

## 2006 SUMMER CARE - CHILD CARE CENTRE

(Optional Service; complete one form per child)

### 1. FAMILY INFORMATION

CHILD'S NAME \_\_\_\_\_ Grade \_\_\_\_\_  
Last Given Middle

Address \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
Street Apt. No. Day/ Month/ Year

\_\_\_\_\_  
City Postal Code

Mother's/Legal Guardian's Name \_\_\_\_\_ Father's/Legal Guardian's Name \_\_\_\_\_

Ph (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ Ph (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

### 2. EMERGENCY INFORMATION (Emergency Contact If Parents/Legal Guardian Are Not Available)

Doctor's Name \_\_\_\_\_ Ph \_\_\_\_\_ Alberta Health Care No. \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child take any meds at home on a regular basis? (e.g. Tylenol, antihistamines) If yes, please explain:

\_\_\_\_\_

#### Alternate Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph \_\_\_\_\_

### 3. DATES THAT WERE REQUESTED

| Dates - Theme                         | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------------|--------|---------|-----------|----------|--------|
| June 28-30 - Welcome                  | /      | /       |           |          |        |
| July 3-7 - Survivor                   |        |         |           |          |        |
| July 10-14 - Latino (Mexico/Spain)    |        |         |           |          |        |
| July 17-21 - Safety                   |        |         |           |          |        |
| July 24-28 - Greece                   |        |         |           |          |        |
| August 1-4 - Aboriginal               |        |         |           |          |        |
| August 7-11 - Hawaii                  |        |         |           |          |        |
| August 14-18 - Sports                 |        |         |           |          |        |
| August 21-25 - Hollywood/ Movie Stars |        |         |           |          |        |
| August 28 & 29 - Farewell             |        |         | /         | /        | /      |

TOTAL COST FOR JULY : \$ \_\_\_\_\_ AUGUST : \$ \_\_\_\_\_

**DEPOSIT FOR JULY IS REQUIRED BY MARCH 1, 2005 – TO BE CASHED IMMEDIATELY TO GUARANTEE YOUR CHILD'S POSITION.**

## TERMS AND CONDITIONS

1. It is hereby understood that the students and parents / legal guardians must abide by the Child Care policies and rules and regulations of the School, as modified from time to time.
2. It is understood and agreed that I / we undertake, jointly and severally, to be responsible for all financial obligations as set out in the schedule of fees for Summer Care.
3. It is understood that parents are responsible for providing nutritious snacks and lunches for their children.
4. It is understood that parents are responsible for transportation to and from the Summer Care.
5. It is understood that parents that do not provide a signed Field Trip form for their child(ren) will not be able to participate and it is the responsibility of the parent to provide alternate care for that day.

### Non-Refundable Deposits/Refunds

Each family has two choices by which to pay its fees: payments in full or by 2 installments. In all cases, payments will include a **non-refundable deposit of one month's fee (depending of the type of care).**

**\*NON-REFUNDABLE DEPOSIT DUE MARCH 1, 2006**

### Overdue Accounts

Amounts owing for more than 30 days will be subject to an interest charge of 1.5% per month (18% per year). N.S.F. cheques will incur an administration fee of **\$20** per cheque. The School reserves the right to exclude any student permanently or temporarily from the Before /After School Child Care program, for nonpayment of fees.

|                               |                    | <b>5 days<br/>/ week</b>                  | <b>4 days<br/>/ week</b> | <b>3 days<br/>/ week</b> | <b>2 days<br/>/ week</b> | <b>1 day<br/>/ week</b> |
|-------------------------------|--------------------|---|--------------------------|--------------------------|--------------------------|-------------------------|
| Full Day Child Care per month | 7:00 am to 5:30 pm | \$ 565                                    | \$ 475                   | \$ 375                   | \$ 265                   | \$ 140                  |
| Weekly Rate                   | Monday-Friday      | \$ 150 per child                          |                          |                          |                          |                         |
| Occasional Use                |                    | \$9 per child per hour or portion thereof |                          |                          |                          |                         |

The Child Care Centre operates **7:00a.m. – 5:30p.m. Monday to Friday** (excluding statutory holidays,)

**I have read and understand the Terms and Conditions for this service and agree to be bound by them.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please have your immunization records and birth certificate included with your registration if you do not already have one on file.**