



*2009 2010 Preschool  
Registration, Consents and Agreements*

<b>Child Info</b>	Last Name		First Name		[ ] Male
	Birthdate: Mon date yr				[ ] Female

<b>Medical Information</b>  ALL information in this section is <b>MANDATORY</b>  If it does not apply to you mark it with N/A.	Care Card Number				
	Family Doctor		Phone		
	Allergies, Special Diets				
	Medications required: (Please supply details; i.e Asthma, puffer used as required, bee stings use epi pen if stung, etc.)				

**IN THE CASE OF AN EMERGENCY, (these people should also be an authorized adult who can pick your child up at any time), please list who should be contacted, and in which order and their phone number. Please take into consideration who would be easiest to contact and who would be able to come to the Centre the quickest.**

First and Last Name	Relationship to your child	Phone Number
Example: John Brown @ work	Example: Dad	Example: 250-999-9911

**MEDICAL PERMISSION**

- Authorize the staff of View Royal Out of School Care Society, to, in an emergency, call an ambulance and to allow medical personnel to provide treatment to my child. In the event that my child must be admitted to hospital before I am located, I authorize the admission to hospital and all necessary treatment as determined by a physician.
- Authorize the staff of View Royal Out of School Care Society, in the event of illness or minor injury, to transport my child to a clinic or hospital and seek treatment for my child, or, when I cannot be contacted, to release my child to the emergency contact person so that person may make arrangements for the child's medical care.
- Agree to have a Staff member of View Royal Out of School Care Society administer medications provided that we supply them with the appropriate medical forms duly signed and authorized.
- I will be responsible for all medical care costs including the cost of ambulance transportation.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent Signature



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<b>Child Info</b>	Last Name		First Name	
	Birthdate: Mth date yr		[ ] Male	[ ] Female

<b>Medical Information</b>  <b>ALL of this information in this section is MANDATORY</b>  <b>If it does not apply to you mark it with N/A.</b>  <b>If all sections are not completed with comments or N/A your form will be returned and you could lose your space.</b>	Family Dentist		Phone	
	Does your child have and/or had any known health problems or illnesses? (please list details or print n/a, whichever is appropriate)			
	Behavioural concerns (ie. ADHD/ADD) (please list details or print n/a, whichever is appropriate)			
	Has your child ever been involved with Support staff in the school or previous daycares, preschool or out of school care? [ ] Yes [ ] No			

**Immunization Records**

Please complete the attached chart, if you have a copy of your child's Health Passport, please attach that document and write see attached on the chart below.

<b>Immunization Records</b>  (or a copy of your child's health records from VIHA)		1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	12 months	18 months	5 – 6 years
	Diphtheria						
	Pertussis						
	Tetanus						
	Poliomyelitis						
	HIB						
	Measles						
	Mumps						
	Rubella						
	Meningitis						
	Hepatitis B						



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<b>Mother's Information</b> and (Husband, Partner Common-law, etc info)	Last Name		First Name	
	Address			
	City		Postal Code	
	Home Phone		Cell Phone	
	Work Phone		Other	
	Employer		Position	
	Email: (to be used for statements & newsletters)			
	Husband/Partner/Common-law <b>Last Name</b>		Husband/Partner/Common-law <b>First Name</b>	
	Work Phone		Cell Phone	

<b>Father's Information</b> and (Wife, Partner Common-law, etc. info)	Last Name		First Name	
	Address:			
	City		Postal Code	
	Home Phone		Cell Phone	
	Work Phone		Other	
	Employer		Position	
	Email: (to be used for statements & newsletters)			
	Wife/Partner/Common-law <b>Last Name</b>		Wife/Partner/Common-law <b>First Name</b>	
	Work Phone		Cell Phone	

<b>Custody Information</b> (if applicable)	<b>If divorced or separated, please complete the following information</b>			
	Child's primary address:			
	Custody	Mom [ <input type="checkbox"/> ]	Dad [ <input type="checkbox"/> ]	Joint [ <input type="checkbox"/> ]
	Is there currently a court order regarding the custody of your child?    Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ]			
	If YES, provide copies of Custody/Court Order.			



**Names of PARENTS and Other Adults Authorized to Pick Your Child Up from Our Centre**

Please understand that by placing a person on this list it authorizes them to pick up your child without prior notice to and or from you. (Authorized persons may be asked for identification prior to releasing your child in their care. Authorized persons must be 16 years or older. The Program reserves the right to turn down this request.

Please print, First and Last Names as shown on ID.

1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

At View Royal Out of School Care we promote a fun, safe, and positive environment, in which the children have the opportunity to play, grow and learn! In order to achieve this we require the help of the children and families of VROSC in respecting and following our center rules.

The following are our center rules and expectations:

**LOOK**

- Always be aware of your surroundings. Are you safe? Are those around you safe?

**LISTEN**

- Always be respectful. Listen to your friends, parents and leaders.

**BE KIND**

- Always practice kindness in your words and actions.

Tools such as **redirection, discussion and taking time away from the group** will be implemented to help the children be aware of the rules and expectations.

These rules and expectations will be talked over with the group as a whole and each child to ensure an understanding, each child will then be asked to sign an agreement that they will try their best to follow these rules. Please feel free to discuss these with your child prior to signing below.

\_\_\_\_\_  
Parent signature



**PERMISSIONS  
AND WAIVER**

I \_\_\_\_\_ **parent/guardian of** \_\_\_\_\_:

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- Authorize the staff of View Royal Out of School Care Society, in the event of illness or minor injury, to transport my child to a clinic or hospital and seek treatment for my child, or, when I cannot be contacted, to release my child to the emergency contact person so that person may make arrangements for the child's medical care.
- Agree to have a Staff member of View Royal Out of School Care Society administer medications provided that we supply them with the appropriate medical forms duly signed and authorized.
- I will be responsible for all medical care costs including the cost of ambulance transportation.

**PERMISSION FOR JOURNEYS**

- Consent to my child participating in the outings away from View Royal Out of School Care Society and to be transported using public transportation. I fully understand that every reasonable precaution and safety measure will be adhered to by the staff and volunteers.

**PERMISSION FOR PICTURES**

- Authorize staff at View Royal Out of School Care Society to take pictures of my child for the purposes of a birthday display, other displays within the Program facility, the Program's historical photo albums and/or our website. Photos of my child may also be used in other children's scrap booking projects.

**COLLECTION OF PERSONAL INFORMATION**

- Consent to the collection and use of my, and my child's personal information, to assist the staff of View Royal Out of School Care Society, and any medical personnel in providing care for my child. I understand that View Royal Out of School Care Society will not release my, or my child's personal information, unless I have given permission or it is required by law to release the information.
- Consent to disclose information to and from View Royal Elementary School whenever necessary. I understand that it may be important that the Staff of View Royal Out of School Care Society both share and receive information with the school from time to time

**LIABILITY WAIVER**

- Waive any liability to the sponsor or program if my child injures him/herself while participating in any activity, sport, or swim while registered in View Royal Out of School Care. I understand that children may sustain injuries when playing even while supervised.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Financial Arrangements

- I understand and agree to the method of fee payments, as indicated below:
  - Pre-Authorized Debit authorization, which authorizes the Society to automatically debit your account on the 1<sup>st</sup> of each month your monthly fee.

### OR

- Interac payment due and payable on the first business day of the month. I understand that I must supply one undated cheque for the amount of the monthly fees so that in the event that my fees are not paid on the first business day of the month, the cheque will be cashed on the next business day.
- I understand that if I am subsidized by any agency, it is my responsibility and not that of the staff of View Royal Out of School Care Society, to ensure that our Authorizations are forwarded to the Program prior the next billing period. If for any reason the Program has not received my Authorization on the first day of the month, I will be required to pay the monthly fees owing by the 3<sup>rd</sup> business day of the month. Upon receipt of the funds from the Agency supplying the subsidy, View Royal Out of School Care Society will reimburse me any credit that we may have on my/our account at that time. I am also aware that we may have to pay a Parent portion, as the Agency supplying the subsidy may only subsidize me for a certain amount. (Please speak with Management for more information.)
- Failure to supply the monthly fee, as indicated above, is subject to fines as indicated in the Parent Policy handbook.
- I understand, and agree, to the procedure of fee payments, refunds and penalty payments as set out in the Parent Policy handbook.
- Upon registration, I will submit an annual \$50.00 per family non-refundable registration fee.
- I will be invoiced monthly and all fees for each month are due by the first of the month. Drop-in fees are due on the day of attendance.
- Days not used due to vacation or illness will not be refunded or carried forward to the next month.
- If I am late picking up my child, after 12:00 noon, a late fee of \$15.00 per quarter hour (or portion thereof), per child, will be levied.

### Notices and Information

- I will give 30 days written notice, due by the first of the month, if I plan to withdraw my child from the Program or plan to change registration status. If I fail to provide 30 days written notice I am responsible for the following month's fee.
- I will notify staff in writing if someone, other than myself, will be picking up my child from the Program, otherwise my child will not be permitted to leave the Program with that person.
- I will contact the Program if my child will not be attending on a particular day, will be late or will be away for an extended period of time.



**PROGRAM  
CONTRACT**  
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- I will notify the Manager or Program Coordinator in writing of changes to addresses, work or home phone numbers, or emergency contact information. I will notify the either of the above noted of any special instructions regarding my child and any changes at home or school that may affect my child's behaviour
- I will ensure that copies of any court orders regarding the custody and visitation rights concerning my child are included with my child's registration form. Parents cannot be denied access unless such a document is on file at the program.

**Child's Participation**

- I will not bring my child if they are ill and/or unable to participate in the regular activities of the program.
- I will make alternate care arrangements for my child if they are unable to function appropriately in the Program.
- I understand that the Parent Board may discharge my child from the Program in accordance with the guidelines set out in the Parent Policy handbook.

**Manual**

- I have read and will follow the policies and procedures outlined in the Parent Policies handbook. .

I \_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_

have read, understand and agree to abide by the program policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_