

10720 – 54 Street Edmonton, AB T6A 2H9 780-468-2524 www.suzukischool.ca



Registration Procedures

Your child must have OSC registration information filled out completely and submitted <u>before</u> attending the program.

Registration Day: Registration for the 2021/22 school year will open the week of May 31 via email survey. Please contact ASC Director, Nina Wemyss, for more information at wemyssn@suzukischool.ca.

Enrolment Requirements:

- Registration forms are available on the Suzuki Charter School website Parents Out of School Care - Registration Form.
- Our program has limited spaces so students will be registered with priority for currently registered students and siblings, and then on a first-come, first-serve basis for remaining spots. All other students will be placed on a waitlist and contacted directly.
- Students without fully completed registration forms will not be able to attend OSC program due to regulations so please submit the completed form on or before the first day of school. Please note: <u>all</u> information requested <u>must</u> be filled in completely as required by the Child Care Licensing Act, Children and Youth Services, Alberta. Incomplete applications will not be accepted.
- Any change to your registration status must come with 30 days written notice to the ASC Director, Nina Wemyss, at wemyssn@suzukischool.ca.

Program:

- Hours:
 - Kindergarten: Mondays and Wednesday @8:10am-3:00pm
 - Gr.1 6: Monday through Friday @3:10-5:30pm except on school holidays.
- **Snack:** A daily, light, healthy snack is provided. Your child is free to bring extra if he/she needs more.

Fees:

- Fees: Will be collected in September 2021.
- **Overtime:** Parents will be charged \$1.00 per minute per child for every minute past 5:30pm. Our supervisors expect parents to be on time as they have other commitments and; parents will be asked to seek alternative care after 5 infractions. *If you cannot commit to this timeframe, you are expected to seek alternative childcare that will better meet your needs.*

Student Sign In/Out

- Every child attending After School Care must be registered NO DROP IN available.
- **Music Lessons:** Parents, you must arrange to sign out your child from OSC and attend his/her lesson. Students will not be released to music teachers.
- **Playdates:** Written permission needs to be completed allowing your child to go with other adults for playdates.



Please note: <u>all</u> information requested <u>must</u> be filled in completely as required by the Child Care Licensing Act, Children and Youth Services, Alberta. Incomplete applications will not be accepted.

| Student Information: | | |
|----------------------|-------------|--|
| Student Name: | | |
| Date of Birth M/D/Y: | AHC#: | |
| Home Phone: | Cell Phone: | |
| Address: | | |
| City | Postal Code | |

Parents/Guardians (Parent 1 and Parent 2 are considered Primary Contacts and will be contacted first.)

| Parent 1: | Parent 2: |
|--------------|--------------|
| Home Phone: | Home Phone: |
| Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: |
| Address: | Address: |
| | |
| Postal Code: | Postal Code: |
| E-mail: | E-mail: |
| Parent 3: | Parent 4: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Address: | Address: |
| E-mail: | E-mail: |

If the child has more than one residence, please indicate specific dates and times of when they reside at each and/or specific parenting times or days.

Emergency Contacts (An emergency contact is someone we would call if we cannot reach parents.)

| Contact 1: | Contact 2: |
|--------------|--------------|
| Home Phone: | Home Phone: |
| Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: |
| Address: | Address: |
| | |
| Postal Code: | Postal Code: |
| E-mail: | E-mail: |
| | |

Medical Information

My child has an Emergency/Medical Plan that you should be aware of.

Allergies:_____

| Immunizations up to date: | Yes | No | No Answer |
|---------------------------|-----|----------|-----------|
| Physician's Name | | _Phone # | |

I understand and agree to the following emergency/medical procedures in the event my child becomes ill or injured while attending OSC (please initial each line and sign and date below):

| initial | • I will need to pick up my child immediately if he/she is suspected of having a communicable disease. He/she will be separated from other children while waiting to be picked up. |
|-------------|---|
| initial | I understand that I will be contacted if my child has a serious accident. I agree that I will keep my contact information up to date and further understand and agree that OSC staff will give basic first aid if necessary. |
| initial | • If my child requires transportation in an emergency vehicle I understand and agree that I will incur the cost. |
| | • In the event that I cannot be reached, an OSC staff member will make the medical decision for my child. |
| initial | • I understand that medication can only be given to my child with parental written consent, and if the medication is in the original labeled container with clear directions. I agree to provide both, in the event that my child needs medication. |

Parent Signature_____

Date

Authorized Adults For Pick-Up

When picking up your child, you must check with an OSC supervisor and sign the child out. The adults listed below are authorized to do the same.

| Name | Phone | Name | Phone |
|------|-------|------|-------|
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For more information refer to School Website <u>www.suzukischool.ca</u> under Out of School Care Handbook.