

Admin staff to complete:

Date Received _____

Received by _____
(Initial)

**HOLY CROSS KIDS FIRST INCORPORATED
BEFORE AND AFTER SCHOOL PROGRAM**

2051 15TH Avenue East
Prince Albert, SK
S6V 6T5

Questions regarding registrations: Taiwo at 3063148645 (call or text)
Email: hckidsfirst@gmail.com Program CELL: 306-940-9779

PARTICIPANT REGISTRATION FORM
(complete one for each child)

*** Non-refundable processing fee of \$40 ***

Child Name: _____

Address: _____

Phone Number: h) _____ cell): _____

Date of Birth: Year Month Day Age Grade

Family Information: Parents/Guardians

1)Name: _____ Relationship: _____

Address & Phone (if different than child):

Employer: _____ Telephone: w) _____

Occupation: _____ Email: _____

2)Name: _____ Relationship: _____

Address & Phone (if different than child):

Employer: _____ Telephone: w) _____

Occupation: _____ Email: _____

Emergency Contacts when parents cannot be reached

Name: _____ Phone: h) _____ w) _____

Name: _____ Phone: h) _____ w) _____

Child's Health Information

Hospitalization Number: _____

Family Doctor: _____ Phone: _____

Does your child have any allergies or health problems?

No: _____ Yes: _____

Explain: _____

Any Regular Medication? No: _____ Yes: _____

Dispensing details:

MEDICAL CARE CONSENT

I, _____ (parent/guardian) give my consent for
_____ (full name of child) to receive any medical care
necessary by qualified person (HCKFI staff), if I cannot be contacted in an emergency.

Date: _____ Parent Signature: _____

About My Child:**Likes:** _____**Dislikes:** _____**Any other information you wish to share which will assist HCKFI supervisors with your child?**

Babysitter: _____ **Phone:** _____**Address:** _____

Names and phone numbers of people you regularly “car pool” with or those who may pick up your child from the program (please be aware that anyone unknown to the Supervisors will be asked to provide identification before picking up your child):

NAME: _____ **PHONE:** _____

List any legal situations of which the supervisor should be aware:

WITHDRAWAL POLICY

Withdrawal notification can be delivered in person to the Supervisor or emailed to hckidsfirst@gmail.com. Holy Cross Kids First Incorporated must have 30 days written notice of the intention to withdrawal the child(ren). This means 30 days prior to the first day of the next month. Upon receipt of notice to withdraw, remaining post-dated cheques will be returned or shredded upon request.

***** Please check all of the boxes that apply to the days/times that you require to use the HCKFI before and after school program *****

TIME/DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30 - 8:40 AM					
3:15 - 5:45 PM					

FEES:

FULL-TIME status applies when you check 7 boxes or more = \$225/month

PART-TIME status applies when you check 6 boxes or less = \$135/month

DROP- IN: \$10/ morning session OR \$10/ afternoon session *Due upon arrival

Drop-in spot is subject to availability and must be reserved by phoning before 5:30pm the previous night, or PRIOR to bringing the child(ren) in the morning. To utilize the drop-in option, the child(ren) must be registered in the program (including the paid \$40 registration fee).

PAYMENT:

Post-dated cheques for the school year are mandatory, payable at the Annual General Meeting in May. All cheques will be cashed the 1st day of the month. All fees must be paid at this time even if your child will not start the program on the first day of the month.

ACKNOWLEDGEMENT OF FEE STRUCTURE

Parent's signature acknowledging and accepting fee structure:

X: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF PARENT MANUAL

Parent's signature acknowledging receipt of parent manual (adopted at AGM in May).

X: _____ Date: _____