



# MID-SUN COMMUNITY CHILD CARE 2021/2022 REGISTRATION FORM- KINDERGARTEN CARE

Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

\*ActiveNet Account Created \*\$75.00 Registration Fee- **Non-refundable/Non-transferable**

\*Component Required:  AM Kindergarten  PM Kindergarten  Full Day Kindergarten

\*School:  St Teresa of Calcutta  Midnapore  Other \_\_\_\_\_  
\* English Program  Mandarin Program

**\* All fields must be completed, please print clearly**

\*Child's Legal Name: \_\_\_\_\_ \*Also Known As: \_\_\_\_\_  
first name last name name by which child is commonly known as

\*Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
year month day

### Mother's or 1<sup>st</sup> Legal Guardian Info

### Father's or 2<sup>nd</sup> Legal Guardian Info

\*Legal Name: \_\_\_\_\_ \*Legal Name: \_\_\_\_\_  
first name last name first name last name

\*Address: \_\_\_\_\_ \*Address: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Cell #: \_\_\_\_\_ \*Cell #: \_\_\_\_\_

\*Cell Carrier (i.e. Telus): \_\_\_\_\_ \*Cell Carrier: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Email: \_\_\_\_\_

**\*Persons authorized to pick up child** (if for any reason you should not want your child to leave with a particular person, please indicate, legal documents may be required). \_\_\_\_\_

### **Alternate Emergency Contact:** (Must be someone other than a parent and live locally)

\*Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First name last name

\*Contact Phone #: \_\_\_\_\_  Cell  Home

### **Health Care Information:**

\*Allergies?:  YES  NO If YES please list: \_\_\_\_\_

\*Does your child take any ongoing medication? (i.e.- Inhaler for Asthma; Epi-Pen/ Benadryl for allergies; ADHA medication; Hay fever)  
 YES  NO If YES please list: \_\_\_\_\_

\*Does your child have a history of health issues or have any special needs? (i.e. dietary restrictions, diabetic, prone to headaches?)  
 YES  NO If YES please list: \_\_\_\_\_

\*Are your child's immunizations up to date?  YES  NO

The information given on this form is true and correct. I understand that I must keep the Program updated with any changes to the above information.

\_\_\_\_\_  
\*Parent/ Legal Guardian Printed Name      \*Parent/ Legal Guardian Signature      \*Date



**MID-SUN COMMUNITY CHILD CARE CONSENT WAIVERS**

**\*Accident Policy**

If my child, \_\_\_\_\_ has an accident and is seriously injured while attending the  
child's full name

Program: The Mid-Sun Community Child Care Program will:

- Call 911
- Contact the parent or the child’s emergency contact immediately after calling 911
- Report each incident to the Statutory Director forthwith in the manner required by the Statutory Director.

\_\_\_\_\_  
 \*Parent/ Legal Guardian Printed Name      \*Parent/ Legal Guardian Signature      \*Date

**Media Consent**

I, \_\_\_\_\_ give permission to Mid-Sun Community Child Care to take my child’s,  
Parent/Guardians full name  
 \_\_\_\_\_ photograph, display their art work and take video recordings for program  
child's full name  
 use only and promotional reasons within the program (examples- photo album to show new families) and  
 documentation purposes in perpetuity. Photos will not be posted on any form of social media.

\_\_\_\_\_  
 Parent/ Legal Guardian Printed Name      Parent/ Legal Guardian Signature      Date

**Sharing Of Information**

I, \_\_\_\_\_, give consent to the Mid-Sun Community Child Care to share child-  
Parent/Guardians full name  
 specific information about my child, \_\_\_\_\_ with relevant stakeholders and  
child's full name  
 understand that a record will be maintained of the information shared where applicable.

\_\_\_\_\_  
 Parent/ Legal Guardian Printed Name      Parent/ Legal Guardian Signature      Date

Would you like to receive occasional updates from Mid-Sun Community Association by E-Mail?  
 (You will receive updates in regards to registration dates, community events, community news, etc...)

YES       NO



**MID-SUN COMMUNITY CHILD CARE**  
**ACKNOWLEDGMENT OF READING PARENT HANDBOOK AND POLICIES**

**\*Policies Requiring Initials**

\*I, \_\_\_\_\_, have read and fully understand The Parent Handbook for the Mid-Sun  
Parent/legal guardians full name  
Community Child Care Programs. I further agree to adhere by the following policies:

Policy	*Initial
Hours of Operation & Closure Dates- I understand that the Licensed OOSC programs run from September to June; registration for subsequent years must be completed on a yearly basis and is not guaranteed.	
Program Fees, Payment and Tax Receipt Information	
Absence from School/Program- I understand that it is my responsibility to notify the Program when my child will not be attending the Out of School Care.	
Termination Policy	
Inclusion and Diversity Policy	
Communication Policy; Confidentiality Policy; Complaint Policy	
Volunteer Policy	
Child Guidance and Bullying and Harassment Policies	
Off-Site Excursion Policy/Community Excursions, Safety	
Supervision Policy- Pick up/ drop off from schools	
Health and Safety Policy- Potential Health Risk, Administration of Medication, Nutrition	
Programming Policy	
Emergency Evacuation Policy	
COVID-19 Alberta Health Daily Checklist	

\_\_\_\_\_  
\*Parent/ Legal Guardian Printed Name      \*Parent/ Legal Guardian Signature      \*Date

**\*Family Profile Information**

\*Family Information (i.e. all members of the family, step parents, custody arrangements, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*What Languages are spoken at home: \_\_\_\_\_

What do you as a family celebrate (i.e. Christmas, Kwanza, Chinese New Year, Diwali, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cultural background (i.e. English, Chinese, Scottish, Indian, Sudanese, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special family traditions: \_\_\_\_\_

Special interests and abilities (i.e. plays hockey/soccer/piano, dances, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## MID-SUN COMMUNITY CHILD CARE PARENT FEE AGREEMENT

<b>*Fee Agreement</b>		<b>*Parent Initial</b>
The monthly fee of <b>\$820</b> is due on the 1 <sup>st</sup> of each month and will be automatically processed.		
<b>Payments</b>		
Payment Method: <input type="checkbox"/> Credit Card: CVV: _____ <input type="checkbox"/> Post Dated Cheques <input type="checkbox"/> Subsidy		
<ul style="list-style-type: none"> <li>A form of payment is required to be on file to complete registration, even if on subsidy</li> <li>Receipts will be issued to those whose payment is on file.</li> <li>Families must notify the Program of any fee splitting. Joint-parenting families must fill out and sign a fee payment form- parents must alternate months, no splitting of monthly fees</li> <li>It is the responsibility of the parent to update payment information on their accounts</li> <li>Please visit <a href="https://anc.ca.apm.activecommunities.com/midsun">https://anc.ca.apm.activecommunities.com/midsun</a> to log into your account to access receipts and update your personal information (including credit card information).</li> </ul>		
<b>Monthly Fees Per Child/ Component</b>		
All fees include processing fee. **Fees are subject to change at any time		
<b>Kindergarten Care-</b> includes non-school days including Spring/Easter break and early dismissals; Fees are not pro-rated for holiday breaks	<b>\$820</b>	
<b>No-Show Fee</b>	<b>\$20</b>	
<b>Late Pick Up Fee-</b> To be paid in cash to the staff at pick up	<b>\$1 per minute</b>	
<b>Fee Agreement</b>		
<ul style="list-style-type: none"> <li>One month's written notice of withdrawal or change in components is required, dated the 1<sup>st</sup> of the month. All schedule changes will take place on the 1<sup>st</sup> of the month.</li> <li>Failure to notify the Program prior to August 1<sup>st</sup> that your child will not be returning in September will result in a charge for September fees.</li> <li>A charge of \$20.00 will be applied to any NSF cheque or failed credit card charges.</li> <li>Families must notify the Program of any change of payment method in writing.</li> <li>Families must supply their Subsidy Approval Notice to the Program. Deposit may be required.</li> <li>There will be no pro-rating of monthly fees to accommodate holidays, sick days or other absences.</li> <li>There will be no pro-rating of fees for program closers due to strike, natural disasters, power outages, pandemic or any other program closures.</li> <li>Families with delinquent accounts will be given 5 working days' notice to clear up outstanding balances or childcare will be terminated. Finding and the cost of alternate care is the parent's responsibility.</li> </ul>		

If at any time you have concerns or questions regarding your fees, please approach the Program Director as soon as possible.

\_\_\_\_\_  
\*Parent/ Legal Guardian Printed Name

\_\_\_\_\_  
\*Parent/ Legal Guardian Signature

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Program Director Printed Name

\_\_\_\_\_  
\*Program Director Signature

\_\_\_\_\_  
\*Date

COVID-19 INFORMATION

# COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)

## Overview

This checklist applies for all children, as well as all students who attend kindergarten through Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, childcare or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

## Screening Questions for Children under 18:

<b>1.</b>	<b>Has the child traveled outside Canada in the last 14 days?</b>
<p><b>If the child answered “YES”:</b></p> <ul style="list-style-type: none"> <li>Follow the <a href="#">Government of Canada Travel, Testing, Quarantine and Borders</a> instructions, including any requirements for exempt travelers related to attending high-risk environments. Proceed to question 2.</li> </ul> <p><b>If the child answered “NO”, proceed to question 2.</b></p>	
<b>2.</b>	<b>Has the child had close contact with a case<sup>1</sup> of COVID-19 in the last 14 days?</b> Face-to-face contact within 2 metres for 15 minutes or longer or direct physical contact such as hugging
<p><b>If the child answered “YES”:</b></p> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure, except: <ul style="list-style-type: none"> <li>If they have previously tested positive for COVID-19 in last 90 days before exposure: <ul style="list-style-type: none"> <li>No quarantine required. Monitor for symptoms for 14 days. Proceed to question 3. □ If they are fully immunized<sup>2</sup> against COVID-19: <ul style="list-style-type: none"> <li>No quarantine required. Monitor for symptoms for 14 days. Proceed to question 3.</li> </ul> </li> <li>If they are partially immunized<sup>3</sup> against COVID-19: <ul style="list-style-type: none"> <li>Quarantine for 10 days. If tested on day 7 or later after exposure, quarantine ends after receiving a negative test result.</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p><b>If the child answered “NO” or if they have symptoms, proceed to question 3.</b></p>	
<b>3.</b>	<b>Does the child have any new onset (or worsening) of the following core symptoms:</b>
	<b>Fever</b> Temperature of 38 degrees Celsius or higher
	<b>Cough</b> Continuous, more than usual, not related to other known causes or conditions such as asthma
	<b>Shortness of breath</b> Continuous, unable to breathe deeply, not related to other known causes or conditions such as asthma
	<b>Loss of sense of smell or taste</b> Not related to other known causes or conditions like allergies or neurological disorders
<p><b>If the child answered “YES” to any symptom in question 3:</b></p> <ul style="list-style-type: none"> <li>The child is required to isolate for 10 days from onset of symptoms as per <a href="#">CMOH Order 35-2021</a> OR receive a negative COVID-19 test and feel better before returning to activities</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li> </ul> <p><b>If the child answered “NO” to all of the symptoms in question 3, proceed to question 4.</b></p>	
<b>4.</b>	<b>Does the child have any new onset (or worsening) of the following other symptoms:</b>
	<b>Chills</b> Without fever, not related to being outside in cold weather
	<b>Sore throat/painful swallowing</b> Not related to other known causes/conditions, such as seasonal allergies or reflux
	<b>Runny nose/congestion</b> Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather

<p><b>Feeling unwell/fatigued</b> Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury</p>
<p><b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes/conditions, such as anxiety, medication or irritable bowel syndrome</p>
<p><b>Unexplained loss of appetite</b> Not related to other known causes/conditions, such as anxiety or medication</p>
<p><b>Muscle/joint aches</b> Not related to other known causes/conditions, such as arthritis or injury</p>
<p><b>Headache</b> Not related to other known causes/conditions, such as tension-type headaches or chronic migraines</p>
<p><b>Conjunctivitis</b> (commonly known as pink eye)</p>
<p><b>If the child answered “YES” to ONE symptom in question 4:</b></p> <ul style="list-style-type: none"> <li>• Keep your child home and monitor for 24 hours.</li> <li>• If their symptom is <b>improving</b> after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.</li> <li>• If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to check if testing is recommended.</li> </ul> <p><b>If the child answered “YES” to TWO OR MORE symptoms in question 4:</b></p> <ul style="list-style-type: none"> <li>• Keep your child home.</li> <li>• Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> <li>• Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.</li> </ul> <p><b>If the child answered “NO” to all questions:</b></p> <ul style="list-style-type: none"> <li>• Your child may attend school, childcare and/or other activities.</li> </ul>

**Please note:** If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started or until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

I,   hereby agree to **daily** assess   and understand that if my child exhibits any of the above symptoms, that my child must be removed from the program immediately and may not return till the child feels well enough to participate. Please note that it is always recommended that the parent seek testing for a child with symptoms of COVID-19. If a child has a pre-existing condition(s), a doctor’s note may be provided.

\_\_\_\_\_  
\*Parent/Guardian Printed Name                      \*Parent/Guardian Signature                      \*Date

<sup>1</sup> A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#)  
<sup>2</sup> Fully-immunized = 14 days after having received two doses of vaccine in a 2 dose vaccine series OR 1 dose in a 1 dose vaccine series.  
<sup>3</sup> Partially-immunized = 14 days after having received one dose of vaccine in a 2 dose vaccine series  
**NOTE:** Individuals who are immunocompromised and fully-immunized should follow quarantine requirements for partially immunized individuals; those who are immunocompromised and partially immunized should follow the protocol for those who have not been immunized. Profoundly immunocompromised persons should always consult with their primary care provider if exposed.