

View Royal Out of School Care Society

Consents and Agreements for the 2010 / 2011 School Year

I _____ parent/guardian of _____:

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.

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 and/or staff/volunteer vehicles. 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.

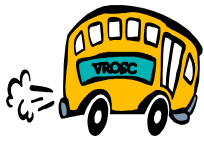
Signature: _____

Date: _____

Signature: _____

Date: _____

It takes a Community to raise a child



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Financial Arrangements

- I understand and agree to the method of fee payments, as indicated below:
 - One voided cheque along with the Pre-Authorized debit agreement. Payments will automatically be debited the 1st of each month.

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. September's payment must be made by the last business day of August, which will be announced once our Summer schedule has been confirmed. This information will also be available on our website.
- 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 prior to the first day of the month, I will be required to pay the monthly fees owing. Upon receipt of the funds from the Agency supplying the subsidy, View Royal Out of School Care Society will either credit my account which will be used for any parent portion of payments I am required to pay in the future or the credit can be reimbursed to me upon request.

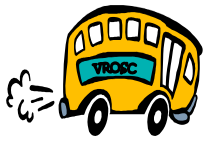
I am also aware I am responsible for paying any difference between the Ministry of Children and Family Development (Subsidy) claim rates and actual program fees.

- 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 a \$50.00 per family non-refundable registration fee.
- I will receive a monthly statement of account.
- 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, I will be billed for the applicable fines as noted in the Parent Policy handbook.

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.
- 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 them 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.

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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.

Parent Policy handbook

- I have read and will follow the policies and procedures outlined in the Parent Policies handbook. (which is available to view and/or download at www.viewroyalosc.com).

I _____ the legal parent/guardian of _____

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

Signature _____

Date _____

Signature _____

Date _____

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