

**WITHDRAW NOTICE**  
**Kindergarten Program**

We require a one month written or emailed notice of your child’s withdrawal from the program in order to release your financial responsibility at the date of their departure. For example, if you notify us on October 15 that your child will be withdrawing in November, you will still be obligated to pay for November. If you choose to withdraw your child after March 1, you will still be required to pay your monthly tuition for the remainder of the school year (until the end of June).

I have read and understand the withdrawal policy as noted above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Child(ren) attending BAS \_\_\_\_\_

**McKenzie Lake BAS**

**FOR OFFICE USE ONLY:**

PAYMENT # \_\_\_\_\_ SUBSIDY YES/NO \_\_\_\_\_ MONTHLY FEE: \_\_\_\_\_  
START DATE \_\_\_\_\_ \$25 COMMUNITY FEE \_\_\_\_\_ \$50 REG FEE \_\_\_\_\_  
VOID CHEQUE/BANKING INFORMATION YES/NO \_\_\_\_\_ NOTES: \_\_\_\_\_

**SCHOOL ATTENDING (PLEASE CIRCLE) St. John Henry Newman / McKenzie Lake**

**GRADE ATTENDING \_\_\_\_\_ KINDERGARTEN AM CLASS \_\_\_\_\_ KINDERGARTEN PM CLASS \_\_\_\_\_**

**PERSONAL INFORMATION**

**Child's Legal Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
last first middle

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

STREET: \_\_\_\_\_ Calgary, Alberta

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Parent/Guardian information: (fill out completely for each parent- do not use "same as")**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent or Guardian (circle one) Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent or Guardian (circle one) Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**EMERGENCY CONTACTS: (Will be contacted if parents/guardians cannot be reached)**

should be local in case a pickup is needed

**NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_**

**COMMUNITY MEMBERSHIPS ARE MANDATORY FOR YOUR CHILD TO ATTEND THE PROGRAM AND MUST BE PURCHASED AUGUST 1-SEPTEMBER 1 OF THE SCHOOL YEAR YOU ARE ATTENDING. MEMBERSHIPS CAN BE PURCHASED ONLINE AT [WWW.MCKENZIELAKECOMMUNITY.COM](http://WWW.MCKENZIELAKECOMMUNITY.COM)**

**McKenzie Lake BAS**

**MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_ AB Health Care Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any allergies? Yes / No

If yes, please list allergies: \_\_\_\_\_

Is your child on any ongoing medication? Yes / No

Is the medication to be administered during program hours? Yes / No

If yes, please list medication(s): \_\_\_\_\_

If the answer is yes to the above question, please submit the medical authorization form that is at the end of this package. EXAMPLE: EPI-PEN, INHALERS, AND ANY MEDICATION REQUIRED BEING ONSITE

Does your child have any other medical conditions we should be aware of? Yes / No

If yes, please list them: \_\_\_\_\_

My child's immunizations are up to date: Yes / No

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

If No is selected - I am aware as a parent/guardian, that my child while socializing with other children in the program may be exposed to childhood diseases that are covered as part of an immunization program. I will not hold the program, McKenzike Lake BAS staff, or Mckenzie Lake BAS, the parents or children liable for any sickness that my child may contract.

Is there any other information we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian's Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Parent/Guardian's signature:

**McKenzie Lake BAS**

**WAIVER OF LIABILITY**

I, \_\_\_\_\_ (PARENT/GUARDIAN NAME) hereby give consent for my child \_\_\_\_\_ (print child's name) to participate in the McKenzie Lake BAS program and any off site activities.

I understand that the program's volunteers, McKenzie Lake BAS staff, or the McKenzie Lake Community Association are not liable for any accident, loss, damage, injury, or ambulatory services resulting from or in conjunction with any activities my child participates in.

I authorize McKenzie Lake BAS staff to share my child's information with their school or organization, only if needed. Please circle: YES / NO

**PICTURE AUTHORIZATION**

I, \_\_\_\_\_ (PARENT/GUARDIAN NAME) hereby authorize the McKenzie Lake BAS staff to take photos of \_\_\_\_\_ (print child's name) throughout the program for use in:

MONTHLY COMMUNITY NEWSLETTER:	YES / NO
CRAFTS AND SCRAPBOOKS	YES / NO
WALL PORTRAITS	YES / NO

**MCKENZIE LAKE BAS CONSENT FORM**

I, \_\_\_\_\_ (PARENT/GUARDIAN NAME) give consent for McKenzie Lake BAS staff to provide my child \_\_\_\_\_ (print child's name) with First Aid and/or call Emergency personnel if required. I also give permission to McKenzie Lake BAS staff to share my child's specific information with Emergency personnel as required.

Parent/Guardian name (Please print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

McKenzie Lake BAS

**WAIVER OF LIABILITY**

McKenzie Lake BAS requires a list of all individuals that may be required to pick up your child  
\_\_\_\_\_ from our BAS program.

(Child's Name)

Please include the names of all persons, including PARENTS/GUARDIANS, emergency contacts, childcare providers, grandparents etc. that may pick up your child. To verify the individual's identity, photo identification will be required prior to the McKenzie Lake BAS staff from releasing your child from our program.

Name	Relation to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, \_\_\_\_\_ (parent/guardian's name) understand, that if for some unavoidable circumstance one of the above mentioned individuals is not available to pick up my child, that McKenzie Lake BAS staff will stay with my child at the Community Centre. Starting at 5:46PM, I agree to pay \$10 and an additional \$1 for each minute after .

**PLEASE FILL THIS SHEET OUT NEATLY AND COMPLETELY AS THIS IS FOR LICENSING**

Child's Name: \_\_\_\_\_

Child's address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's address: \_\_\_\_\_

Parent/Guardian's Phone: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's address: \_\_\_\_\_

Parent/Guardian's Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Someone other than a parent/guardian)**

Emergency contact name: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_

Emergency contact Phone: \_\_\_\_\_

Allergy Information: \_\_\_\_\_ Immunizations up to date? \_\_\_\_\_

PLEASE ATTACH A CURRENT CLOSE UP FACE PICTURE OF YOUR CHILD IN THE SPACE BELOW.



**MLCA BAS Pre-Authorized Debits Rule H1**

**Payor's PAD Agreement**

Payor's Pre-Authorized Debit (PAD) Agreement

**Parent name** (last / first)

Child Name: (last/ first)

Child age: \_\_\_\_\_

Telephone Number:

Cell: \_\_\_\_\_

Email:

**Business Information**

McKenzie Lake Community Association

16198 McKenzie Lake Way

Calgary Alberta T2Z 1L7

**Customer Banking Information**

Financial Institution Name:

Account Number:

Transit Number:

PLEASE PROVIDE BANKING INFORMATION **OR** CREDIT CARD INFORMATION

Branch Number:

Credit card #

EXPIRY

CVC

Subsidy

No

Yes

**NOTE:** MLCA valid membership is MANDATORY for your child to be a part of this program

**Anyone paying with credit card will be charged an additional 3% per transaction**

**Pre-Authorized Debit (PAD) Details**

You, the Payor, agree to have your child registered in full time kindergarten before and after care (100 hours or more) monthly as outlined in the government's affordability grant structure. As such, MLCA will charge your account **\$217.50** per month for before and after school care. You, the payor, authorize McKenzie Lake Community Association to debit the bank account identified above for **\$217.50** on the first of every month or the next business day for child care services. You, the payor, may revoke your authorizations at any time in writing by providing 30 days notice.

Name

(Please Print)

Signature of Account Holder:

Date:

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution.