CHILD REGISTRATION PACKAGE

Welcome to Adventurers!

This form can be filled and signed electronically by clicking on each field. Please complete the following sections in full, with duplication where necessary. Be sure to include e-mail addresses for communication purposes with your child's program and head office. When complete, please return this form to:

accounts@adventurers-sac.com

Please note: forms cannot state "same" or have blank spaces. If there is a field that does not apply to you, please mark "N/A".

Child's Name _____ DOB _____ Male ☐ Female ☐
Year / Month / Day

Street Address _____ Lives with _____

Child's Cell Phone _____ School Name _____

Parent or Guardian Name _____ Relation to child _____

Home Address _____ City _____ Postal Code _____

Home Phone _____ Cell _____ Work/School _____

Work or School Name _____ City _____

Work or School Address _____ Postal Code _____

E-mail Address _____ **Please add "@adventurers-sac.com" to your email safe list**

Parent or Guardian Name _____ Relation to child _____

Home Address _____ City _____ Postal Code _____

Home Phone _____ Cell _____ Work/School _____

Work or School Name _____ City _____

Work or School Address _____ Postal Code _____

E-mail Address _____ **Please add "@adventurers-sac.com" to your email safe list**

Please indicate if there are any persons who are denied access to your child(ren) **by law**. Please note that we require a copy of the court document; without a court order/custody agreement, Adventurers cannot deny a natural parent access to their child(ren).

Name _____ Relation to child _____

Name _____ Relation to child _____

Components of Care

Please confirm which component(s) of care you are registering your child for:

- ☐ Before school care (7:00 am until the morning school bell)
- ☐ After school care (afternoon school bell until 6:00 pm - includes noon dismissals for CBE schools)
- ☐ Kindergarten Enhancement (care during the other half of the school day - not available at Mother Mary Greene)
- ☐ Regular PD/PG days (days where there is no school for all grades)
- ☐ CBE kindergarten PD days (alternating Fridays where there is no school for kindergartners - not applicable at Rosedale)

Please indicate the date you would like care to begin: _____

Please indicate what grade your child will be in when they join our program: _____

If your child is attending our Triwood kindergarten program, please indicate which school they attend (Queen Elizabeth, Collingwood, and Capitol Hill currently are currently served): _____

Note that unfortunately we cannot provide any care for kindergartners during the period of staggered school entry, where applicable. The first day they can attend our program is the first full, normal day for all kindergarten children. This day is different for every school and changes from year to year; please confirm the applicable date with your program director. This is not Adventurers' policy, it is a provincial licensing restriction. Be advised that we do not reduce September's fees to compensate for staggered entry.

Payment Calculation

To calculate your monthly payment amount, you will need to determine your monthly fees using the fee chart at the back of this package, and then subtract your provincial child care subsidy amount, if applicable.

Provincial Subsidy

The Provincial government provides child care subsidy for families whose annual household income is less than $90,000. Please visit the website below to determine whether you qualify. There is also a tool that will help you determine how much your monthly subsidy will be. Note that when applying to subsidy for a kindergarten age child, you should select "child care OUTSIDE school hours", not "during". For kindergarten children who attend our program *during* school hours (enhancement), subsidy is no longer available.

https://www.alberta.ca/child-care-subsidy.aspx

If you decide to apply for provincial subsidy, please also download and fill out the **subsidy agreement** on our website and submit it along with this registration package: http://adventurers-sac.com/register.html

To calculate your monthly payment, please fill in the following:

Monthly fee (please see fee schedule): $_____

Minus provincial subsidy amount, if applicable: $_____

Your monthly payment amount: $_____

Emergency Contact Information

In the event of an emergency, we require full contact information (address and phone number) of at least one person that is not listed as a parent or guardian on the cover form. The emergency contact person(s) will have automatic access to pick up your child in the event of an emergency should we not be able to contact the parents/guardians. Emergency contacts must live or work within a reasonable distance for pick up purposes i.e. same or surrounding city of Calgary. Examples of emergency contact person might include a friend, relative, co-worker. Please advise your emergency contacts that proper identification will be requested by our staff prior to your child being released.

Every effort will be made to contact the parent/guardian first.

Name _____

Cell # _____ Work # _____ Home # _____

Home Address _____ City _____ Postal Code _____

Relation to Child _____

Name _____

Cell # _____ Work # _____ Home # _____

Home Address _____ City _____ Postal Code _____

Relation to Child _____

If applicable, please list those who you authorize to pick up your child on a non-emergency basis (including older siblings). Unless listed as an emergency contact in the above field, the authorized pick up people below will <u>not</u> be contacted in the event of an emergency.

Full Name _____ Relation to Child _____

Full Name _____ Relation to Child _____

Full Name _____ Relation to Child _____

Full Name _____ Relation to Child _____

Full Name _____ Relation to Child _____

Full Name _____ Relation to Child _____

Medical Information

Are your child's immunizations up to date? Yes ☐ No ☐

Please be advised, that if your child's immunizations are not up to date, he or she will be required to stay home from the program for the duration of any communicable disease outbreak(s) declared by Alberta Health Services in the applicable area.

Please indicate either yes or no with an "x" in the associated box. If you mark "yes", please add additional information below – for example: description of need, required medication and monitoring.

Area requiring monitoring	Yes	No		Area requiring monitoring	Yes	No
Allergy: LIFE THREATENING	☐	☐		Ear Infections	☐	☐
Allergy: Food	☐	☐		Ear Tubes	☐	☐
Allergy: Environmental	☐	☐		Headaches	☐	☐
Lactose Intolerance	☐	☐		Sore Throats	☐	☐
Asthma	☐	☐		Chronic Colds	☐	☐
Hard of Hearing	☐	☐		UTI (urinary tract infections)	☐	☐
ADHD	☐	☐		Stomach Upsets	☐	☐
ODD	☐	☐		FASD	☐	☐
Diabetes	☐	☐		Other:	☐	☐
Emergency Medications	☐	☐		Non-Emergency Medications	☐	☐

Dietary Restrictions: _____

_____

_____

Allergies. Please include trigger, signs, symptoms and medical procedures:

_____

_____

_____

Please provide more information about any boxes to which you checked "yes" above:

_____

_____

Child Profile (optional)

We invite you to share some information about your family, in order for us to get to know some personal characteristics, interests and unique qualities, which we can work to include in our programs.

What languages are spoken at home? _____

Does your family participate in spiritual practices?

_____

Tell us about your cultural heritage, traditions and celebrations:

_____

Does your child have special interests? (Activities, hobbies etc.)

_____

Does your child have areas of development, behaviour or needs that you would like support with?

_____

_____

Do you have goals for your child that we could support?

_____

_____

Release of Liability, Waiver of Claims and Indemnity Agreement

By signing below, you are declaring that you understand and agree to the following:

- That participating in an Adventurers School Age Care Ltd. program involves a certain amount of inherent risk, which includes the possibility of vehicular collision during field trips (all programs) or during transportation to and from school (Triwood location only), potential exposure to allergens or blood-borne disease, or exposure to hazards created by a third party.
- That Adventurers School Age Care Ltd. may provide transportation for your child(ren) in its own vehicle, in a chartered vehicle, or using public transportation.
- That Adventurers School Age Care Ltd. is not responsible for any lost, damaged, or stolen property that is brought to the program by your child(ren).
- That you agree to compensate Adventurers School Age Care Ltd. for any damages your child causes to property or equipment, whether owned by Adventurers or a third party (i.e. the school) seeking reimbursement from Adventurers.
- That you agree to release and hold harmless Adventurers School Age Care Ltd. and its employees from any liability that may arise from activities that take place at the program or during a field trip or special event, including but not limited to loss, injury, or death.

Please be aware that a parent or guardian must sign consent for every individual field trip, except in the case of a field trip that recurs multiple times throughout the year, as long as the details of that field trip remain constant. The program director will present a detailed plan in writing ahead of each trip. If you do not consent to your child(ren) participating in a field trip, please note they cannot attend the program during that time.

Your consent goes into effect on your child(ren)'s first day of attendance and remains in effect until withdrawn from the program. Please contact your program director or a member of Adventurers' management if you have any questions prior to signing consent.

_____ _____

Parent/Guardian Signature Date

Media and Photo Reproduction Consent (optional)

We respect the privacy of our families. By signing below, you consent to Adventurers using photos and/or videos of your child(ren) for the following purposes:

1. Pictures and video posted within the program on bulletin boards, in albums etc.
2. Pictures and video used for newsletters and documentation of activities, shared with current program families only.
3. Pictures and video used at internal professional development opportunities for Adventurers' staff.

If you do NOT consent (do not sign), we will avoid your child(ren) when recording or delete and not use any recordings where your child(ren) were captured.

There are times when Adventurers School Age Care Ltd. may be invited to take part in print or news media, or where content may be recorded for use on our website and social media. In these situations, parents will be informed ahead of time, and required to give separate permission for their child to participate.

Please note that Adventurers programs operating in a public facility may be equipped with one or more security cameras.

The consent provided here lasts indefinitely, even after your child(ren) no longer attend the program, unless you withdraw your consent by emailing ryan@adventurers-sac.com.

_____ _____

Parent/Guardian Signature Date

Consent for Provision of Health Care

In the event of an injury where first aid is necessary, you consent to qualified Adventurers' staff administering first aid, and agree to hold that individual and Adventurers School Age Care Ltd. harmless for any injury that may result from first aid that is applied in good faith (for example, a broken rib as a result of CPR). Depending on the extent of the injury, first aid may include contacting Emergency Medical Services if Adventurers' staff determine that the nature of the injury is potentially life-threatening or life-altering.

Adventurers' staff can supervise the administration of over the counter or prescription medication, provided that a medication form has been completed. The original container with instructions is required for all medications, including herbal remedies. Medication must be administered according to the labeled instructions. All non-emergency medication will be kept in a locked box in a location that is inaccessible to children. Staff must be aware of ongoing medication even if it is not administered in the program.

You may be required to temporarily remove your child from Adventurers if we have reason to believe that your child may be suffering from or been in close contact with a disease listed in Schedule 1 of the *Communicable Diseases Regulation* (http://www.health.alberta.ca/professionals/notifiable-diseases-guide.html)

Adventurers has the responsibility to report communicable diseases to Public Health Authorities and post information in accordance to that Authority.

_____ _____

Parent/Guardian Signature Date

Parent Confidentiality Policy

Parent Sharing of Information Policy

It is the policy of Adventurers School Age Care Ltd. to keep all information on your child and family strictly confidential, except in cases where disclosure is required of us by law or according to the terms of our lease agreements. By registering your child with Adventurers School Age Care Ltd., you agree that we may share information with the following agencies upon their request:

- The Alberta Ministry of Jobs, Economy and Trade (our licensing body)
- Alberta Health Services (in the case of serious injury or communicable disease)
- The Calgary Board of Education or the Calgary Catholic School District, as applicable (when a serious injury has occurred)

Please also be advised that Adventurers School Age Care Ltd. sometimes accesses the services of an agency called Providence (https://www.providencechildren.com/icc/). Providence is a Provincially funded agency who, upon our request, sends one or more representatives to our program, in order to conduct observations on the program as a whole, and to provide our educators with feedback and strategies for making the program as inclusive an environment as possible. By registering with Adventurers School Age Care Ltd., you are providing consent for Providence to enter the program and conduct observations on the program as a whole, at any point throughout the year.

Apart from the agencies listed above, Adventurers requires the separate and prior written consent of a parent or guardian, before any information can be shared with a third party. The most common example of a third party would be your child(ren)'s school teacher(s). In such cases, Adventurers will request that you complete a *permission to obtain and release information* form (always required for CBE), which will include the following:

1) The name of the agency, person, and/or organization with which the information may be discussed;
2) Written consent stating the specific information to be given and when the release of information commences and terminates;
3) The purpose for which the information is to be given; and
4) The signature of the parent/guardian.

_____ _____

Parent/Guardian Signature Date

Family Orientation

Selecting which program to enroll your child(ren) at is an important decision. It is critical that parents are familiar with the environment where their child(ren) will be spending a significant portion of their young life, to ensure our values as an organization align with yours as a parent/guardian.

Before registration is finalized, we require that you attend a tour of the program with your child. Please reach out to the program director of your location to schedule a time and date. This will be an opportunity for you to ask any clarifying question you may have about our policies, and for your child to meet our educators and familiarize themselves with the environment before their first day. Please also be aware that for any new family, the first month of attendance is used as an evaluation period, to ensure that our program is a good match for your child. Please see the parent handbook for more information.

On our website you will find a copy of our latest **parent handbook,** which outlines all of our pertinent policies and procedures. We also maintain a virtual orientation video on YouTube, which we invite everyone to please watch before registering your child(ren). You will find both resources here:

https://adventurers-sac.com/how-to-register/

Please sign below to affirm that you have reviewed the content of our parent handbook and that you understand and agree to abide by the policies therein. If you are unable to access the online version, please ask the Program Director for a printed copy, and be sure to ask the Program Director any clarifying questions you may have; it is important to fully understand our policies before agreeing to them.

Signature: _____ Date: _____

Please send your child to our program with the following:

- Outdoor and indoor shoes (they can use the same sets as in school).
- An after school snack (+lunch on PD days) and water bottle. For kindergartners, please pack a lunch.
- If you wish for your child to wear sunscreen or bug spray, please provide a bottle with their name on it.
- Please ensure your child is dressed for the weather - we go outside most days, year round. We love messy art and jumping in puddles, so please also keep that in mind when choosing their outfits.
- For younger children especially, we recommend keeping a change of clothing in their bag.

Confirmation of Registration Completion

I have provided Adventurers with all information required. My signature confirms this information to be accurate.

I understand that the registration/administration fee of $50 is non-refundable, except if Adventurers chooses to cancel my registration. I acknowledge that monthly fees will be automatically withdrawn from my account on the first business day of each month.

I understand the $200 deposit will be refunded in the event of withdrawal from the program, provided that notice has been given to accounts@adventurers-sac.com no later than the 5th day of the month. If notice is not provided, the deposit will not be refunded.

Parent/Guardian Name _____

Signature_____ Date _____

Disclaimer of Confidentiality

All personal and medical information collected by Adventurers becomes part of the child's records and is treated as confidential information, in accordance with the standards laid out in the Personal Information Protection Act of Alberta (PIPA). If you would like a copy of Adventurers' PIPA policies, please contact ryan@adventurers-sac.com.

Please note: we require your information to be reviewed and updated every six months. By signing below, you also agree to inform Adventurers School Age Care Ltd. if any information in this registration package changes throughout the year.

Parent/Guardian Signature: _____

ADVENTURERS SCHOOL AGE CARE LTD

#260 1220 Kensington Rd. N.W.
T403.984.9073
accounts@adventurers-sac.com

Please complete the Pre-Authorized Debit (PAD) Plan agreement below, for processing of monthly fees

I/we authorize Adventurers School Age Care Ltd. and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st business day of each month. Adventurers School Age Care Ltd. will obtain my/our authorization for any other one time or sporadic debits. For rejected EFT payments, a $30 administrative fee will be charged for the first occurrence, and $50 for every occurrence thereafter. If payments are consistently rejected by the financial institution (3 or more times), care may be discontinued.

This authority is to remain in effect until Adventurers School Age Care Ltd. has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca

PLEASE WRITE LEGIBLY

Child Name: _____ School Child attends: _____ Adventurers Program attending: _____

Account Holder Name(s):

1)_____

2)_____

Account Holder's Home Address (if splitting payments with someone, they must fill out separate agreement):

_____

City/Town: _____ Province: _____

Postal Code: _____ Phone #_____

Name of Financial Institution (FI): _____

Branch Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s):

1) _____ 2) _____ Date: _____

PLEASE ATTACH A DIRECT DEPOSIT FORM FROM YOUR BANK OR A VOID CHEQUE

Office Use Only $200.00 Refundable Deposit Paid: _____ $50.00 Registration Fee Paid: _____

Date: _____ Identification Number: _____

ADVENTURERS SCHOOL
AGE CARE LTD

260, 1220 Kensington Road NW
T 403.984.9073
www.adventurers-sac.com
accounts@adventurers-sac.com

Adventurers **Kindergarten** Fee Rates
September 2025 – June 2026

As of April 1, 2025, kindergarten base fees are dependent on the number of hours they are signed up to attend. You will see next to each item below, the number of hours for each combination and the resulting fee. **If your kindergarten child will not be attending our enhancement program, please use the school age fee chart on the next page instead.**

KINDERGARTEN BASE FEES	ADDITIONAL FEES FOR KINDERGARTEN
Kindergarten Enhancement only (54 hrs): $230/month **Kindergarten Enhancement with Before School (87 hrs):** $230/month **Kindergarten Enhancement with After School, including CBE noon dismissals (108 hrs):** $326.25/month **Kindergarten Enhancement with Before and After School, including CBE noon dismissals (141 hrs)**: $326.25/month	**All day care on PD days:** Free for children attending enhancement, but capacity is limited. **CBE kindergarten PD days (all day care on alternating Fridays - not applicable at Rosedale or CCSD):** Free for children attending enhancement. **Teachers convention and CBE fall break:** $10/day for children who attend PD days, $25/day for those who do not. Registration for these takes place separately, during the year. **Bussing (Triwood location only, optional service):** $80/month **Registration and annual administrative fee:** $50 per family **Refundable deposit:** $200 per family **Administrative charge for rejected payments:** $30 for first occurrence, $50 thereafter

- To withdraw from Adventurers during the school year, you are required to provide written notice no later than the 5th day of your last month, by emailing **accounts@adventurers-sac.com.**
- **Deposits and refunds will be issued by way of Interac e-transfer to the email address we have on file.**
- **Please note we do not pro rate fees for months with fewer days of care due to staggered entry or school holidays, or for unexpected temporary closures.**

"Where being a kid is a once in a lifetime Adventure"

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AGE CARE LTD

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T 403.984.9073
www.adventurers-sac.com
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Adventurers **School Age** Fee Rates
September 2025 - June 2026

SCHOOL AGE FEES (grades 1-6 and kindergarten without enhancement)	**ADDITIONAL FEES FOR SCHOOL AGE**
Before School only: $405.00/month **After School only, including CBE noon dismissals:** $515.00/month **Before and After School, including CBE noon dismissals:** $580.00/month	**All day care on PD days:** $50/month, capacity is limited. **Teachers convention and CBE fall break:** $10/day for children who attend PD days, $25/day for those who do not. Registration for these takes place separately, during the year. **Bussing (Triwood location only, optional service):** $80/month **Registration and annual administrative fee:** $50 per family **Refundable deposit:** $200 per family **Administrative charge for rejected payments:** $30 for first occurrence, $50 thereafter

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