

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

**kcs Association**

**POLICY STATEMENTS School Year 2023-24**

- **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:

Contact Number:

- 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 Illness.
  - The information I have provided **kcs** Association with regard to my child is true.

Parent/Guardian

Name:

(Signature):

Date:

Parent/Guardian

Name:

(Signature):

Date: