

I AGREE to give TWO months' notice on the first day of the month to withdraw my child/children. I understand that if I do not give TWO months' notice I am still required to pay BOTH month's fees and I forfeit my deposit.

I GRANT permission for my child to use all of the play equipment and participate in all activities of the program

I GRANT permission for my child to leave the school premises in an authorized vehicle, under the supervision of a staff member, on fieldtrips and neighbourhood walks.

I GRANT permission for my child to be included in evaluations and pictures connected with the school program.

I GRANT permission for the Director, or staff member, to take whatever steps may be necessary to obtain emergency medical care.

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact you through any of the persons listed on the emergency form you completed for us
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - a) Call another physician
 - b) Call an ambulance, at the parents expense
 - c) Have the child taken to an emergency hospital, in the company of a staff member

The program will not be responsible for anything that may happen as a result of false information given at the time of enrolment. **BE SURE TO FILL OUT ALL AREAS OF THIS FORM CORRECTLY!**

I HAVE READ and agree with the CHILDREN COME FIRST Child Guidance policy

(signature)

OOSC Only:

I GRANT permission for my child to walk to and from school or bus stop unaccompanied by an adult! * This does not include Kindergarten or Preschool*

I AGREE to be financially responsible for any vandalism my child may do to the building or equipment.

I AGREE to allow the program to share personal information with the school in regards to emergency contacts, or guidance methods.

I HAVE READ ALL OF THE INFORMATION AND AGREE WITH THE POLICIES AND HAVE FILLED THE FORM OUT CORRECTLY!

PARENT/GUARDIAN

SIGNATURE

DATE

PARENT/GUARDIAN

SIGNATURE

DATE