

# KINDERGARTEN RENEWAL APPLICATION

**INSTRUCTIONS:**

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.
3. Please provide a copy of your Annual Return along with your completed application by the first Friday in September.

By Fax: (780) 955-3615  
By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5  
By Email: forms@RMAInsurance.com

MEMBER NAME \_\_\_\_\_ MEMBER ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Are you registered as  Not-for-profit or  For profit

**ORGANIZATION:** KINDERGARTEN  Yes  
PLAYSCHOOL  Yes  
AFTER SCHOOL  Yes  
DAYCARE  Yes

Is Centre licensed under the Day Nurseries Act?  Yes  No

**Please provide most recent copy of your license.**

Number of children at any time \_\_\_\_\_ Age Group \_\_\_\_\_

What is the average number of Children per Employee?

0 to 2 years \_\_\_\_\_ Kindergarten Age \_\_\_\_\_

2 to 5 years \_\_\_\_\_ School Age \_\_\_\_\_

Hours of operation from: \_\_\_\_\_ to \_\_\_\_\_

Number of days per year open \_\_\_\_\_ Gross Annual Receipts \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

How many volunteers are used on a regular basis? \_\_\_\_\_

Do you check up on employee qualifications and references?  Yes  No

Do you do criminal background checks on employees and volunteers with the police department?  Yes  No

**NOTE: THIS POLICY MAY NOT RESPOND UNLESS ALL INDIVIDUALS WORKING WITH THE CHILDREN HAVE HAD A POLICE BACKGROUND CHECK.**

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## Do you provide any of the following?

- Transportation Morning and/or Evening  Yes  No  
Meals on Premises  Yes  No  
Cooking on Premises  Yes  No  
Dietitian  Yes  No  
Does a Nurse Visit the Centre  Yes  No

## Outside Area - do you have any of the following?

- Playground  Yes  No  
Fence and Locked Gate  Yes  No  
Swimming Pool  Yes  No  
Activities off Premises  Yes  No

## Transportation for Activities off Premises:

- Do volunteers transport children?  Yes  No  
If so, do you check for valid license and insurance in place?  Yes  No  
Do Employees transport Children?  Yes  No  
If so, do you check for valid license and insurance in place?  Yes  No

## Do you have written policies and procedures in place to address the following?

- Fire Drills  Yes  No  
Inclement Weather  Yes  No  
Field Trips  Yes  No  
Crisis Management  Yes  No  
Sexual Molestation  Yes  No  
Maintenance of Buildings and Grounds  Yes  No  
Maintenance of Playground Equipment  Yes  No  
Sickness & Communicable Diseases  Yes  No  
Transportation in Private Vehicles  Yes  No  
Medical Treatment of Children  Yes  No  
Emergency Measures  Yes  No  
Evacuation Plans  Yes  No  
Handling of Harmful Items such as Paints, Cleaning Materials, Medicine  Yes  No

Are toys segregated by age group?  
(i.e. Are certain toys kept out of reach of children under two years)  Yes  No

If a child has any allergies or other medical problems, does the Centre obtain written instructions from parents?  Yes  No

If yes, does the Centre keep a written record of medication, time administered and by whom?  Yes  No  
*If yes, attach a copy of your standard report form.*

Do employees receive first aid training?  Yes  No

Are emergency phone numbers (e.g. ambulance, poison control) posted beside the telephone?  Yes  No

Are written reports kept of all incidents involving children?  Yes  No

What are the rules for delivery and pick-up of children, especially when the parents are delayed or otherwise unable to pick up the child?

## BUILDING AND CONTENTS

Do you own your Centre's building?  Yes  No  
If not, are you contracted to insure the building  Yes  No

If yes, the building value to be insured \$ \_\_\_\_\_

Content value to be insured \$ \_\_\_\_\_

Shed value to be insured \$ \_\_\_\_\_

***Please see attached schedule & confirm your locations insured, address, Building & Content Values to be insured:***

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## BOND & CRIME

**\*\*If changes to your current limits are required please contact RMA Insurance**

Number of Employees \_\_\_\_\_

Employee means any person in the insured's service who is compensated directly by salary, wages or commissions and whom the insured has the right to direct and control while performing services for the insured. Employee is **NOT** a Director or Trustee except while performing acts within the scope of the usual duties of any employee.

1. Do you require dual cheque signing as part of your cheque issuing process?  Yes  No

2). Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority?  Yes  No

3. Do you perform an annual independent financial audit for your organization?  Yes  No

**\*\*PLEASE NOTE THAT IF YOU ANSWER NO TO ANY TWO OF THE ABOVE THREE QUESTIONS, EMPLOYEE DISHONESTY COVERAGE LIMIT WILL BE REDUCED TO \$5,000 EFFECTIVE YOUR RENEWAL DATE.**

Signature & Title of Authorized Representative completing the crime section of this application.

\_\_\_\_\_

Completed by \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_