



Northern Lights School Division No. 69

OUT OF SCHOOL CARE

REGISTRATION FORM 2017-2018

SCHOOL: _____

AM _____ PM _____ NON SCHOOL DAYS _____ CASUAL CARE _____

Registration form must be completely filled out. Please print clearly.

1. Child Information

Child's First and Last Name: _____

Date of Birth: _____ Siblings: _____

Gender: ___M___ F Bus # _____ Teacher: _____ Grade: _____

2. Parent / Guardian Information

MOTHER:

First Name: _____

Last Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Work: _____

Cell: _____

Usual daytime address or place of employment:

Email address: _____

Child resides with: Mother: _____ Father: _____ Both: _____

Where did you learn about our program from? _____

FATHER:

First Name: _____

Last Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Work: _____

Cell: _____

Usual daytime address or place of employment:

Email address: _____

3. Emergency Contacts

(Persons listed have parent's consent to pick up child in case of emergency or when parent cannot)

1. Name: _____	<u>Phone Numbers:</u>
Relationship to child: _____	Home: _____
Physical Address: _____	Work: _____
_____	Cell: _____
2. Name: _____	<u>Phone Numbers:</u>
Relationship to child: _____	Home: _____
Physical Address: _____	Work: _____
_____	Cell: _____

Additional persons authorized to pick up child:

4. Child Health Information

Family Doctor: _____ Phone Number: _____

Does your child have any allergies? Yes _____ No _____

If yes, please list, along with possible reactions: _____

Does your child have any health concerns or take regular medication? Yes _____ No _____

If yes, explain: _____

Are your child's Immunizations up to date? _____

Please list any special concerns you have regarding your child. (Developmental, Speech, Custody Agreements)

5. Parent Authorization / Declaration

By submitting this form, I hereby represent that I have the legal authority to register the child. I declare that the information I have provided is correct, that I have read and understand the **Out of School Care Parent Handbook**, agree to pay all registration fees and to follow the stated guidelines and policies.

I authorize my child to walk to the bathroom unattended from the classroom, gym, computer lab or outdoors. Children will be required to notify staff upon going and coming back from the bathroom.

Please print Parent / Guardian Name

Date

**** Out Of School Care use only****

Date Registration Form Received _____ **Approved by** _____

First Month Fees Received _____ (cash ___ or chq ___)

Last Month Fees Received _____ (cash ___ or chq ___)

Approved Subsidy Amount _____ **Subsidy Expiry Date** _____

Form Updated January _____

Approved by _____

Site Supervisor



NORTHERN LIGHTS SCHOOL DIVISION NO. 69

6005-50 Avenue, Bonnyville, Alberta T9N 2L4

Phone: (780) 826-3145

Fax: (780) 826-4600

NOTICE OF ACTIVITIES

(as required by the Freedom of Information and Protection of Privacy Act, Sections 33, 34, 39 and 40 and Canada's Anti-Spam Legislation (effective July 1, 2014))

PARENTS – PLEASE READ CAREFULLY

The purpose of this notice is to inform you about the collection and use of student information by Northern Lights School Division No. 69.

In many cases the information is specifically mandated under the School Act, such as the information provided when a student is registered. For example, the Division must provide Alberta Education with specific information on each student. Certain information may also be required by the Regional Health Authority or other Ministries. In other instances, personal information is collected and used for authorized programs and activities that are a normal part of school life. These uses, which are listed below, are a vital part of a healthy and functioning school and participation of all students is very important. We realize, however, that there may be occasions where you, as parents or guardians, have concerns relating to the safety of your child with any of these uses of information. If this is the case, please contact the school office.

Effective upon signing and continuing for as long as your child is a student in the school that he/she is currently registering in, all parents are requested to review the following information and either provide consent or specify considerations where you are withholding consent. Parents of *continuing* students in the same school will not be asked to sign this consent form each year. What is marked on this consent form will be used at the school for as long as your child attends this specific school or until you inform the school in writing of a change or if you are revoking your permission.

Types of activities where information may be collected or used include:

- 1) the use of student names in lists for planning, for emergency procedures, in managing busing issues, and in coordinating school activities.
- 2) the taking of individual, class, team, or club photos for school purposes and the use of student photos for students' union cards or other identification purposes;
- 3) the use of students' names on artwork or other creative work or material of students displayed at science fairs, other project displays at school or school board sites and school related/sponsored activities;
- 4) the use of student names in honor rolls, work ethic listings, citizenship rolls, graduation ceremonies, scholarship or other awards with the school or school board;
- 5) the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal, or other types of awards or scholarships in the event the board applies on a student's behalf;

- 6) the use of student names, related contact information and telephone numbers for absenteeism verification;
- 7) the use of a student's name, photo, and comments in the school newsletter, yearbook, NLPS calendar, graduation book or other school publications.

(Where the school newsletter or publication will be posted to the school website or NLPS website, a separate and specific consent is required – see attached Student/Parent Consent to Disclose Personal Information to Websites, Newsletters and Media).

- 8) the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not interviewed or identified by name or face

(Where individual students are identified or interviewed and the material will be used outside the school by Media, the Student/Parent Consent to Disclose Personal Information to Websites, Newsletters and Media is required). Other organizations will still require specific consents.

Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. Such photos or videos do not require consent;

- 9) the taking of photos/videos of classroom or other school activities by the school board where the material will be used within the school; and
- 10) mandatory disclosure of both student and parent information to assist the Regional Health Authorities with communicable disease intervention and follow-up (such as vision, speech, hearing, dental, immunization programs). Lists will be provided to the local Health Unit authorities upon their request.
- 11) the circulation of information on a “need-to-know” basis regarding students who have severe or life-threatening medical conditions.
- 12) the use of parent, student and guardian email and cell phone numbers for the purpose of sending attendance and school information messages to email addresses and text messages sent to your cell phone. No commercial activity will be sent by email and/or text messages unless separate CASL (Canada Anti-Spam Legislation) consent forms are obtained from the parent/student.

By submitting this form I hereby represent that I have the legal authority to consent for this child. I hereby give permission for the school to use information/photos for my child for all purposes specified above.

Please Print Name

Child's Name

Grade

Date

I wish to object to the use of information about or photographs of my child under the following circumstances (please list):

Please print name

Date

For further information concerning the completion of this form, please contact the FOIP COORDINATOR at the Northern Lights School Division No. 69, 6005-50 Avenue, Bonnyville, Alberta T9N 2L4 Phone: (780) 826-3145, Fax: (780) 826-4600



**OUT OF SCHOOL CARE
BOX 870
LAC LA BICHE, AB
TOA 2C0**

STUDENT/PARENT CASL (Canada's Anti-Spam Legislation) Consent

Consent is required from the parents/guardians and students as per the new Canada's Anti-Spam Legislation that takes effect July 1, 2014 for all commercial activity sent by the school electronically.

I/we hereby provide consent for the above named school to use my/our email address and cell phone numbers as provided to the school for the purpose of sending a CEM (commercial electronic message) via any electronic medium (email, social media, instant messenger, text message). *An example of a commercial electronic message (CEM) is one that promotes sales or fundraising events, sent to your email or phone from the school.*

Consent can be cancelled at any time by contacting the school by phone or email.

Please print your name, check the appropriate box and date the form:

Mother: By checking this box and submitting this form electronically, I agree that my printed name will be the electronic representation of my signature for all purposes just the same as a pen and paper signature.

Printed Name

Date

Father: By checking this box and submitting this form electronically, I agree that my printed name will be the electronic representation of my signature for all purposes just the same as a pen and paper signature.

Printed Name

Date

Guardian: By checking this box and submitting this form electronically, I agree that my printed name will be the electronic representation of my signature for all purposes just the same as a pen and paper signature.

Printed Name

Date

Student: By checking this box and submitting this form electronically, I agree that my printed name will be the electronic representation of my signature for all purposes just the same as a pen and paper signature.

Printed Name

Date

**Northern Lights School Division
Out of School Care – Parent Agreement
2017-2018**

NLPS OSC agrees to care for: _____
Name of Child (please print)

** Please see fee schedule for current program fees.

1. Upon registration, families are required pay to fees (cash or cheque – which will be deposited) - prior to attending the program.

Full Time Users: must provide first & last month's fees (equal to monthly user fees)

Subsidized Users: with approved funding, must provide last month's fees only, prior to attending. Subsidized users are required to pay the balance between average monthly fees and child subsidy prior to the first of the month.

**Subsidized users - Last month fees for subsidized users will be cashed and used to cover any outstanding fees or will be returned to you after your last day of care. Once OSC has received any final adjustments the remaining balance on account will be refunded to families. ** Please note subsidy is approximately 4 months behind processing documents so refunds may take up to 4 months to receive from last day of care.

Casual Care Users: must provide \$150.00 last month payment which will be held until the last month of care

2. Fees are due the first business day of the month. An automatic \$25.00 late charge will be added to your monthly fees if payment is not received at OSC by the first business day of the month. An additional \$5.00/day will be added every day after, until monthly fees are paid in full. As per Late Payment Policy, if late payment of monthly fees continues the parent will be asked to find alternate care for their child.
3. Casual Care users must provide a calendar with payment prior to the beginning of each month. Once dates are approved there will be no refund. Additions to the calendar may be requested of the Site Supervisor use at least 48 hours in advance, and the Site Supervisor will advise parent if there is space available PRIOR to them attending the program. We understand last minute meetings and unforeseen circumstances arise. Please feel free to check with the Site Supervisor for last minute care, but please note space may not be available.

4. There are no refunds for absences due to illness or otherwise.
5. In the event a fulltime or casual care user is absent on a scheduled day parents must notify the program or a \$25.00 fine will be issued. Fine will increase as per Failure to Notify OSC of Absence Policy.
6. Parents arriving after 6:00pm will be charged a late fee of \$10.00 for each ten minute period (or portion thereof) per child. Late fees must be paid to your OSC Site Supervisor prior to child returning to the program. Fines will increase as per Late Pick Up Policy.
7. There will be a \$25.00 charge for all NSF cheques. Please note replacement fees must be brought in prior to your child returning to the program.

I, _____, agree to pay the user fees
Name of parent/guardian (please print)

and agree to the above terms and conditions. I have reviewed a copy of the Parent's Handbook, outlining the policies and procedures, and have discussed any concerns with the Site Supervisor of the NLPS Out Of School Care Program.

By checking this box and submitting the form electronically, I agree that my printed name will be the electronic presentation of my signature for all purposes just the same as a pen and paper signature.

 Signature (or Printed Name) of parent/guardian

 Date

 Signature of Site Supervisor

 Date



Dear Parents,

We are very excited about the positive responses to the Northern Lights School Division website at: www.nlsd.ab.ca. We hope that this website will continue to be used as a communication tool between the school and home

We will be trying to update this website often to encourage students, parents, and community members to visit it on a regular basis. A major component of this website includes pictures of students participating in school-related events. To facilitate this, we would like to update our FOIP (Freedom of Information and Privacy) documentation.

We would like parents to provide permission for Out of School Care to release some of their child's information. By completing and returning the enclosed form, you will be giving the school permission to disclose the following:

- Student Name
- School or Classroom Celebrations
- Individual or Group Photographs

This information may be released for use in the following venues:

- Out of School Care, any NLSD school Newsletter, NLSD or any school Website, OSC Facebook page
- NLSD Newsletters, Bulletin Boards
- Local Newspapers and Radio Stations

Please find enclosed a media release form on the reverse side of this letter.

If you have any concerns, or would like to restrict access to the scope of media released, please indicate this in the 'Additional comments' section at the bottom of the attached form.

Thanks for your attention to this request.

Sincerely,

Glenda Bouvier
Division Coordinator
Preschool – Out of School Care

STUDENT/PARENT CONSENT TO DISCLOSE PERSONAL INFORMATION

I, _____, hereby consent for personal information
(Name of parent/guardian of student)

about _____ to be released to the following
(Name of student)

media outlets for the _____ school year:

- Out of School Care or any NLSD school Newsletter
- NLSD or any school Website
- Out of School Care Preschool Facebook page
- NLSD Newsletters, Bulletin Boards
- Local Newspapers and Radio Stations

This consent form authorizes the use of the following information:

- School, or Classroom Celebrations,
- Individual Photograph, Group Photograph, Student Name

This information will be used for the purposes of sharing and communicating information about our school to students, parents, and community members.

Signed this _____ day of _____, 20_____

By checking this box and submitting this form electronically, I agree that my printed name will be the electronic representation of my signature for all purposes just the same as a pen and paper signature.

(Name of Parent or Legal Guardian)

Additional comments or changes to FOIP permissions:

Questions or concerns may be communicated with the Preschool Instructor at any Care To Learn Preschool or emailed to the Division Coordinator @ glenda.bouvier@nlsd.ab.ca

Sincerely,

Glenda Bouvier
Division Coordinator
Preschool – Out of School Care