



Hinton Kids for Success

Registration Form 2023 - 2024

Date:

AHS #:

New Registration

Current Registrant

Child Information

Child's Name: _____ Male Female

Child's Date of Birth (dd/mm/year): _____

School Attending: _____ Grade: _____

Home Address: _____

Street/P.O. Box

Town/City

Province

Postal Code

Caregiver Information

1st Caregiver: _____

Relationship to Child: Father Mother Other (specify): _____

Phone Numbers: Primary Phone: _____ Secondary Phone: _____

Street Address: _____

Street/P.O. Box

Town/City

Province

Postal Code

Email address: _____

Consent to receive email correspondence: Yes No

2nd Caregiver: _____

Relationship to Child: Father Mother Other (specify): _____

Phone Numbers: Primary Phone: _____ Secondary phone: _____

Street Address: _____

Street/P.O. Box

Town/City

Province

Postal Code

Email address: _____

Consent to receive email correspondence: Yes No

EMERGENCY FORM

Emergency Contact Information (other than parents/guardians)

Emergency Contact #1 Name: _____
Street Address: _____
Street/House Address
Phone: _____
Home Other

Emergency Contact #2 Name: _____
Street Address: _____
Street/House Address
Phone: _____
Home Other

Authorized person to whom your child may be released (other than parents/guardians):

(1.) _____

(2.) _____

Anyone to whom your child may not be released? _____

Health & Special Considerations

Has your child been immunized? Yes No

Please list any allergies or health concerns:

Please list any dietary restrictions:

Please list any medications your child takes on a regular basis:

**please note if your child requires medication administration, caregivers will be responsible for completing a "Medication Administration" form*

Swimming Ability (Dr. Duncan Murray Recreation Centre & Open Water)

Please indicate your child's swimming ability

Strong Swimmer

(deep water/deep pool

No lifejacket required)

Moderate Swimmer

(shallow water

swim test required)

Non-Swimmer

(Kids pool/shallow water

lifejacket required)

Enrollment & Fee Information

Please check the appropriate enrollment option

Full-Time - \$400/month includes all regularly scheduled after school programming from 3:00pm-6:00pm. All regularly scheduled non-school days are automatically included.

Part-Time - \$250.00 includes up to ten (10) regularly scheduled after school programming from 3:00pm-6:00pm. Does not include regularly scheduled non-school days

Drop-In - \$25/day for all regularly scheduled after school programming from 3:00pm-6:00pm. \$40/day for regularly scheduled non-school days. Space as available.

*Any changes or cancellations to enrollment must be provided **30 days** prior to the upcoming month or you will be charged a full month's fee. Please see HKFS Policy Manual 002.*

Please check which days your child will be attending

Monday

Tuesday

Wednesday

Thursday

Friday

Payment Policy

Subsidy available! Hinton Kids for Success is a licensed childcare provider able to offer families the option to apply for subsidy. Please refer to the Government of Alberta website for further information. If your family requires subsidy, please notify FCSS of the subsidy estimate received. Subsidy only covers a portion of the monthly fee. Caregivers are responsible for any remaining portion thereof.

Link to apply here: <https://applychildcaresubsidy.alberta.ca/>

All payments are due on the 1st of each month. Parents/ caregivers can pay on a monthly basis or for the entire school year or a portion thereof.

A \$100 deposit is due prior to March 31, 2023 to secure your child's space for the following school year.

Penalties - A penalty of \$10.00 per fifteen minutes per family will be charged if the children are not picked up by 6:05pm. There is also a \$15.00 charge for all NSF cheques.

Additional Consents

Please check each box to indicate you understand and consent to the following:

Permission to leave the premises (The Guild). These areas include, Jessie Turgeon Park, Gordon Moore Memorial Park, Rotary Play and Spray Park, Dr. Duncan Murray Recreation Centre, Hinton Friendship Centre Playground, Hinton Municipal Library, Bowling Alley, and other areas within walking distance not listed.

Permission to use photos of my child in HKFS/DC/FCSS promotional materials including social media posts, newsletters, annual reports and any other mediums that are appropriate. I understand that there will be no compensation for the use of these photographs, videos or stories and release HKFS and its agents of any liability resulting from the use of same.

Permission for HKFS/DC educators to apply sunscreen and bug spray as necessary. *Caregivers to supply non-aerosol sunscreen and bug spray.*

Permission for HKFS to transport my child through contracted transportation services including Town of Hinton busses.

Emergency Release

1. In the event that emergency medical attention is required, an ambulance will be called and the child will be transported to the hospital. If a cost is incurred for the ambulance, the caregiver(s) shall be responsible for the payment.
2. A caregiver will be contacted immediately. If a caregiver cannot be contacted, the emergency contacts listed on the registration form will be contacted. An HKFS educator will remain with the child at all times until a caregiver or emergency contact arrives.
3. In the event of an emergency when caregivers are not present, an attending physician will proceed with any medical procedures deemed necessary. Any expenses incurred in such an event are solely the responsibility of the caregiver(s).
4. The FCSS Assistant Manager and HKFS Supervisor shall be notified of the incident and all up to date actions that staff have taken to ensure a prompt response to the medical emergency. Any other notifications will be completed as per licensing policy.

I, _____ have read and understood the above actions in case of an emergency. If my child, _____ requires medical care, I give consent to the Hinton Kids for Success Out of School Care program to give whatever medical care they deem reasonable in the situation, and I agree that I will be responsible for any costs incurred for my child to receive proper medical care.

Date _____ Parent/Guardian Signature _____

**Informed Consent Agreement
Hinton Kids for Success Out of School Care Program**

In compliance with Hinton Family and Community Support Services (FCSS) and our insurance company, parents/guardians are required to sign this Informed Consent Agreement. Hinton Kids for Success Out of School Care Program (HKFS), under the care of Hinton Family and Community Support Services (FCSS), strives to comply with all Alberta Child Care Licensing Regulations, and have established policies and procedures designed for your child's safety. The risks described below are those inherent in participation in the normal activities of children. The safety of the children in our care is our first priority; however, ultimately children participate at their own risk.

Thank you for choosing to use the facilities, services, or programs of FCSS. We request your understanding and cooperation in maintaining both yours and our safety and health by reading and signing the following INFORMED CONSENT.

I, _____, declare that my child, _____

Intends to use some or all of the activities, facilities, programs and services offered by FCSS and I understand that each person, my child included, have different capacities for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility before, during, and after participation to instruct my child on the choices available to him/her relative to the risks to be undertaken, information, or instructions available.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental, or emotional) and the awareness, care and skill with which my child conducts themselves in that activity or program. I acknowledge that my child's choice to participate in any activity, service and program of FCSS brings with it the assumption by me of risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, reduce, or modify involvement in any program activity, and I realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs and services offered by FCSS are sometimes conducted by personnel who may not be licensed, certified, or registered instructors, or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience, and that no claim is made to offer assessment or treatment of any medical or physical condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program, or services that I am not completely familiar with, and I have been informed of any inherent risks.

Parent/Guardian

Date

Registration Signature and Date

I declare that I have read, understood, and completed the 2023-2024 HKFS Registration Form.

I declare that I have read and understood the Parent/Guardian Handbook and Policies/Procedures in their entirety.

I have filled out my child's AHS #

I have provided emergency contacts other than immediate caregivers/ parents

Parent/Guardian signature

Date

If any of the above information changes during the course of the program, please update this registration form immediately.

This personal information is being collected under the authority of the Municipal Government Act, and will be used to administer programs at HKFS. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

