

IMMUNIZATION WAIVER

If your child has not been immunized, please complete the Child Immunization Waiver.

I/We _____ have made the decision **not to immunize** our child, _____
Parent(s) Name(s) *Child's Name*

We, therefore, will not hold **Vivo Little Kids, Active Learners** responsible for any incurred illnesses that my child may contract while registered in the program.

Parent signature(s): _____ **Date** _____

Are there any known health concerns or Special Needs? Yes No

If yes, please explain:

Is your child currently under the regular care of a physician? Yes No

If yes, please explain:

Is your child currently taking medication on a regular basis? Yes No

If yes, please explain:

Has your child had any major injuries or surgeries? Yes No

If yes, please explain:

Does your child have any scars or birthmarks? Yes No If yes, where?

ABOUT YOUR CHILD

Hand preference: Left Right Languages spoken at home: English other

Please list all family members residing with the child (name, relationship, and ages of siblings):

Has your child been in a child care arrangement before? Yes No

What are your child's interests, favorite activity?

Describe your child's character?

What is the best way to communicate with child?

Does your child have any fears?

How will we know if your child is stressed? _____

What is the best way for us to comfort your child?

Consent and Permission

| Medical Statement | Informed Consent | Field Trip Permission |
|--|--|---|
| <p>In case of emergency or illness, every effort will be made to contact the parents/guardians and or emergency contact. In the event that contact cannot be made, I agree that in case of emergency or illness, an ambulance may be called and a qualified medical physician may attend to my child. Expenses for care are the responsibility of the child's parents/guardians.</p> | <p>I am aware that Vivo and/or Vivo for Healthier Generation Society's Little Kids Active Learners Program <i>may be</i> involved in some of the following activities: swimming, running, sports, the use of Vivo's climbing wall and/or other locations within the Vivo facility, including off area trips such as: playing outside within reasonable distance from Vivo's facility, walking on local paths or to local parks, taking bikes on bike paths within reasonable proximity to Vivo's facility and/or going to other facilities in Calgary and the surrounding areas.</p> | <p>I give written consent for my child to participate in field trips away from Vivo and/or Vivo for Healthier Generations Society as an activity for Little Kids Active Learners Program. All off-site field trips involving enrolled participants from Little Kids Active Learners Preschool Program will be communicated through email and consent forms. I fully understand that reasonable precautions and safety measures will be taken by the Program staff and I waive any liability on the part of Vivo and Vivo for Healthier Generations Society.</p> |
| <p>_____ Parent Signature</p> | <p>_____ Parent Signature</p> | <p>_____ Parent Signature</p> |
| <p>_____ Date</p> | <p>_____ Date</p> | <p>_____ Date</p> |

PARENT HANDBOOK: I have read and understood the Parent Handbook

Parent Signature

Date

Photo Release Agreement (optional)

The undersigned hereby grants Vivo permission to take and publish photographs and videos or publish those previously taken of my child. Vivo will use these photos for displays and promotion and on a closed group via a Facebook Page solely for the use of parents with children enrolled in the program.

Parent Signature

Date

or

Facebook ONLY

Parent Signature



Date

Dear Parents,

Little Kids Active Learns Preschool wishes to support children and their families in their early learning journey. We are pleased to offer you **2 options** for a free screening within our Preschool. Screening will be completed from September to October 2021 and are completed by a separate organization.

Screenings help families identify any additional or supports needed for their child in early learning and you can withdraw from the support at any time.

You may **only choose 1 organization** to support your child so we encourage you to visit their website and connect with them if you have questions.

| | |
|---|--|
|  <p>Play, Learn, and Grow Together</p> <p>Providing early childhood services to preschool-aged children in the community preschools and child care centres they attend.</p> <p>Call us: (403) 452-6745 Email us: info@kidsds.org Web: https://kidsds.org/</p> <p><input type="radio"/> YES, I would like KDS to complete an assessment with my child</p> |  <p>Lead Foundation provides programs & services to enhance the development of children through partnering with families & community.</p> <p>We are committed to helping children show the world what they can do.</p> <p>Phone: 403-270-7912 Email: admin@leadfoundation.ca Web: https://www.leadfoundation.ca/</p> <p><input type="radio"/> YES, I would like LEAD to complete an assessment with my child</p> |
|---|--|

If you would like to have a screening done, please complete the form below and return it to your classroom teacher as soon as possible. Only children whose parents have provided consent for the screening will be assessed based on the information provided.

Child's First and Last Name: _____ Child's Date of Birth (YYYY/MM/DD): _____

Child's Gender: Male Female (circle)

Parents'/Guardians' Names: _____

Phone Number(s): _____

Home Address and Postal Code: _____

Email Address: _____

Language(s) Spoken in the Home: _____

Name of Preschool: **Little Kids Active Learners Preschool, Vivo**

Days and Time your child attends _____

Do you have questions about your child's development? (Check all that apply, or if you choose **No** concerns, we will complete a general assessment)

- | | |
|---|---|
| <input type="checkbox"/> No concerns at this time | <input type="checkbox"/> Playing with toys and other children |
| <input type="checkbox"/> Learning English as a second language | <input type="checkbox"/> Running, jumping, climbing or balance |
| <input type="checkbox"/> Talking and/or talking clearly | <input type="checkbox"/> Following classroom rules and routines |
| <input type="checkbox"/> Listening to and/or understanding others | <input type="checkbox"/> Colouring, cutting or drawing |
| <input type="checkbox"/> Other _____ | |

I agree to my child, _____, participating in screening program. Further, I agree that the chosen organization and Little Kids, Active Learners Preschool staff may share information about my child related to the screening. This agreement will apply throughout your child's service in the school year September 2021-June 2022

Parent/Guardian

Name Parent/Guardian

Signature Date

Emergency Medical Information Form

| | | | | |
|---|----------------|-----------------------|-------------------|--------------|
| Childs Name: | | Childs Date of Birth: | | |
| Allergies/Condition: | | | | |
| Specific Signs and Symptoms of Allergies/Condition: | | | | |
| Medication Name: | | Dosage: | | Expiry Date: |
| Specific Instruction on how to administer/Step by Step: | | | | |
| In School Medication will be kept in: | | | | |
| Other Meds child is taking or additional information | | | | |
| Start Date of EMF | | | Renew Date of EMF | |
| Date: | Parent Phone # | | Signature: | |
| Date: | Parent Phone# | | Signature: | |

To be completed when Emergency Medication is Administered & Complete Incident/Accident Form

| Date | Medication /Dosage | Information | Staff Signature |
|------|--------------------|-------------|-----------------|
| | | | |
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| | | | |

MONTHLY PAYMENT PLAN AGREEMENT 2022

| | | | |
|--|---------------------|----------------|--|
| Child's Name | | Home Phone No. | |
| Parent/Guardian Name(s) | Daytime Contact No. | Cell Phone No. | |
| Address | City | Postal Code | |
| Primary Email to receive Preschool Information | | | |

Parents or Guardians of Vivo Little Kids, Active Learners program registrants are required to make 10 consecutive monthly payments September 2021 through to June 2022. A one time non-refundable \$125.00 Registration must be submitted to secure your placement. For your family to receive a LKAL program discount of 15%, one parent and your LKAL enrolled child must hold a Vivo membership. Families with more than 1 enrollment will have their 2nd registration fee waived.

Please Read and Initial

_____ **Program Costs are calculated on a "per school year basis", and then divided by the 10 months in the school year.**

(Initial) Although some months are longer than others, or holidays fall within the month, there is no prorating of fees. Fees are calculated by the cost to run the program per child for the full school year

_____ **It is the responsibility of the participant to notify Vivo of any changes to the bank account or credit card**

(Initial) information at least two weeks in advance of the next scheduled payment.

_____ **Payments are automatically withdrawn from your bank account (debit payment) or charged to your credit card.**

(Initial) If you are a Vivo member, the same CC used for your membership must also be used for your LKAL payment.

_____ **Withdraws from the LKAL program are subject to a \$75.00 withdraw fee. Withdraws must be submitted one month**

(Initial) prior to the first of the month of that you wish to withdraw.

_____ **Payments not honoured by the participant's financial institution will result in a service charge of \$25.00**

(Initial) for every defaulted payment. Two consecutive missed payments will result in the removal of participation in the payment plan option.

_____ **Vivo for Healthier Generations/Little Kids Active Learners Preschool will not accept withdraws after March 1, 2022**

(Initial) Due to the nature of our LKAL program and charity status of Vivo we are unable to offer course refunds as of Feb 28th of the session year withdraws from the LKAL Program. Parents and guardians are expected to pay their monthly fees/payments for the remainder of the preschool session regardless of the child no longer attending.

Date _____

Card Holder Name: _____ Monthly

Payment Amount: \$ _____

Account #: (credit, last 4 digits only) _____

Account Type: Visa MasterCard Debit

Expiry Date: _____

I (we), _____, on this day of _____, 20____ have read and understood the terms and conditions of the Monthly Payment Plan Agreement and authorize my/our financial institution to debit my/our account for the monthly payment payable to Vivo for Healthier Generations Society. The information provided is correct and up to date to the best of my knowledge. Payments will be debited within the first four business days of each month beginning September 1, 2021 and ending June 17, 2022 as payment for Little Kids, Active Learners program fee.

| | |
|---------------------------------------|--|
| STAPLE VOID CHEQUE HERE | |
| FOR VIVO STAFF USE ONLY | |
| Child's Start Date (Month, Day, Year) | Child's Withdrawal Date (Month, Day, Year) |
| Approved by Vivo Staff (Signature) | Date |