

**VARSITY COMMUNITY ASSOCIATION 4303 Varsity Dr. N.W. Calgary, Alberta T3A 0Z7 Tel. 403 247-1145  
Fax 403 247-3100**

[www.calgaryarea.com](http://www.calgaryarea.com)  
[vcachild@telus.net](mailto:vcachild@telus.net)

**VARSITY OUT OF SCHOOL/MARION CARSON/ SUMMER PROGRAM ENROLLMENT FORM**

I agree to follow the Policy Guidelines and Fee schedule as set by the Varsity Community Center

CHILD'S NAME: _____ CHILD'S ADDRESS: _____	
First Name	Last Name
PHONE# _____	
Birthdate: ___/___/___ Age: ___ SCHOOL: _____ Grade Registering: _____	
D    M    Y	Male: _____ Female _____

<b>Check what you are enrolling in: A.M. ___ Lunch ___ P.M. ___ Kinder's ___ Summer ___</b> <b>Method of payment: Visa ___ MC ___ Amex ___ Debit ___ Cash ___ Cheque ___</b>
---

IS YOUR CHILD'S IMMUNIZATION CURRENT? _____ DATE OF LAST IMMUNIZATION: _____ ALBERTA HEALTH CARE NUMBER: _____ FAMILY PHYSICIAN: _____ PHONE: _____ ALLERGIES, DISABILITIES/SEE ADDITIONAL FORMS: _____ IS YOUR CHILD ON MEDICATIONS OR SUPPLEMENTS? _____ SPECIAL CONCERNS: _____
--

PARENTS' NAME: _____	
Mother/Guardian	Father/Guardian
Address: _____	Address: _____
Postal Code: _____	Postal Code: _____
Phone No: Home: _____	Phone No: Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
Work Address: _____	Work Address: _____
Name of Business: _____	Name of Business: _____
E-mail: _____	e-mail: _____

Alternate Contact: _____ Relation to Child: _____ Home phone: _____ Address: _____ Business phone: _____
--

I, the parent and/or guardian of \_\_\_\_\_ hereby give my approval and acknowledgement to the above mentioned child's participation in the Varsity Out of School Program. I hereby consent to any health

OOSC Enrolment form

Created: Mar. 08, 2009

Mar. 2012, updated Mar. 2013, April 2013, Jan. 9, 2014

care or other care or treatment deemed necessary in the nature of first aid by the staff for my child, care or treatment considered necessary by the Director, Assistant or any other responsible adult. I understand all reasonable efforts will be made to contact parents prior to such treatment. I hereby acknowledge and agree that the participation of the above mentioned child in this program is at my sole risk and liability; moreover, I hereby release and agree to hold harmless the Varsity Community Association and its employees or any other responsible adult from any and all non-negligent/non-tortious actions, causes of action, claims and liabilities connected with this program without limitation. I hereby give consent for the above mentioned child to participate in any and all of our trips as arranged by and through this program. I understand parents will be informed of such trips in advance. It is understood that I shall be given notice of all out trips and it shall be my responsibility to provide alternate care should I not wish the above mentioned child to participate in such trips.

### **Child Guidance policy**

We encourage manners, respect for each other and for personal and public property.

- The staff act as positive role models and are guided by accurate knowledge and understanding of child growth and development.
- We offer positive guidance strategies to reinforce the appropriate behaviours and to encourage co-operation.
- The staff will always respect the self-esteem of the child, who will be treated with both dignity and respect.
- We will encourage co-operation with the children in our program through trust and confidence.
- Bullying behaviour is not tolerated.
- Empower children to reach their own solutions.
- The staff shall provide the children's basic needs for recognition, attention, and freedom from fear, autonomy and food.
- In planning our activities and schedules the differing needs of the varying ages and stages of the children in our care shall be considered.
- We shall provide an environment that is warm and welcoming for the children.
- We will always provide the opportunity for children to express their own individuality, as well as acknowledge their personal cultural beliefs.
- We shall monitor the opinions of the children and the effect on behaviour.

Rules for the children shall be concise and positive and presented in writing as well as explained in small groups or individually as needed.

### **Supervision Policy**

We at Varsity Out of School Programs require all our staff to participate in hands on supervising. We believe that if staff develops good working relationships with our children it enables them to be more effective in their supervisory role.

Ongoing safety checks of both indoor/outdoor spaces help staff to be aware of their physical environments. Staff must constantly be aware of their personal placement when supervising the children so that they may work effectively with their fellow staff in maintaining proper supervision of all the children.

OOSC Enrolment form

Created: Mar. 08, 2009

Mar. 2012, updated Mar. 2013, April 2013, Jan. 9, 2014

The staff must assess the various supervision needs of the children based on their developmental levels as well as the activities that are being enjoyed.

We believe that preventative supervision is more beneficial to the children we care for. The relationships we develop help us to be aware of anything unusual and ensure the children are always playing in a safe manner.

Children are accounted for upon arriving in our care. They are checked in at 3 places – during their arrival. A child that fails to arrive from school when expected is followed up with the school, the parents and finally the alternate contact. Once a child is in our care they are monitored both in their rooms, as well as in the main area. Number counts are done by staff working directly with the child. Children are removed from the list when placed back in a parent or alternate care. Parents are aware of this policy found in our parent handbook. They are required to sign and acknowledge that they have read and understood our policy.

#### **Incident Reporting Policy**

If an incident as listed below occurs we shall contact the local Child and Family Services Authority immediately by phone, fax or e-mail. The incident report shall be sent into office within 2 days of the incident.

- An emergency evacuation.
- Unexpected program closure.
- An intruder on the program's premise.
- A serious illness or injury to a child that requires the program to request emergency health care and/or requires the child to remain in hospital overnight.
- The death of a child.
- An unexpected absence of a child from the program (i.e. lost child)
- A child removed from the program by a non-custodial parent or guardian.
- An allegation of physical, sexual, emotional abuse and/or neglect of a child by a program staff member or volunteer.
- The commission by a child of an offence under an Act of Canada or Alberta.
- A child left on the premises outside of the program's operating hours.

An annual report shall be submitted to the regional child care office on our anniversary date in December and shall include the preceding year. This policy will be in the parent handbook of which the parent must sign that they have read and adhere to our policies.

#### **Potential Health Risk/Illness Policy**

A sick child is one who is unable to participate in the child care programs because he/she may have one or more of the following symptoms:

- Vomiting
- Fever (temperature greater than 38 degrees Celsius)
- Diarrhea, and/or
- A new and unexplained rash or cough.

OOSC Enrolment form

Created: Mar. 08, 2009

Mar. 2012, updated Mar. 2013, April 2013, Jan. 9, 2014

A staff member may have reason to believe a child is displaying signs or symptoms of illness by taking the child's temperature under the arm with a digital thermometer and/observing the above mentioned symptoms.

The sick child will be kept as far away as possible from the other children with staff supervision.

A parent will be notified and asked to pick up their child immediately. If a parent is unable to be reached the alternate contact shall be contacted. If the child illness progresses quickly and is life threatening we shall seek medical attention immediately.

The staff shall write an illness report located in the medication book. The report shall include the following information:

- ✓ Name of child.
- ✓ Date of illness.
- ✓ Name of staff member who identified illness.
- ✓ Time parent was contacted.
- ✓ Who contacted parent.
- ✓ Time child was removed from program.
- ✓ Date child returned to program.

Once a child has been sent home from the child care program, they will not be allowed to return until the child has been symptom-free for at least 24 hours.

All parents are given an updated Parent Handbook with the illness policy and the Information for parents using regulated or approved Child Care form from the Government of Alberta. They must sign the parent signature form saying they read and adhere to the illness policy. This form becomes part of their file.

**Grade 1-6....** I understand my child will be walking to and from their school without adult supervision. Initials\_\_\_.

**Kinders...** I also understand my child will **not** be walking to and from their school without adult supervision. Initials\_\_

**Photos:** May we use pictures of your child for scrap booking/displays/promotions/educational?

Yes \_\_No \_\_ (Initials)

**Face paint:** May we apply face paint to your child as an activity? Yes\_\_\_No\_\_\_

In addition to the above mentioned names, I authorize the following adult (16 years of age or older) to pick up my child.

List authorized people here:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I understand that the staff cannot allow children to walk home by themselves unless otherwise instructed. It is also understood that in addition to verbal consent a release form must be signed by me,

OOSC Enrolment form

Created: Mar. 08, 2009

Mar. 2012, updated Mar. 2013, April 2013, Jan. 9, 2014

before any staff can allow my child to walk home alone. I understand that it is my responsibility to keep this form updated so that staff are always aware of who can pick up my child (Ren).

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

**SIGNATURE OF PARENT/GUARDIAN**

**START DATE:** \_\_\_\_\_

**TERMINATION DATE:** \_\_\_\_\_

**Records updated Date:** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Records updated Date:** \_\_\_\_\_ **Initials** \_\_\_\_\_