ENROLMENT WAIVER / CONSENT AGREEMENT

Name of child _____

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child listed above may be given emergency treatment by a staff member from this program as deemed necessary. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold this program and its employees harmless. Any costs associated with medical care and treatment (including ambulance fees) will be the responsibility of the parent/guardian.

Parent/Guardian Initials _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold this program and its employees harmless. Any costs associated to medical care and treatment (including ambulance fees) will be the responsibility of the parent/guardian.

Parent/Guardian Initials _____

Illness: If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well, as described in the Parent Handbook.

Parent/Guardian Initials _____

Field Trip Permission:

I hereby give permission that my child listed above can participate in spontaneous field trips to the local park or walks in the neighborhood that would involve taking the child outside of the child care program premises for his/her benefit in attendance at this program. If major field trips are planned, a separate permission form will be provided in advance for parents/guardians to sign. This form will include the date, transportation and supervision arrangements of the activity.

Parent/Guardian Initials _____

Photo Consent:

I give permission for my child to be photographed and videoed in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications.

My child's pictures/ video can be use on center's website or/and social media ☐ Yes ☐ No

Parent/Guardian Initials _____

Evacuation:

In the case of an emergency evacuation like fire, flood, gas leak, chemical spill or any natural disaster, I give permission for my child listed above to be relocated to another site as deemed necessary. I understand that transportation or walking may be required

Parent/Guardian Initials _____

FINANCIAL ACKNOWLEDGMENTS

My Tuition

Monthly Tuition Fee: _____

Late Payment Fee: All tuition is due in advance of services rendered. If tuition is not paid before the 10th of the month, a late fee of $100 will be charged.

Registration Fee and Deposit: A non-refundable registration fee of $100 is due at the time of enrollment and a deposit amounting to $326.25 is due at the time of enrollment. Deposit fee will be applied on the last month of care provided written notice is given before the 15th of the month prior to the final month of care. (45 days)

If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.

Parent/Guardian Initials _____

Late Pick-Up Fee: A late pick-up fee of $20 for the 1st 10 minutes and a subsequent $1 per minute fee per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service.

Financial Obligations

As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.
45 days notice is required prior to the last day of attendance. If I do not give notice of withdrawal, I agree to fortify my deposit regardless of my child's attendance. Accounts two weeks in arrears may result in immediate termination of services; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee.

Parent/Guardian Initials _____

CENTER HOURS

Monday to Friday

The center will be closed New Year's Day, Alberta Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Day, Labour Day, Truth and Reconciliation Day, Thanksgiving Day, Remembrance Day, Christmas Day.
We also dedicate days between Christmas and New years every year for maintenance and Staff Professional Development. The center will be closed during these days. The center will be open whenever possible on a regularly scheduled day, except in the case of severe weather or another emergency. Tuition is not reduced as a result of center closures.

Parent/Guardian Initials _____

Communication

I give Klorious kids childcare center permission to communicate with me by telephone, text, e-mail, or other means. I understand privacy policy applies to the information I provide

Parent/Guardian Initial _____

Assessments and Screenings

I give permission for my child to participate in early learning assessments and screenings administered by Klorious Kids childcare center. The results of these assessments will be used by Klorious kids childcare center to measure my child's progress and may be used to evaluate and update Klorious kids childcare center's programs. I will have access to all results of these assessments.

Parent/Guardian Initials _____

Care Information

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

_____

Parent Acknowledgement

I/we have read the parent handbook, understand and accept all of the terms in this Agreement. I will promptly update any information provided in this Agreement if any information changes. Center management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, if it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 45 days' notice.

Parent/Guardian Name : _____
Signature: _____ Date:_____

OFFICE USE ONLY
- □ Online application form
- □ Parent Handbook (new enrollees only)
- □ Registration fee
- □ Deposit paid
- □ PAD / VOID Check
- □ Lillio Set Up