of filming a news story, documentary or other production approved by the Program Manager. We understand that our child may be called upon by a journalist to answer question which we recognize will be screened and monitored by the Program.

Parent Consent to share information

I hereby authorize do not authorize (check one) the program to share personal information about my child with other parents, schools, or other community partners.

Field Trip and Outside Activity Permission Release

I hereby authorize do not authorize (check one) my child to accompany the program on supervised activities and field trips. I understand that I will be notified of field trips in advance and will be required to sign specific field trip permission forms at that time. These trips may be within the town or surrounding area. I understand that it is my responsibility to ensure that my child arrives at the program location by that stated time of departure. If my child misses the departure time, or we choose to have him/her miss a particular trip, it will be our responsibility to arrange alternate care for these hours. Any costs involved in the participation of the field trip will be the responsibility of the family. No refunds will be granted after the deadline date.

Health Care Authorization

In case of illness or accident of my child and I cannot be reached by phone, I hereby authorize do not authorize (check one) the program or their representative, to send for or seek medical assistance. I agree that the Program staff, IN AN EMERGENCY, may call the ambulance. All costs incurred are the responsibility of the parent or guardian.

Consent to Administer First Aid

In case of illness or accident of my child and I cannot be reached by phone, I hereby authorize do not authorize (check one) program staff or their representative, who have been trained and certified in first aid, to administer any necessary first aid treatment. I agree that the Program staff, IN AN EMERGENCY, may call the ambulance. All costs incurred are the responsibility of the parent or guardian.

Section 37 (b) and 38 (1) (c) of the Freedom of Information and Protection of Privacy Act requires that for a public body to use or disclose personal information, the individual the information is about has identified the information and consented, in the prescribed manner, to the use of that information.

I acknowledge having read and understood this liability release and accept the terms therein.

Parent or Guardians Signature:

Date:

2021-2022 Registration

Payment Options

Childs Information:

Last Name:

First name:

School:

Tax Receipt issued to:

Monthly fees for **Full Time** options are due on the first of each month, and may be paid by post-dated cheques or credit card authorization. **Part time** options must be booked and pre-paid before the 1st of each month on a month to month basis. **Part time** spaces are limited and not guaranteed and are on a first come, first served pre-paid basis.

	Registration Fee non-refundable per child	Full Time Before and After School	Full Time Before School Only	Full Time After School Only	Part-time/ Casual Before school only	Part-time/ Casual After school only	Part-time/ Casual Daily Rate
Grade One through Grade Six	\$20	\$500/month includes PD days/Fall Break/Christmas Break/Spring Break	\$337/month includes PD days/Fall Break/Christmas Break/Spring Break	\$424/month includes PD days/Fall Break/Christmas Break/Spring Break	\$27/morning does not include PD days	\$35/afternoon does not include PD days	\$63/day includes PD days/Fall Break/Christmas Break/Spring Break
Kindergarten 2 days per week	\$20	\$250/month include PD days	\$168/month include PD days	\$212/month include PD days	\$27/morning does not include PD days	\$35/afternoon does not include PD days	\$63/day includes PD days
Family Discount multiple child family discount		5% OFF 2 ND OR 3 RD CHILD	5% OFF 2 ND OR 3 RD CHILD	5% OFF 2 ND OR 3 RD CHILD			

Payment Options(please pick one)

Option One: POST DATED CHEQUES

Landing Pad Out of School Care Program

Ten (10) Post-dated cheques, dated for the first of each month are to be made payable to the: **"TOWN OF GIBBONS"**. Please put your child's name and program on each cheque. Post-dated cheques for the year are encouraged and will be held on file at the Gibbons Town Office.

Option Two: PRE-AUTHORIZATION FOR CREDIT CARD PURCHASE

Landing Pad Out of School Care Program

Name on the Credit Card:

Card Number:

Expiry Date:

CVV#:

Monthly Purchase amount:

Authorization Signature:

TERMS AND CONDITIONS:

- I agree to participate in the Pre-Authorized payment plan for Gibbons Landing Pad program, and I authorize the Town of Gibbons to draw a debit for the purpose of making payment for the program on my credit card account.
- I agree that any direction I may provide to draw pre-authorized payment drawn in accordance with this Authorization shall be binding on me as if signed by me.
- I understand that a receipt will be mailed out from the Town of Gibbons indicating the amount of the debit that is drawn on the 1st of each program month, beginning the first month after receiving the authorization.
- I certify that all information provided with respect to the account is accurate and I agree to inform the Town of Gibbons in writing, of any changes in the Account Information provided in this authorization at least (10) business days prior to the next due date of a Consumer Pre-Authorized Payment.
- I may revoke the Authorization at any time upon two weeks written notice to the Town of Gibbons office.
- Any payments that are dishonored by the credit card company will incur a \$ 25.00 service fee, which will be added to the current payment, once payment is made.

2021-2022 Registration

Option Three: CASH OR DEBIT PURCHASE

Landing Pad Out of School Care Program

Cash/Debited will ONLY be accepted at the Gibbons Town Office and are due on the first working day of each month. **The program staff will not under any circumstance accept monthly fee payments.**

Option Four: ALBERTA CHILD CARE SUBSIDY PROGRAM

Landing Pad Out of School Care Program

The Landing Pad Out of School Care Program offers the Government of Alberta Child Care Subsidy Program. For more information and to see if you qualify. For more information and to see if you qualify, please go to <http://www.child.alberta.ca/home/1148.cfm>

Payment Policy and Procedures

A non-refundable registration fee of \$20.00 per child is payable upon registration to hold child care space at the program.

Methods of payment accepted are cash, cheques, credit or debit. Cheques are to be made payable to the: "**TOWN OF GIBBONS**". Post-dated cheques for the year are encouraged and will be held on file at the Gibbons Town Office. Credit Card Authorization (see attached form) will also be held on file at the Gibbons Town Office.

Cash/Debited will be accepted at the Gibbons Town Office. **The program staff will not under any circumstance accept monthly fee payments.**

All payments must be made to the "**TOWN OF GIBBONS**" on the first working day of each month. ****Please give 1-3 business days for clearance.**

If your account is outstanding, you will be given a reminder call by the 10th of the month by the Program Manager or designate. Alternative payment arrangement must be made at that time with Program Manager or designate. Should your account be outstanding for **one month**, a \$50.00 administration fee will be charged to your account. In addition, your child **will not** be allowed to participate in the program until all fees are paid in full.

After two NSF (non-sufficient funds) cheques; only cash, certified cheque or debit will be accepted. An additional \$25.00 fee will be charged to cover charges for each NSF cheque.

A late fee of \$20.00 per 15 minutes (or portion thereof) per child will be charged to parents picking children up later than 6:00 p.m. **Fees must be paid no later than three days after the incident occurs and paid directly to the staff.**

Part-time (casual) families will receive a credit (to be used within 30 days) if the program is cancelled due to weather, school closure, or child illness (doctor's note may be requested). All rebooking of care must be done through the Town Office. Please state at that time that you would like to apply your credit. Notification of cancellation must be received at the Town Office 5 business days prior to pre-booked care.

Full-time families will not receive credit for any cancelled programs. But, consideration may be given to families on a case by case basis due to extended childhood illness and with a doctor's note.

Full time families will not receive a reduction in fees for children absent from the program for any length of time (this includes holidays or sick time). Parents are required to pay the full month fee whether their child is in the program the full month or not.

The program requests a minimum of two (2) weeks written notice to change or cancel child care. Parents and/or guardians of the child are responsible for fees up to the last day of care. Post-dated cheques and credit card authorization will be return once account is up to date/paid in full.

Fees are subject to change at the discretion of the Town of Gibbons. Parents will be provided with a minimum of thirty (30) days written notice prior to this change.

Income Tax Receipts: The person responsible for making the monthly child care payments will receive a receipt each month either through the program or by mail. These receipts can be used for income tax purposes. The Town does not issue a separate income tax receipt with your yearly total. There will be a charge of \$20.00 per month for any duplicate/replacement receipts.

**The Government of Alberta offers a Child Care Subsidy Program. For more information and to see if you qualify, please go to <http://www.child.alberta.ca/home/1148.cfm>

I acknowledge having read and understood this payment options and accept the terms therein

Parent or Guardians Signature:

Date: