

**OUT-OF-SCHOOL CARE REGISTRATION 2011-2012, AGES 4 1/2-10**

Name (Parent) \_\_\_\_\_ Name (Child) \_\_\_\_\_  
Child's Date of Birth \_\_\_\_\_

**Child's current Address/Phone**

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. # \_\_\_\_\_

**Parent's current Address/Phone** (or indicate same)

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. # \_\_\_\_\_

What phone number can parent be reached at during program? \_\_\_\_\_

Email address \_\_\_\_\_ Would you like to be added to our contact list? Yes  No  Already on

Are you planning to apply for the *stay at home parent subsidy*? Yes  No

Snack is organic (where possible). Special food needs/allergies? \_\_\_\_\_

If yes to allergies, usual reaction(s)? \_\_\_\_\_ Medications required? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Person to whom a child can be released if parent cannot be reached during an emergency:**

Name \_\_\_\_\_ Relationship to child (i.e. aunt, friend, grandmother) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alt. # \_\_\_\_\_ Address \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Child's Physician: \_\_\_\_\_ Phone number of Child's Physician \_\_\_\_\_

Please describe any known medical condition of the child, including allergic reactions, health details,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunisation information \_\_\_\_\_  
\_\_\_\_\_

Child's Healthcare registration # \_\_\_\_\_

**COSTS AND PAYMENT OPTIONS**

*\*Many families will qualify for government subsidy, which will reduce their tuition costs (WESE will reimburse after subsidy is received). Amounts vary depending on family sizes and income. Contact us for more information.*

**Fees** (Please check one)

- Full time - \$800 per month  
12:00 – 5:50 Monday – Thursdays  
8:30 – 5:30 Fridays
- Part Time - \$400 per month  
3:10 – 5:30 Monday - Friday

Fees included: Yes  No

Make Cheques payable to WESE and send them to: *Waldorf Education Society of Edmonton* (Mailing address only):  
162 Bonnie Doon Shopping Ctr, PO Box 68052, Edmonton, T6C 4N6. Please call 466-3312 or email info@wese.ca to ensure space before sending registration, or if you have any questions.

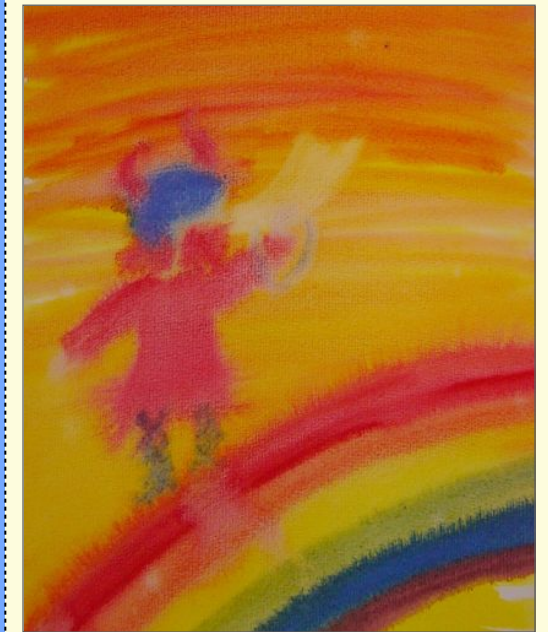


Out-of-School Care

Waldorf Education Society of Edmonton

Waldorf Independent School of  
Edmonton

2011-2012



# WISE Out of School Care

The Out-of-school care program is designed to provide young children with an afternoon experience in harmony with their morning activities, allowing the children to rest and play in their familiar Waldorf environment.

Children will enjoy games, songs, crafts and snack in a harmonious environment with rhythm and structure. Skilled staff will supervise indoor and outdoor activities as well as meals and snacks.

## Program details...

Full time - \$800 per month

Monday – Thursdays, 7:45 am - 8:30am  
and then 12:00pm till 5:30pm  
7:45 – 5:30 Fridays

Part Time - \$400 per month

Monday - Friday 7:45 am - 8:30am and  
then 3:10pm till 5:30pm

*Program runs September till June.*

The WISE school is located at

7211-96 A Ave

info@wese.ca, www.wese.ca

466-3312



*The Out of School Program is licensed under Alberta Child and youth Services. Government of Alberta Childcare Subsidies are available to families who qualify. If you are interested in finding out whether you are eligible, please inquire with the Alberta Government by calling 780-644-9992 or [www.child.alberta.ca/childcaresubsidy](http://www.child.alberta.ca/childcaresubsidy)*

## CANCELLATION AND REFUND POLICY

- ~ Fees that are specified as non refundable (i.e. non refundable enrolment fees) are not refundable under any circumstances.
- ~ Tuition or program fees will be fully refunded if cancellation is received before the start of the program (or month, in case of monthly fees)
- ~ Individuals who cancel after the first class but before the second class will be eligible for a credit for the amount of the class fee.
- ~ Individuals who cancel after the second class will receive no refund or credit.

## CONSENT FORM

I/We consent to having the Waldorf Education Society of Edmonton collect personal information that may include student identification information, parents'/guardians' work and home contact information, emergency contact names and contact information, doctor's name and contact information, health insurance number and other information/documentation the Waldorf Education Society of Edmonton deems necessary for evaluation, admission and registration.

I/We further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of the Waldorf Education Society of Edmonton for purposes of evaluation, admission and registration of new students; accounting, payroll and billing purposes; and school communications, publications, notices and marketing.

I/We understand that this information is required in order to register at this school, to assist the school authority in making an informed decision as to the child's suitability and appropriate placement in the school, to allow the school to respond in the case of an emergency, and for the general operation of school programs.

I/We  consent  do not consent  
to having photographs and work samples of my child used by WESE newsletters, program pamphlets and other promotional material.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_