

MONARCH CHILD CARE SOCIETY
10210 – 108 AVENUE, EDMONTON, AB T5H 1A8

The Centre opens at 7:00 a.m., children will be accepted from 7:15 a.m. onwards, and operates until 5:30 p.m.

I understand that my child will not be released to anyone but me or persons designated as Emergency Contacts on the Emergency Information sheet without prior authorization.

I hereby give/withhold permission for staff of Monarch Child Care Society to obtain necessary medical aid in the event of illness or injury.

I am/am not willing to have my child go on any field trips undertaken by the Centre during the year, with the understanding that I will be notified of any trip at least 24 hours ahead of time.

I hereby give/withhold my permission for my child to be photographed, and those photographs to be used in brochures, materials, research papers/educational literature, and/or newspapers or television publicity.

Note: No private cameras and or/ cell phones or other devices shall be used to photograph any children on the premises of the center.

I give/withhold permission for my home phone number and my e-mail address to be included in Parent Directory and shared with other families in the program.

I understand that no information concerning my child will be given out other than his/her first name and age.

DATE: _____

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DIRECTOR/STAFF SIGNATURE: _____

BY SIGNING BELOW, I INDICATE THAT I HAVE READ THE GENERAL HANDBOOK AND I AGREE TO ABIDE BY THE POLICIES AND REGULATIONS OF MONARCH CHILD CARE SOCIETY. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN REMOVAL OF MY CHILD FROM THE PROGRAM.

I AGREE TO PAY THE FEES AS ESTABLISHED BY THE BOARD AS THEY ARE DUE. IF FEES ARE NOT REMITTED WITHIN FIVE (5) WORKING DAYS OF THE DUE DATE, A \$15.00 PENALTY MAY BE IMPOSED.

PARENT/GUARDIAN SIGNATURE _____