

Checklist for HKFS Program

2019/2020 Fall Program Registration

Child's Name: _____

Sibling: _____

(Only if in HKFS program as well.)

Parent's Names: _____

*** Please ensure **ALL information filled in COMPLETELY** such as addresses of emergency contacts with postal codes and phone numbers

_____ Registration Form

_____ Emergency Release

_____ Emergency Medical Condition Administration Form (if necessary)

_____ Parent Registration Agreement 2019/2020

_____ Informed Consent Agreement

_____ Photo/Media Release

_____ Sunscreen and/or Bug Spray Application Release

_____ Town of Hinton Bouldering Wall Waiver

_____ Parent Accreditation Consent Form

_____ Family Profile (only need ONE per Family)

OFFICE NOTES:

Date Deposit Payment Received _____ Type _____ Receipt # _____

Monthly Fees: _____ Post Dated Cheques Received: _____

Comments: _____

Hinton Kids For Success Out of School Care Program

821 Switzer Drive, Hinton AB

Questions about **bussing** and **subsidy** must be referred to the proper source:

1. **BUSSING:** All passengers must be registered to ride the school bus. To register for the school bus parents must contact GYPSD Transportation at 780-723-4471 or toll free at 1-800-723-2564. You may also register online at www.gypsd.ca (parents/transportation). Transportation, staff will assist the parent with questions regarding bussing, eligibility, and payment of fees.
 - a. Students who are ineligible (reside less than 2.4 kms from their designated school) may be required to pay Transportation fees of \$200.00 per year.
 - b. Transportation fees may be paid at your child's school or the Transportation fee may appear on your "school fee" invoice generated in September.
 - c. If the student is eligible (resides 2.4 kms or more from their designated school) transportation fees are not charged.
 - d. Once the student registration is processed, parents will be provided with bus route and driver information. All registrations will be followed up by email or phone confirmation.
 - e. Parents need to contact Beaupre at 780-723-6285 (NOTE: Beaupre does not have a website like GYPSD) if your child attends the Catholic School system to arrange bussing.
 - f. Hinton Kids for Success Out of School Care Program staff will receive the children off of their school busses at Harry Collinge High School, and safely walk them to The Guild.

NOTE* School bus transportation for ineligible students is based on first come, first serve basis. Due to limited seat space on the Hinton bus routes, a student may only be registered on two separate bus routes at any given time.

2. **SUBSIDY:** Parents can contact the provincial subsidy office via phone, email, or online
*** Ensure you are using Internet Explorer to view these files.
 - a. Call Alberta Supports Subsidy at 1-877-644-9992 (Monday-Friday, 7:30 am-8:00 pm)
 - b. Send questions via email to hs.childcaresubsidy@gov.ab.ca
 - c. To estimate your subsidy, or view subsidy information go online at www.humanservices.alberta.ca/childcaresubsidy
 - i. If a file path is preferred over the URL, then here are the instructions:
 - ii. Go to www.alberta.ca > Human Services > Programs and Services > Financial Support > Childcare Subsidy

Parents are encouraged to act on these two topics as soon as possible.

**Hinton Kids for Success Out of School Care Program (HKFS)
Registration Form 2019-2020**



START DATE: _____ AHS Health Care # _____

Child Information

Child's Name: _____ Male Female

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

School Attending: _____ Grade: _____

Home Mailing Address: _____
_____ Street/P.O. Box Town/City Province Postal Code

Street Address: _____
Street/House Address

Parent/Guardian Information

1st Parent/Guardian: _____

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

Phone Numbers: Primary Phone: _____ Secondary phone: _____ Other: _____

Street Address: _____
Street/House Address/Postal Code

Email address: _____

Consent to receive email correspondence: Yes No

2nd Parent/Guardian: _____

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

Phone Numbers: Primary Phone: _____ Secondary phone: _____ Other: _____

Street Address: _____
Street/House Address/Postal Code

Email address: _____

Consent to receive email correspondence: Yes No

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

(1.) _____ (2.) _____

Anyone to whom your child may not be released? _____

REQUIRED: Emergency Contact Information (other than parents/guardians)

Emergency Contact #1 Name: _____

Street Address: _____

Street/House Address/Postal Code

Phone: _____
Home Other

Emergency Contact #2 Name: _____

Street Address: _____

Street/House Address/Postal Code

Phone: _____
Home Other

Emergency Care Information

Has your child been immunized? Yes No If not, please specify:

Please provide us with any information that would be helpful to the HKFS staff relating to your child's reactions, childhood diseases, major operations, special needs, habits, or fears:

Please list any allergies or health problems your child has: _____

List any medications your child takes on a regular basis at home, and what it is taken for: _____

Does your child require a life jacket at the pool and if not what is their swimming skill level?

Permission to Leave the Premises (The Guild)

I, the undersigned, grant permission for my child to participate in supervised activities outside of 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.

Yes No

Payment

- Full Time Care - The monthly fees for HKFS are \$375.00 per month. The monthly fees are due on the 1st of the month, and no credit is provided for missed days. Children entering the program mid-month will have the cost pro-rated to the start date.
- Part Time Care- Part time fees for HKFS are \$250.00 per month. Fees are due on the 1st of the month.
- 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.

HKFS Advisory Council

Are you interested in volunteering to become a part of the HKFS Advisory Council? Yes No

Registration Signature and Date

I declare that I have read, understood, and completed the 2018-2019 HKFS Registration Form.
I declare that I have read and understood the Parent/Guardian Handbook and Policies/Procedures in their entirety.

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.



EMERGENCY RELEASE
Hinton Kids for Success Out of School Care Program

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 parents/guardians shall be responsible for the payment.
2. A parent/guardian will be contacted immediately.
3. If parents/guardians cannot be located, emergency contacts listed on the registration form will be phoned. An HKFS staff member will remain with the child at all times until a parent/guardian or the emergency contact person arrives.
4. In the event of an emergency when parents/guardians 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 parents/guardians.
5. The FCSS Supervisor and HKFS Coordinator shall be notified of the incident and up to date actions that staff have taken to ensure a prompt response to the medical emergency.

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 agree that I will be responsible for any costs incurred for my child to receive proper medical care.

Date

Parent/Guardian Signature

Please Print Name

**Emergency Medical Condition Administration Form
(i.e. allergies, diabetes, asthma, eczema, epilepsy)
Hinton Kids for Success Out of School Care Program**



Staff Name: _____

Child's Name: _____
First Last

Date of Birth: _____
(yyyy/mm/dd)

Doctor's Name: _____

Condition: _____

Training Required: _____

Date of Training: _____

Person Training: _____

Symptoms: _____

Medication: _____

Storage: _____

Dosage: _____

Administration: _____

Parent/Guardian signature Date

Form to be updated every six months with 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



Photo/Media Release
Hinton Kids for Success Out of School Care Program

From time to time, printed stories, photographs, and/or video footage is taken by Hinton Kids for Success Out of School Care Program (HKFS), their agents or the media. These stories, photographs and/or video footage may be included in HKFS archives, used as gifts for students and/or sponsors and may be included in newsletters, annual reports or on our website. Particularly good photos, stories, or video that capture the essence of the program may be used for publicity, training, and public relations.

I hereby grant HKFS or their representatives the right and permission to record stories, take photos and/or video of my child (**print name**) _____ during the program year. These may be used for HKFS media, promotional, or public relations purposes and as gifts for the students and/or sponsors.

Yes No

I acknowledge 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.

I declare that I have read, understood and agree to the above in its entirety.

Parent/Guardian signature

Date

Please print name



**Sunscreen and/or Bug Spray Application Release
Hinton Kids for Success Out of School Care Program**

I understand that it is my responsibility, as the parent/guardian, to ensure that my child(ren) is protected from skin harm and/or injury from the sun.

Yes No

I hereby give permission for HKFS Out of School Care Program staff to apply sunscreen and/or bug spray to my child(ren). I agree to supply sunscreen and/or bug spray for my child.

Please **DO NOT SEND AEROSOL** types of sunscreen or bug spray, rub-on types are preferred as it reduces the occurrence of children getting spray in their eyes.

I will clearly label my child(ren)'s sunscreen and/or bug spray containers. I understand that the HKFS Out of School Care Program is NOT responsible for lost or stolen bottles of sunscreen and/or bug spray.

Yes No

I declare that I have read, understood, and agree to the above in its entirety.

Parent/Guardian signature

Date

Please print name

**TOWN OF HINTON
BOULDERING WALL WAIVER
& RELEASE OF LIABILITY**



This is a *Release of Liability* – Read before Signing – In consideration of being allowed to participate in any way in the Town Of Hinton Bouldering Wall facility, programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that;

1. The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention fo the nearest official immediately; and,
4. I, for myself and behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the TOWN OF HINTON BOULDERING WALL, their offices, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.
5. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I may have given up substantial rights by signing it, and sign it freely and voluntarily with out inducement.

X _____
Participants Signature

Date: _____
Day/ Month/Year

Participants Name (Please print clearly): _____ DOB: _____

Participants Address and Phone Number: _____

Email Address: _____

For Participants of Minority Age (Under 18 at time of registration)

This is the certify that I, as Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement in the use of this facility and/or participation in these programs and/or events.

X _____
Parent/Guardian Signature

Date: _____
Day/Month/Year

Town of Hinton Bouldering Wall Rules

1. All participants must sign in at the Customer Service Desk.
2. All participants must have a signed waiver.
3. Children under 14 years of age must be accompanied and supervised by an adult.
4. No barefoot climbing.
5. Report loose holds, ripped mats, and anything else you believe to be a safety hazard to the Front Desk.

I have read and understood the above rules. _____(Initial)

Parent Accreditation Consent Form

Please complete and return this form to your child care program.

PLEASE CHECK (☐)

I consent to participate in the accreditation process site visit.

PLEASE CHECK (☐)

I give my permission to allow the accreditation Validators to look in my child/ren's file to verify required information is present.

NAME OF CHILD (please print)

NAME OF CHILD (please print)

PLEASE CHECK (☐)

I consent to being interviewed by a Validator if requested.

I understand that the purpose of the accreditation process is to ensure a high standard of care in the child care program. The Validators will be checking to see that administrative files are complete and up-to-date. The information from the file review and the interview will be used only for the purpose of accreditation.

NAME OF PARENT/GUARDIAN (please print)

SIGNATURE OF PARENT/GUARDIAN

DATE (mm/dd/yy)

Note to Program: Please keep these forms on file and have them available for the Validators when they conduct the site visit.

FAMILY PROFILE: *(One per family no matter how many children)*

In order to teach our children to be accepting, and respectful of others culture, they must first know about their own. In this section we hope you will help us to better understand your culture and home life so we can better represent that here at our center.

Where is your immediate family from?

Were all members of your family born in Canada? YES NO if not, where were they born?

How many family members do you have, and is this the typical family size?

What is the MAIN Culture in your family? _____

Are there any other Cultures that your family shares?

How do you practice your Culture at home with your family?

How would you like to us to present your Culture to our children? _____

Would you be willing to share knowledge of your Culture with our children in the following ways?

- | | | |
|--|-----|----|
| ❖ Meet with the children to share stories or your culture? | YES | NO |
| ❖ Bring in artifacts, pictures, costumes, and food from your home? | YES | NO |
| ❖ Teach us some simple aspects of your language? | YES | NO |
| ❖ Teach us some games and/or songs from your culture? | YES | NO |

Hinton Kids For Success

821 Switzer Drive Hinton, Alberta T7V 1V1

Parent Registration Agreement 2019/2020

I understand & recognize that I am fully aware of the following terms. Please initial.

____ I understand that all participants must provide a fully **completed** registration package (includes Informed Consent Agreement and Photo/Media Release) before they start the HKFS program.

____ I understand that it is the sole responsibility of the parent/guardian to ensure that bussing/transportation is arranged prior to child starting at HKFS. (Contact information is in Parent Package)

____ I understand that it is the sole responsibility of the parent/guardian to ensure that subsidy is in place prior to child starting at HKFS.

____ I understand that all fees are due on the first day of each month. If payment is not made by the third day of the month, then a late payment fee of \$30.00 per month will be applied to the initial fee. If payment is more than two weeks late, your child will be unable to attend care until payment is made. Payment may be made using cash, credit card or cheque payable to "Hinton Kids for Success".

____ I understand that if HKFS staff are not able to contact me or I am not able to retrieve my child by 6:30pm, HKFS staff are required by licensing standards to contact Child Protective Services and the RCMP.

____ I understand at least one month's notice must be provided in writing prior to termination of participation, otherwise regular monthly fees are incurred.

____ I understand that the HKFS program closes at **6:00pm**. If I am later than 6:05 pm I will be charged \$10.00. Every fifteen minutes following will incur an additional \$10.00. **The clock that we will be going by will be the HKFS clock only.**

____ I understand that all participants are required to have a pair of clean shoes to wear inside.

____ I understand that if my child will be absent, that I must notify the Program Coordinator before 2:00 pm.

____ I understand that in the event of an accident involving my child, I will be contacted as soon as possible. If I am unable to be contacted, then the emergency contact person will be called.

____ I understand that I have been given both a "Parent Handbook" and "Policies & Procedures" manual. Upon further questions, I acknowledge I can inquire with staff at any time.

Parents/ Guardian Signature _____ Date _____