



Child's Play Terms and Conditions 2019/2020

Child's Name _____

Parents Name _____

Please read and sign below

1. My signature acknowledges that I will provide Calgary Child's Play with pre-authorized debit information OR credit card information to secure my child's space in the program. Failing to do this will result in my child being put on a waitlist until all the requirements have been provided.
2. My signature acknowledges that a non refundable enrollment fee is due at the time of registration. All registrations made for the next school year enrollment will be processed on July 1 all other enrollment fees will be processed at the time we receive your registration. This fee is non refundable.
3. My signature acknowledges that I understand Calgary Child's Play uses an online booking system called aimyPlus. It is my responsibility to log onto aimyPlus and update my child's personal information and any changes to my personal information.
4. Parents are responsible for booking PD Day care on aimyPlus. Only bookings made on aimyPlus will be confirmed. Once PD Day bookings are made, they cannot be canceled and are non-refundable.
5. My signatures acknowledge that drop in care is available at sites where there is space available. Drop in must be booked and confirmed prior to your child attending Calgary Child's Play.
6. My signatures acknowledge 2 weeks' notice is needed to cancel a Drop In booking.
7. My signature acknowledges that I agree to keep Calgary Child's Play informed of any changes and that I am responsible for making changes on aimyPlus. Examples of changes: our address, phone numbers (home & work) emergency contacts, or anything else that maybe important concerning the well-being of my child (i.e. illness/death in the family, divorce or separation etc.)
8. My signature acknowledges exchange of information between the school, Calgary Child's Play Inc. and Providence Supported Child Care while my child attends the program.
9. My signature acknowledges that I will be responsible for signing my child in and out each day from the program. Playworkers will be responsible for signing my child in when the children are coming from school or going from the extended care program to the school.
10. I understand my child cannot attend Calgary Child's Play if suffering from an infectious or communicable disease that has been identified by Alberta Health Services.
11. My signature acknowledges that walks and visits off school premises (throughout the community) may occur when my child is in the Calgary Child's Play Program. I hereby give permission to the staff to do so.
12. My signature acknowledges the distal supervision policy and allow your children to actively participate when age appropriate. Distal Supervision is for grades 2- 6 only ex. Walking school to school or school to community centre.
13. My signature acknowledges that you agree to provide a written consent form if a child's sibling will be picking up the child from the program (minimum age is 14 years)
14. My signature acknowledges that I give my permission for the Child's Play staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.
15. My signature acknowledges that I give Child's Play permission to transport my child off a Child's Play designated site of operation if and when required and risk assessment plans will be undertaken for each occasion this occurs i.e. evacuation, group trip etc.
16. My signature acknowledges that the information contained herein is confidential and, pursuant to the Privacy Act, will only be strictly used by the Calgary Child's Play team.
17. My signature acknowledges that I am aware that representatives from appropriate Government Departments may view my child's files as part of the program assessment process, to ensure that proper administrative records are kept on site and will not be used or distributed for any other purposes.
18. A months' notice is required by the 1st of the month, in writing, if a child is to be withdrawn from the program or where there is a change required to your child's care (i.e. days or hours). Notice given after the 1st of the month to terminate care will result in full fees for the next calendar month.
19. **NO refunds** are given for absences or extended leaves (i.e. vacations)
20. Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment received, at a rate of \$10/per day.
21. In the event that your payment is dishonored for any reason then you shall be liable for any dishonor fees incurred by Calgary Child's Play at a rate of \$50CAD



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- 22. If you default in payment of any invoice when due, you shall indemnify Calgary Child's Play from and against all costs and disbursements incurred by Calgary Child's Play in pursuing the debt including legal costs on a solicitor and own client basis and Calgary Child's Play collection agency costs.
- 23. Without prejudice to any other remedies, if at any time you are in breach of any obligation (including those relating to payments) Calgary Child's Play may choose to suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. Calgary Child's Play will not be liable to you for any loss or damage that you may suffer because Calgary Child's play has exercised its rights under this clause.
- 24. If any account remains overdue after thirty (30) days, then an amount of the greater of twenty dollars (\$20.00) or ten percent (10%) of the amount overdue (up to maximum of two hundred dollars (\$200.00)) shall be levied for administration fees which sum shall become immediately due and payable.
- 25. Late pick ups will result in late fees \$1 per minute. An invoice will be sent to you regarding any late pick-ups.
- 26. Families that are subsidized please be aware we will credit your accounts and used in future childcare. No refunds will be issued.
- 27. **Where you are an individual the authorities under this clause are authorities or consents for the purpose of the Privacy Act.**
- 28. Parents/Guardians have the right to request a copy of their child's information from Calgary Child's Play and have the right to request Calgary Child's Play to correct any incorrect information about you or child's information held by Calgary Child's Play.
- 29. I declare that I have read this document fully and that the information given above is true. I acknowledge that in order to keep my place at Calgary Child's Play that I need to keep my account up to date.

I am aware that any default by me for the payment of outstanding fees may result in debt collection action and all costs incurred by this action will be solely the parent/guardian's responsibility. I also acknowledge by signing this form I understand and accept the programs Policies and Procedures. All information I have provided on this form is true and correct and I am aware it is my responsibility to advise Calgary Child's Play immediately of any change in the above information.

Signature

Date

Photo Permission

My signature acknowledges that photographs and video of my child or items of my child's work completed at the Calgary Child's Play program may be used at a later date for marketing and promotional purposes. I hereby give my consent and no further permission will be required.

Name: _____ Signature: _____ Date: _____

Movie Permission

My signature acknowledges that I hereby give permission for my child to watch G & PG rated movies and games.

Name: _____ Signature: _____ Date: _____

If your child requires emergency medication, please sign below.

My signature acknowledges the staff of the above Child's Play program to administer emergency medication prescribed to my child and I will sign a medical form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold Child's Play responsible.

Name: _____ Signature: _____ Date: _____

My signature acknowledges that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical Form.

Name: _____ Signature: _____ Date: _____