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_____

*Please return this form to the staff prior to September 15, 2024

McKenzie Lake BAS

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

GRADE ATTENDING ____ KINDERGARTEN AM 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

McKenzie Lake BAS

<u>MEDICAL INFORMATION</u>

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 he 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

I understand that the program's volunteers, McKenzie Lake BAS staff, or the McKenzie Lake Community Associatioin 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: _____

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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

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

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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.
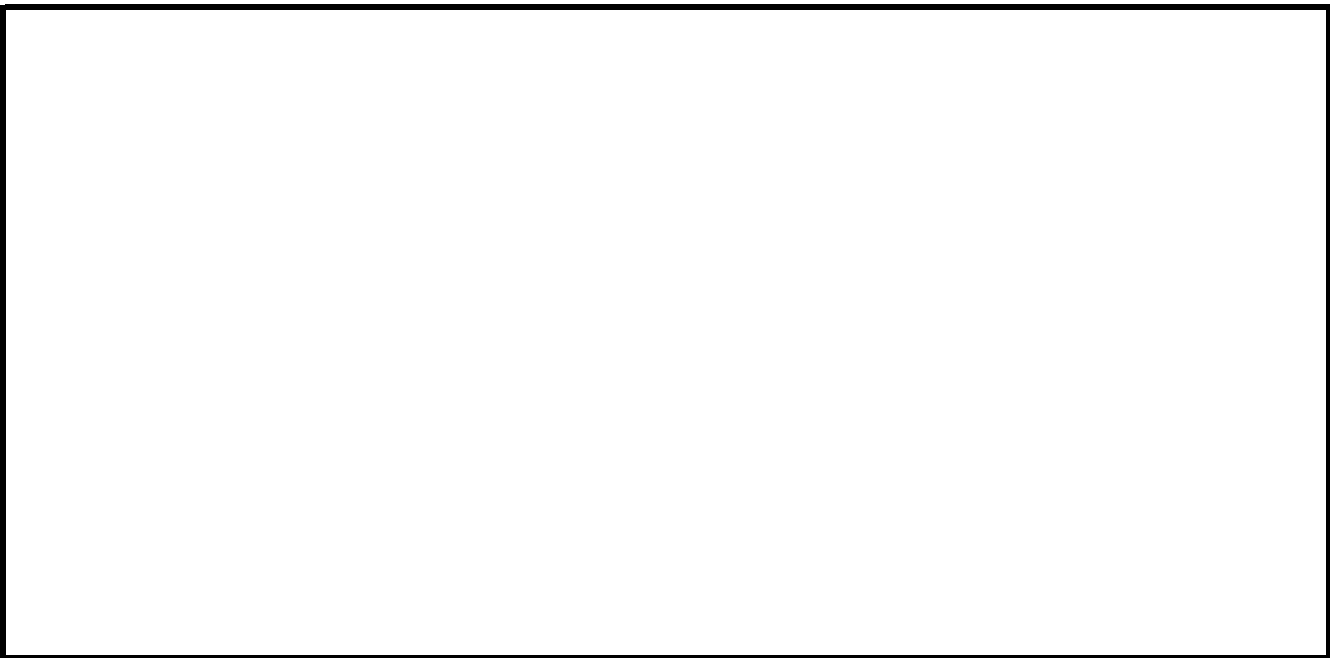
MLCA BAS Pre-Authorized Debits Rule H1

Payor's PAD Agreement

Payor's Pre-Authorized Debit (PAD) Agreement		
Parent name (last / first)		
Child Name: (last/ first)	child age:_____	
Telephone	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:

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 oulined 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

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 o your recourse rights, contact your financial
institution.