



# Hinton Kids for Success

## Registration Form 2022 - 2023

Date:

AHS #:

New Registration

Current Registrant

### Child Information

Child's Name: \_\_\_\_\_ Male Female

Child's Date of Birth (dd/mm/year): \_\_\_\_\_ Child's shirt size:

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

Home Address:

Street/P.O. Box

Town/City

Province

Postal Code

### Caregiver Information

1<sup>st</sup> Caregiver: \_\_\_\_\_

Relationship to Child: Father Mother Other (specify): \_\_\_\_\_

Phone Numbers: Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street/P.O. Box

Town/City

Province

Postal Code

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

Consent to receive email correspondence: Yes No

2<sup>nd</sup> Caregiver: \_\_\_\_\_

Relationship to Child: Father Mother Other (specify): \_\_\_\_\_

Phone Numbers: Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street/P.O. Box

Town/City

Province

Postal Code

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

Consent to receive email correspondence: Yes No



## Enrollment & Fee Information

Please check the appropriate enrollment option

5 Month All Inclusive Contract – \$400/month includes all regularly scheduled after school programming from 3:00pm-6:00pm. All regularly scheduled non-school days are automatically included. Contracts run from September 01 to January 31 & February 01 to June 30 *\*Additional contract form required.*

Full-Time - \$375.00 includes all regularly scheduled after school programming from 3:00pm-6:00pm. Does not included regularly scheduled non-school days

Part-Time - \$250.00 includes up to ten (10) regularly scheduled after school programming from 3:00pm-6:00pm. Does not included regularly scheduled non-school days

Drop-In - \$25/day for all regularly scheduled after school programming from 3:00pm-6:00pm. \$40/day for regularly scheduled non-school days. Space as available.

Please check which days your child will be attending

Monday

Tuesday

Wednesday

Thursday

Friday

## Payment Policy

Subsidy available! Hinton Kids for Success is a licensed childcare provider able to offer families the option to apply for subsidy. Please refer to the Government of Alberta website at: <https://www.alberta.ca/child-care-subsidy.aspx> for further information or call 1-877-644-9992. If your family requires subsidy, please notify FCSS of the subsidy estimate received. Subsidy only covers a portion of the monthly fee. Caregivers are responsible for any remaining portion thereof.

All payments are due on the 1<sup>st</sup> of each month. The all-inclusive contract option can be paid fully up front (\$2000.00) or in monthly installments (\$400.00/month). Any account balances that are not paid by the 5th of each month shall be subject to a late fee as outlined in the "Hinton Kids for Success 2022 Policy Manual" and shall be charged a penalty of 1.5%.

A \$100 deposit is due prior to June 30, 2022 to secure your child's space for the following school year

Penalties - A penalty of \$10.00 per fifteen minutes per family will be charged if the children are not picked up by 6:05pm. There is also a \$15.00 charge for all NSF cheques.



## EMERGENCY FORM

### Emergency Contact Information (other than parents/guardians)

#### Emergency Contact #1

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

Street Address: \_\_\_\_\_

Street/House Address/Postal Code

Phone: \_\_\_\_\_

Home

Other

#### Emergency Contact #2

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

Street Address: \_\_\_\_\_

Street/House Address/Postal Code

Phone: \_\_\_\_\_

Home

Other

Authorized person to whom your child may be released (other than parents/guardians):

(1.) \_\_\_\_\_

(2.) \_\_\_\_\_

Anyone to whom your child may not be released? \_\_\_\_\_

### Health & Special Considerations

Has your child been immunized? Yes                      No

Please list any allergies or health concerns:

Please list any dietary restrictions:

Please list any medications your child takes on a regular basis:

*\*please note if your child requires medication administration, caregivers will be responsible for completing a "Medication Administration" form*

### Swimming Ability (Dr. Duncan Murray Recreation Centre & Open Water)

Please indicate your child's swimming ability

Strong Swimmer

Moderate Swimmer

Non-Swimmer

(deep water/deep pool

(shallow water

(Kids pool/shallow water

No lifejacket required)

swim test required)

lifejacket required)



### Additional Consents

Please check each box to indicate you understand and consent to the following:

Permission to leave the premises (The Guild). These areas may include but are not limited to: Jessie Turgeon Park, Gordon Moore Memorial Park, Rotary Play and Spray Park, Dr. Duncan Murray Recreation Centre, Hinton Friendship Centre Playground, Hinton Municipal Library, Bowling Alley, all in town and out of town field trips

Permission to use photos of my child in HKFS/DC/FCSS promotional materials including social media posts, newsletters, annual reports and any other mediums that are appropriate. I understand that there will be no compensation for the use of these photographs, videos or stories and release HKFS and its agents of any liability resulting from the use of same.

Permission for HKFS/DC educators to apply sunscreen and bug spray as necessary. *Caregivers to supply non-aerosol sunscreen and bug spray*

Permission for HKFS to transport my child through contracted transportation services including Town of Hinton busses

### Emergency Release

1. In the event that emergency medical attention is required, an ambulance will be called and the child will be transported to the hospital. If a cost is incurred for the ambulance, the caregiver(s) shall be responsible for the payment.
2. A caregiver will be contacted immediately. If a caregiver cannot be contacted, the emergency contacts listed on the registration form will be contacted. An HKFS educator will remain with the child at all times until a caregiver or emergency contact arrives.
3. In the event of an emergency when caregivers are not present, an attending physician will proceed with any medical procedures deemed necessary. Any expenses incurred in such an event are solely the responsibility of the caregiver(s).
4. The FCSS Assistant Manager and HKFS Supervisor shall be notified of the incident and all up to date actions that staff have taken to ensure a prompt response to the medical emergency. Any other notifications will be completed as per licensing policy.

I, \_\_\_\_\_, have read and understood the above actions in case of an emergency. If my child \_\_\_\_\_ requires medical care, I give consent to the Hinton Kids For Success Out of School Care Program to give whatever medical care they deem reasonable in the situation, and agree that I will be responsible for any costs incurred for my child to receive proper medical care.

\_\_\_\_\_

\_\_\_\_\_

Date

Parent/Guardian Signature



**Informed Consent Agreement  
Hinton Kids for Success Out of School Care Program**

*In compliance with Hinton Family and Community Support Services (FCSS) and our insurance company, parents/guardians are required to sign this Informed Consent Agreement. Hinton Kids for Success Out of School Care Program (HKFS), under the care of Hinton Family and Community Support Services (FCSS), strives to comply with all Alberta Child Care Licensing Regulations, and have established policies and procedures designed for your child's safety. The risks described below are those inherent in participation in the normal activities of children. The safety of the children in our care is our first priority; however, ultimately children participate at their own risk.*

Thank you for choosing to use the facilities, services, or programs of FCSS. We request your understanding and cooperation in maintaining both yours and our safety and health by reading and signing the following INFORMED CONSENT.

I, \_\_\_\_\_, declare that my child, \_\_\_\_\_

Intends to use some or all of the activities, facilities, programs and services offered by FCSS and I understand that each person, my child included, have different capacities for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility before, during, and after participation to instruct my child on the choices available to him/her relative to the risks to be undertaken, information, or instructions available.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental, or emotional) and the awareness, care and skill with which my child conducts themselves in that activity or program. I acknowledge that my child's choice to participate in any activity, service and program of FCSS brings with it the assumption by me of risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, reduce, or modify involvement in any program activity, and I realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs and services offered by FCSS are sometimes conducted by personnel who may not be licensed, certified, or registered instructors, or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience, and that no claim is made to offer assessment or treatment of any medical or physical condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program, or services that I am not completely familiar with, and I have been informed of any inherent risks.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



## Registration Signature and Date

I declare that I have read, understood, and completed the 2022-2023 HKFS Registration Form.

I declare that I have read and understood the Parent/Guardian Handbook and Policies/Procedures in their entirety.

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Parent/Guardian signature

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Date

*If any of the above information changes during the course of the program, please update this registration form immediately.*

This personal information is being collected under the authority of the Municipal Government Act, and will be used to administer programs at HKFS. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

**TOWN OF HINTON  
BOULDERING WALL WAIVER  
& RELEASE OF LIABILITY**



This is a *Release of Liability* – Read before Signing – In consideration of being allowed to participate in any way in the Town Of Hinton Bouldering Wall facility, programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that;

1. The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the TOWN OF HINTON BOULDERING WALL, their offices, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.
5. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I may have given up substantial rights by signing it, and sign it freely and voluntarily with out inducement.

X \_\_\_\_\_  
Participants Signature

Date: \_\_\_\_\_  
Day/ Month/Year

Participants Name (Please print clearly): \_\_\_\_\_ DOB: \_\_\_\_\_

Participants Address and Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**For Participants of Minority Age (Under 18 at time of registration)**

This is to certify that I, as Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement in the use of this facility and/or participation in these programs and/or events.

X \_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_  
Day/Month/Year

**Town of Hinton Bouldering Wall Rules**

1. All participants must sign in at the Customer Service Desk.
2. All participants must have a signed waiver.
3. Children under 14 years of age must be accompanied and supervised by an adult.
4. No barefoot climbing.
5. Report loose holds, ripped mats, and anything else you believe to be a safety hazard to the Front Desk.

I have read and understood the above rules. \_\_\_\_\_(Initial)