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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 INFORMATION

ORGANIZATION NAME:

MEMBER NO.:

MAILING ADDRESS:

CITY/TOWN:

POSTAL CODE:

LONGITUDE:

LATITUDE:

CONTACT PERSON:

PHONE NO:

POSITION:

EMAIL:

ORGANIZATION INFORMATION

GENERAL

1. Organization type:
☐ Kindergarten ☐ Playschool ☐ After school ☐ Daycare
2. Is the centre licensed under the Day Nurseries Act?
☐ Yes ☐ No
Please provide a copy of your license.
3. No. of children at any time: _____
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: _____

OPERATIONS & BACKGROUND CHECKS

1. Have there been any changes in operations? ☐ Yes ☐ No
If yes, please provide details:

2. Hours of operations: _____ to _____
3. # of days per year open _____
4. Annual Revenue: \$ _____
5. Annual Payroll? _____
6. Number of Contract Employees: _____
7. How many volunteers are used on a regular basis?
☐ Yes ☐ No
8. Do you check employee/volunteer qualifications and references?
☐ Yes ☐ No
9. 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.

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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 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 '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 and abuse ☐ 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

POSITION / TITLE

DATE