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KINDERGARTEN RENEWAL APPLICATION

INSTRUCTIONS:

- 1. Please answer all questions we cannot process incomplete forms.
- 2. Sign and date the completed form.

GENERAL, CONTACT, & MUNICIPAL QUESTIONS

ORGANIZATION NAME:		
MAILING ADDRESS:	POSTAL CODE:	
CONTACT:	PHONE #:	
POSITION:	EMAIL:	
ORGANIZATION INFORMATION		
GENERAL		
 Organization type: Kindergarten Playschool After school Daycare Is the centre licensed under the Day Nurseries Act? Yes No Please provide a copy of your license. # of children at any time: Westing 	 4. Age group: 5. What is the average number of children per employee? 0 to 2 years: Kindergarten Age: 2 to 5 years: School Age: 6. Are you a registered not-for-profit? Yes No 	
OPERATIONS & BACKGROUND CHECKS		
 Have there been any changes in operations? Yes No If yes, please provide details:	 6. How many volunteers are used on a regular basis? Yes No 7. Do you check employee qualifications and references? Yes No 	
 Hours of operations: to # of days per year open Annual Revenue: \$ How many employees do you have? 	 Do you require criminal background checks on employees and volunteers from the police department? Yes No NOTE: This policy MAY NOT RESPOND unless ALL individuals working with the children have had a police background check. 	

MORE DETAILS

Do you provide any of the following?		
Transportation in the 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 followin Playground	<mark>g?</mark> 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 'yes', do you require valid drivers licenses and insurance in place?	Yes No	
Do employees transport children?	🗌 Yes 🗌 No	
If 'yes', do you require valid drivers licenses 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	
Crises management	🗌 Yes 🗌 No	
Sexual molestation	🗌 Yes 🗌 No	
Maintenance of buildings and grounds	🗌 Yes 🗌 No	
Maintenance of playground equipment	🗌 Yes 🗌 No	
Sickness and communicable diseases	🗌 Yes 🗌 No	
Transportation in private vehicles	🗌 Yes 🗌 No	
Medical treatment of children	🗌 Yes 🗌 No	
Emergency measures	🗌 Yes 🗌 No	

Do you have written policies and procedures in place to address the following? (cont'd)

Evacuation plans	🗀 Yes 🗔 No
Handling of harmful items (Paints, Cleaning Materials, Medicine)	Yes No
Are toys segregated by age group? (i.e. Are certain toys kept out of reach of children under 2 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

Please attach a copy of your standard report form.

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

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

DATE

POSITION / TITLE