

Has your child been immunized? Yes No

EMERGENCY CONTACT INFORMATION

Physician: _____ Ph #: _____ AHC Number: _____

Emergency Contact Information (Other than parent)	Emergency Contact Information (Other than parent)
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City/Prov:	City/Prov:
PC:	PC:
Home Ph:	Home Ph:
Cell Ph:	Cell Ph:
Work Ph:	Work Ph:

Pick Up Information

Parents must notify RVS Kids Club staff if an individual, other than those who are authorized below, will be picking up a child from the program. These individuals will be required to produce photo identification prior to the release of the child.

Name:	Name:
Relation:	Relation:
Name:	Name:
Relation:	Relation:

RVS Kids Club

2017-2018 ~MEDICAL RELEASE FORM

(Separate forms are required for Kids Club as per Alberta Childcare Licensing guidelines)

This Form is for the use of RVS Kids Club staff and school personnel. It is to be completed in full by Parents/Guardians for all students. Please enter N/A if the question does not apply.

Date: _____

Name of Student: _____

Medical Condition: _____

In the event it becomes necessary, I/We authorize RVS staff to administer **Epinephrine, Epi-Pen and/or Antihistamine** to the above student if the event of an anaphylactic medical emergency.

And/or

In the event it becomes necessary, I/We authorize RVS staff to administer:

Name of Medication

Any medications given to RVS for administration to a child must be in an original, pharmacy labeled packaging. MEDICATION MUST BE PROVIDED BEFORE CHILD ATTENDS KIDS CLUB.

In accordance with the following instructions (include dosage, times and duration of treatment):

Administration Instructions (Administration of any medication must be in accordance to the labeled directions)

In the event of an emergency or non-emergency situation requiring medical treatment, I/We hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anaesthesia and/or surgery, under the recommendation of qualified medical personnel.

In signing this form, the parent or legal guardian releases River Valley School, its servants, employees and agents from and against all claims, suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication to the student. The action taken by staff as requested above is both requested and authorized. RVS Staff is authorized to take emergency action as deemed appropriate.

X _____

Parent(s) Signature

Date

Kids Club Emergency Medical Plan

Please attach
a recent picture of the
child here

Students Name: _____

Medical Condition/Allergies: _____

Medications prescribed for this child: _____

Other pertinent information: _____

SYMPTOMS AND TREATMENTS FOR THIS CHILD

MILD ATTACK	MODERATE ATTACK	SEVERE ATTACK
SYMPTOMS - _____ _____ _____	SYMPTOMS - _____ _____ _____	SYMPTOMS - _____ _____ _____
TREATMENT - _____ _____ _____	TREATMENT - _____ _____ _____	TREATMENT - _____ _____ _____

Fee Schedule 2017-2018

Little Kids Club (Early Learning Campus)

Please check off which option of care is needed:

<p style="text-align: center;">Drop-in Only</p> <p style="text-align: center;"><input type="checkbox"/> \$30/time</p> <p>* Early Dismissals: \$45</p> <p>*PD days: \$75</p>	<p style="text-align: center;">Before and After</p> <p style="text-align: center;"><input type="checkbox"/> \$475/month</p> <p>* Includes all Early Dismissals and PD days</p>	<p style="text-align: center;">Before School Only</p> <p style="text-align: center;"><input type="checkbox"/> \$300/month</p> <p>* Early Dismissals: \$45</p> <p>*PD days: \$75</p>	<p style="text-align: center;">After School Only</p> <p style="text-align: center;"><input type="checkbox"/> \$350/month</p> <p>* Early Dismissals: \$45</p> <p>*PD days: \$75</p>
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*Winter Break and Spring Break Camps are optional. Additional \$275/week fee for all monthly options.

Base monthly amounts:

Month:	Before and After	Before School	After School
September (to be paid on June 20, 2017)	\$475	\$300	\$350
October	\$475	\$300	\$350
November	\$475	\$300	\$350
December *Prorated due to Winter Break (one week off)	\$356.25	\$225	\$262.50
January *Prorated due to Winter Break (one week off)	\$356.25	\$225	\$262.50
February	\$475	\$300	\$350
March * Prorated due to Spring Break (one week off)	\$356.25	\$225	\$262.50
April * Prorated due to Spring Break (one week off)	\$356.25	\$225	\$262.50
May	\$475	\$300	\$350
June	\$475	\$300	\$350

Child's Name: _____

Payment Options

RVS Kids Club payments may be paid using the following methods. Please check your choice for payment method:

1. e-banking – Automatic Withdrawal:

If you choose the following payment method you need to attach a void cheque or complete the following banking information for withdrawal purposes. Automatic withdrawal happens on the 1st of each month. Please contact the Finance office if you would like to set up automatic withdrawal on the 15th

(Bank) (Branch) (Account)

I authorize River Valley School to withdraw the following monthly payments below from my bank account:

X _____
Authorized Signature(s)

2. Credit Card Payments:

_____ expiry date: _____
(Card Number)

I authorize River Valley School to charge the following monthly payments below from my credit card:

X _____
Authorized Signature(s)

3. Post Dated Cheques/Bank Drafts or Debit Payments:

Parents may still choose to pay with post-dated cheques for all RVS Kids Club fees. Payments must be dated as per the fee schedule. These can be dropped off at Reception at either campus. Debit payments can also be made at Reception.

****Please be advised that there will be a \$50 fee for any NSF payments***

Late Pick-Up

Parents picking students up after 6:00pm will be administered a late slip. Charges are **\$10.00** up to the first 10 minutes, and \$1 per minute after that. This fee will be separate to regular billing and is not receipt-able for childcare as it is outside our licensed operating time.

Student Withdrawal Policy

The school requires one month written notice or payment if a student will be withdrawing partway through the school year from the RVS Kids Club.

Payment Agreement

I, _____ as the parent/guardian of _____, have read and understand that all fees are due and payable for services rendered. I further agree that I have read and understood the student withdrawal policy. By signing this agreement, I understand that the school will retain any non-refundable fees.

X _____
Parent(s) Signature

Date

X _____
RVS Kids Club Program Coordinator

Date

Parent Handbook Acknowledgement

By signing below, I acknowledge that I have read this guide and understand the policies and procedures of including the behavioural and discipline policy, supervision policy, and all other policies pertaining to my child(ren). The following signatures indicate that as a family we consent to follow ALL policies and procedures set out by RVS Kids Club.

Child

Date

Child

Date

Child

Date

Parent/Guardian

Date

Witness

Date

If you have any questions about the information in the Parent Handbook please feel free to talk to the Kids Club Program Coordinator.

***All monthly registration forms returned prior to June 20, 2017 will be guaranteed a spot in Kids Club in September.**