



Child's Name: _____ Grade: _____ Year: _____ Care: _____
Office Use Only Office Use Only

**8704 Mill Woods Road NW
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Out-Of-School Care



Consent Forms

Revised April 2020

Revision History

Revised Mar 2017 – D. Lund

Revised February 2018 – D. Lund

Revised September 2018 – D. Lund

Revised October 2018 – D. Lund

Revised September 2019 – D. Lund

Revised January 2020 – D. Lund

Revised April 2020 – split consent forms into separate document. M. Yarmuch

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Ambulatory Services

Policy:

In the unfortunate event that your child will require ambulatory services, the parent is responsible to pay all fees incurred.

Consent:

I understand that I am responsible to pay for any fees incurred in the event that my child requires ambulatory services.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

General Picture Releases

Policy:

Photographs, names and birthdays may be displayed on a bulletin board in the center. Other photographs may be taken and used for accreditation evidence, promotional and/or in-Center activities.

To protect the privacy of parents and children, no photographs will be released unless this consent form is signed.

Consent:

I hereby release, for publication or internal telecast within the Center, at MCS Open House or OOSC Family Gatherings, and for Province of Alberta Accreditation Evidence in the activities stated above, photographs for my child.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Kindergarten Picture Release

Purpose:

To ensure that the OOSC has signed permission from parents to release photographs to other parents for the purpose of communicating what their kindergarten age child has been doing and learning while in our care.

Policy:

Photographs including multiple children may be included in folders which are sent home at the completion of each unit of study. Photographs including multiple children may also be texted or emailed to parents throughout the year.

To protect the privacy of parents and children, no photographs of your kindergarten age child will be released unless this consent form is signed.

Consent:

I hereby release photographs of my child to be used for the activities stated above.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Consent for Distal Supervision

(Grades 4 to 6)

Purpose:

To offer children in grade four to six opportunities to participate in distal learning opportunities in alternate areas that are monitored by the staff at Millwoods Christian School Society Out of School Care (MCSSOSC).

Method:

MCSSOSC provides opportunity for children to participate in distal learning opportunities. This includes the use of MCSSOSC computers for homework purposes and technologically supportive learning opportunities. Computer access includes the option to access the internet at only pre-approved sites. Distal supervision also includes use of the NE1 Room and NE2 Room (Homework Room) in the Discoveryland Children's Wing. These rooms are to be used for the mentorship program, homework assignments, and/or special age appropriate projects.

The children who qualify for distal supervision in the NE2 Room and for outdoor field/basketball (north west hoop) activities will not have direct supervision. These children will be monitored on an ongoing basis every five to eight minutes by a qualified staff member of MCSSOSC. Any inappropriate behavior will be dealt with immediately and the director/designate of MCSSOSC will address the parent if deemed necessary.

Signed Consent:

The Permission Slip for Distal Supervision must be signed by the parent/guardian in order for the child to have computer access (including internet), and/or distal supervision in the NE1 Room or NE2 Room.

- A Technology Contract for Online Safety is to be signed by each distal student, parent, and Director or Assistant Director. This contract is an accountability tool that sets parameters and boundaries in the expectation that all technology instruments will be used in an appropriate manner while in the MCSSOSC program.

I agree to allow my child to participate in the MCSS OSC distal learning activities as noted above. I am aware that in the director of the OSC program maintains the decision to allow my child to participate in the activities at her discretion.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Parental Involvement in Eating Style Philosophy

Purpose:

To ensure that children are properly fed during lunch time while in the care of the OOSC. We feel that it is vital to come alongside parents and point them towards the Canada Food Guidelines and nutritional value in foods.

Policy:

Parents are required to send lunches that are in keeping with the Canada Food Guide and Provincial Licensing requirements. If the food sent by parents is not in keeping with Canada's Food Guide requirements, staff will provide additional food to meet requirements. Parents will be receiving a form stating which foods were added to their child's lunch.

NOTE: AS A STANDARD PROCEDURE WE GIVE THE CHILDREN 30 MINUTES FOR LUNCH (MAIN COURSE) WITH THE OPTION OF 15 MINUTES EXTRA TO CONSUME OTHER HEALTHY MEAL CHOICES.

Parental Involvement: (Please initial your selection.)

- I prefer that the OOSC staff encourage my child to eat his/her main course first (as in rice/pasta/sandwich etc.). I then ask that the OOSC staff encourage my child to eat the remainder of his/her other healthy food choices.
- I prefer that my child be given an open-ended-option of all the food groups in my child's lunch to be eaten at the discretion of my child with limited guidance from OOSC staff.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Consent to Share Information

Policy Overview

This policy is to obtain permission which will enable the staff at Millwoods Christian Society Out of School Care (MCSSOSC) to exchange information between the center and Millwoods Christian School (MCS) concerning your child/ren.

This authorization does not extend to sources of information beyond MCSSOSC.

The release form will be in effect during the time period while your child/ren is enrolled in MCSSOSC.

Consent

I consent to having MCSSOSC staff obtain/share information about my child with staff at MCS.

I also consent to having MCS staff obtain/share information about my child with staff at MCSSOSC.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

SLEDDING DISCLAIMER

According to the Alberta Childcare Licensing Standards regulations regarding sledding in daycares, day homes, and out of school care programs:

- Children are to wear safety helmets in order to participate in sledding activities.
- Parental consent is required before a child may participate in sledding activities. Failure to provide consent will result in your child being unable to participate in sledding activities.

Consent to Sled: Please initial one.

- I DO NOT give permission for my child to participate in sledding activities at Millwoods Christian School Society Out of School Care.
- I give permission for my child to participate in sledding activities at Millwoods Christian School Society Out of School Care. I will NOT hold Millwoods Christian School Society Out of School Care liable for any injuries that may be sustained while participating.

Helmet Use: Please initial one.

- I will equip my child with an appropriate safety helmet. My child MAY NOT participate in sledding activities without wearing the safety helmet I provide.
- I give permission for my child to participate in sledding activities without a safety helmet.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

MCSSOSC/Family Technology Agreement for Online Safety

MCSSOSC Students' Pledge

1. I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school without the staff of Millwoods Christian School Society Out of School Care (MCSSOSC) and my parents' permission.
2. I will tell the MCSSOSC staff and my parents right away if I come across any information that makes me feel uncomfortable.
3. I will never agree to get together with someone I "meet" online without first checking with the MCSSOSC staff and my parents. If my parents agree to the meeting, I will be sure that it is in a public place and bring my mother or father along.
4. I will never send a person my picture or anything else without first checking with the staff of MCSSOSC and my parents.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable (cyber bullying). It is not my fault if I get a message like that. If I do I will tell the staff at MCSSOSC and my parents right away so that they can contact the service provider.
6. I will talk with the staff of MCSSOSC and my parents so that we can set up rules for going online. We will decide upon the time of day that I can be online, the length of time I can be online, and appropriate areas for me to visit. I will not access other areas or break these rules without their permission.
7. I will not give out my Internet password to anyone (even my best friends) other than the staff of MCSSOSC and my parents.
8. I will check with the staff of MCSSOSC and my parents before downloading or installing software or doing anything that could possibly hurt the MCSSOSC computer or jeopardize my family's privacy.
9. I will be a good online citizen and not do anything that hurts other people or is against the law.
10. I will help the staff of MCSSOSC and my parents understand how to have fun and learn things online and teach them things about the Internet, computers and other technology.

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

MCSSOSC/Family Technology Agreement for Online Safety

MCSSOSC Students' Pledge

NOTE: Parents please sign on behalf of your child from grades K-3 for permission to participate on Games Day

I _____ agree to the above:
(Student's printed name)

MCSSOSC Student sign here (grades 4-6)

Date

I will help my child follow this agreement and will allow reasonable use of the Internet as long as these rules and other MCSSOSC/Family rules are followed.

Parent(s) sign here (grades K-6)

Date

The staff of Millwoods Christian School Society will help _____ follow this agreement and will allow reasonable use of the Internet as long as these rules and other MCSSOSC/Family rules are followed.

MCSSOSC Director
And/or Assistant Director sign here

Date

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Parent Communication Agreement

Policy:

Millwoods Christian School Society Out of School Care (OOSC) is committed to communicating effectively with families.

Parents/caregivers are required to read the weekly emailed newsletter which is a quick over-view of the children's activities. The newsletters also contain information regarding up-coming events, center closure dates, and policy updates.

Parents are responsible to ensure that the email address provided to the center is viable. Parents are also responsible for ensuring the center has up-to-date phone numbers for parents and emergency contacts.

Parents/caregivers are required to read any flyers sent home with their children and be observant of posted information on the Parent Bulletin Board (located on the office wall at the entrance of the OOSC), and OOSC walls/doors.

Parents/caregivers are encouraged to ask any OOSC supervisor at any time as to how his or her child's day went. We appreciate any input or feedback that you may suggest as we partner with your family in the raising of your child/ren.

Consent:

- I understand that it is my responsibility to read the weekly OOSC NEWS email, any flyers my children bring home, and to be aware of postings on the wall and/or Parent Bulletin Board.
- I will ensure I provide updated email addresses and phone numbers to the OOSC should these change.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Parent Removing Child Directly from School

Policy:

Parents are responsible to contact the OOSC if their child will not be coming to OOSC after school.

Failure to do so will result in a fee of \$50. This amount will be payable to the MCS Society the following day, or the funds will be deducted from your automatic payment setup with the Society Accounting Department.

When a child does not arrive at OOSC after school, it puts the Center on high alert and regular programming cannot proceed. School searches are conducted, ground searches are conducted, emergency contacts are phoned; all of these happenings put our child to adult ratio in distress. The Center is also required to submit an Incident Report to the Province of Alberta Child Licensing Department, and this entails an investigation within our center.

OOSC can be contacted at:

Phone: 780-395-4383
Texting: 780-237-0418
Email: oosc@calvarycommunity.ca

Consent:

I understand and acknowledge that I am responsible to contact the Out of School Care should any of the above circumstances occur. I am also aware of the charges that will be incurred should I not inform the Out of School Care of changes in my child's after school schedule.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Transportation Agreement

For All Children:

- The parent is responsible to bring their child into the program (Millwoods Christian School Out of School Care [MCSSOOSC]) and inform the staff of their child's arrival.
- The parent is responsible to advise MCSSOOSC when they pick their child up.
- Parents are responsible to inform the OOSC of any changes in their child's routine of being picked up. For example: sickness, Dr.'s appointments, alternate pick-up etc...
- Parents will be charged a \$50 fee for failure to inform the OOSC of any changes in their child's routine.

For Children Attending Millwoods Christian School (MCS) in kindergarten:

- MCSSOOSC is responsible to bring kindergarten aged children to and from their MCS classroom.

For Children Attending MCS in grade 1:

- MCSSOOSC is responsible to release the grade one students at the MCS playground after 8:15 AM in the mornings at which time they will be supervised by MCS staff.
- MCSSOOSC is responsible to pick up grade one students after school at their classroom hallway (in inclement weather) or at the MCS outdoor steps from September until December. Grade ones are coached by MCSOOSC staff to be able to return to the OOSC program by themselves by January.

For Children Attending Millwoods Christian School (MCS) in grades 2 – 6:

- MCSSOOSC is responsible to release the child (grade 2 to 6) to MCS at 8:15 a.m. from the OOSC entrance/exit door.
- MCS is responsible to supervise the child (grade 2 – 6) from 8:15 a.m. until the child returns to the program upon at the end of their school day.
- The child is responsible to return to the OOSC on their own at the end of the day.

Consent:

- I understand and will uphold MCSSOOSC procedures for transportation to and from school.
- I also understand that it is my responsibility to inform MCSSOOSC of any changes in my child's routine.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Walking Permission

Consent:

I permit my child to leave the premises of Calvary Community Church/Mill Woods Christian School grounds for supervised walks around the neighborhood.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Reviewed by Staff: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Admission Agreement

- I have read the Mill Woods Christian School Society Out-of-School Care (MCSS OSC) Parent Handbook and understand the policies and expectations.
- I am aware of the hours of operation and the days that the OSC will be closed.
- I understand that MCSS OOSC will be communicating information with me through e-mail, Remind 101 Texting, verbal reminders, and posters.
- I agree to pay the OSC the fee for childcare in accordance with my contract for care. I understand that the OSC has the right to terminate care of my child/ren if the monthly fees are not paid by the 10th of each month, unless previous arrangements have been made.
- I understand that I may withdraw my child at any time by providing 14 days written notice or one month's fee in lieu of notice.
- I understand at the first of each month, I must have all five (boxes) weeks of the previous month's initialed, and I have signed, printed, and dated my child/ren's previous month's attendance form.
- Upon signing this form, I indicate my cooperation to comply with the current policies of the OSC, and that I understand that the agreement may be cancelled at any time by the OSC if it is in the best interest of my child/ren, and/or the OSC.
- By signature, I hereby release the OSC and MCSS from liability for accidents or illness occurring while my child/ren is/are in their care, except in the case of gross negligence.
- In the event of an emergency, when I cannot be contacted, I give my permission for medical treatment when deemed necessary by an attending physician. I understand that I am responsible for any expenses incurred by this attention.
- I understand the procedure that occurs should I not pick up my child from the OOSC within the specified timeline as stated in the Parent Handbook. I also accept financial responsibility for late pick up fees and will pay the staff accordingly.
- In the event of an emergency our relocation site will be Mill Woods Christian School Main Gym, or the secondary location of 8851-40th Avenue.
- The OSC will initiate fundraising events to help offset program costs. I understand that when such campaigns are held my support and participation will be given.
- Should you have any doubt about any of the above items pertaining to the child/ren's behavior, and/or the responsibilities of the parent or guardian and the OSC staff, please contact the Executive Director.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Executive Director: _____ Date: _____

MILLWOODS CHRISTIAN SCHOOL SOCIETY OUT OF SCHOOL CARE

Parent's Copy of Admission Agreement

- I have read the Mill Woods Christian School Society Out-of-School Care (MCSS OSC) Parent Handbook and understand the policies and expectations.
- I am aware of the hours of operation and the days that the OSC will be closed.
- I understand that MCSS OOSC will be communicating information with me through e-mail, Remind 101 Texting, verbal reminders, and posters.
- I agree to pay the OSC the fee for childcare in accordance with my contract for care. I understand that the OSC has the right to terminate care of my child/ren if the monthly fees are not paid by the 10th of each month, unless previous arrangements have been made.
- I understand that I may withdraw my child at any time by providing 14 days written notice or one month's fee in lieu of notice.
- I understand at the first of each month, I must have all five (boxes) weeks of the previous month's initialed, and I have signed, printed, and dated my child/ren's previous month's attendance form.
- Upon signing this form, I indicate my cooperation to comply with the current policies of the OSC, and that I understand that the agreement may be cancelled at any time by the OSC if it is in the best interest of my child/ren, and/or the OSC.
- By signature, I hereby release the OSC and MCSS from liability for accidents or illness occurring while my child/ren is/are in their care, except in the case of gross negligence.
- In the event of an emergency, when I cannot be contacted, I give my permission for medical treatment when deemed necessary by an attending physician. I understand that I am responsible for any expenses incurred by this attention.
- I understand the procedure that occurs should I not pick up my child from the OOSC within the specified timeline as stated in the Parent Handbook. I also accept financial responsibility for late pick up fees and will pay the staff accordingly.
- In the event of an emergency our relocation site will be Mill Woods Christian School Main Gym, or the secondary location of 8851-40th Avenue.
- The OSC will initiate fundraising events to help offset program costs. I understand that when such campaigns are held my support and participation will be given.
- Should you have any doubt about any of the above items pertaining to the child/ren's behavior, and/or the responsibilities of the parent or guardian and the OSC staff, please contact the Executive Director.

Parent's Name: _____ Child's Name: _____

Signature: _____ Date: _____

Executive Director: _____ Date: _____