**THIS FORM MUST BE COMPLETED AND RETURNED TO OUR EMAIL:** [**Info@kcs78.ca**](mailto:Info@kcs78.ca)

**kcs Association**

POLICY STATEMENTS School Year 2022-23

* **kcs** Association agrees to ensure that my child is cared for to the best of the kcs Team’s ability. However, the **kcs** Association Team will not be liable for any accidents, injury, sickness or disease that may occur to my child while in the care of the **kcs** Association.
* **kcs** Association is committed to keeping the personal information you share with us confidential.

In Summary ~ we obtain your consent when we collect, use or disclose your personal information

~ we only use the information for the purposes we discussed with you

~ we allow you access to your information as needed

* I give my permission for the following person to be my designate to be available to pick up my child in an emergency in less than 30 minutes.

Name: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number:Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* My signature below indicates that:
  + I have read, understood and agree to the terms and conditions outlined in the Parent Handbook.
  + I agree to follow all regulations outlined by AHS, as well as the kcs Policy, in regard to COVID-19.
  + The information I have provided **kcs** Association with regard to my child is true.

Parent/Guardian

Name: Click or tap here to enter text.

(Signature):Click or tap here to enter text.

Parent/Guardian

Name: Click or tap here to enter text.

(Signature):Click or tap here to enter text.

Date: Click or tap here to enter text.