



Child's Last Name		Child's First Name	
Birth Date (Month, Day, Year)		Grade as of September 2012	
Indicate which program(s) you wish to register your child in			
<input type="checkbox"/> Before School Care		<input type="checkbox"/> After School Care	
Payment Options			
<input type="checkbox"/> PAD (Pre Authorized Debit)		<input type="checkbox"/> Interac (Debit machine)	
Registration Information			
<ul style="list-style-type: none"> • Full time spaces only. • <u>ALL</u> documentation <u>MUST</u> be completed in full and signed by both parents. Incomplete forms will be returned to you and will not be accepted until completed. If you are not sure how to complete something, please speak to Catherine or Lee Ann to avoid a delay in your registration. • <u>All spaces are on a first come, first served basis.</u> • There is a \$50.00 (non refundable) administration fee which is due at the time of registration. <u>Payments</u> may be made by <u>Money Order or Interac.</u> (We <u>do not</u> accept <u>cash or personal cheques</u>) • Your registration is not complete UNLESS both the documents and administration fee are received upon registration. • Confirmation of Registration via email by March 30th, 2012 (ongoing until we are completely full.) 			

- Immunization records are required by all families. If your child attended our program between September 2011 and June 2012, we have your records on file and you only need to supply us with updated shot dates. All new children are required to attach their immunization records.
- PAD forms must be completed by everyone. We will not be able to use your forms from last year. Forms are located on the website.
- Out trip forms must be completed and signed. We will take a picture of your child and attach it to the form.
- We will not accept forms that say 'see other form' or 'nothing has changed'.

Contact Information (to be completed in full)	
Name of Contact	
Email	
Phone	

For Office use only		
Date	Time	Initial

View Royal Out of School Care Society
2012 2013 School Year



Child Info	Last Name		First Name	
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Child's Primary Address	
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Emergency Medical Contact Information	Care Card No.			
	Family Doctor		Phone	
	Family Dentist		Phone	

Mother's Information and (Husband, Partner Common-law, etc info)	Last Name		First Name	
	Home Phone		Cell Phone	
	Work Phone		Other	
	Employer		Position	
	Husband/Common-law Last Name		Husband/Common-law First Name	
	Work Phone		Cell Phone	

Father's Information and (Wife, Partner Common-law, etc. info)	Last Name		First Name	
	Home Phone		Cell Phone	
	Work Phone		Other	
	Employer		Position	
	Wife/Partner/Common-law Last Name		Wife/Partner/Common-law First Name	
	Work Phone		Cell Phone	

Custody Information (if applicable)	If divorced or separated, please complete the following information		
	Child's Primary Address:		
	Attach a copy of the Custody/Court Order <i>(this is a legal requirement in order for us to enforce conditions)</i>		

Child Access	Is there any person or persons that are <u>not permitted</u> access to your child? (If yes, please print their name below, supply a copy of the documentation and advise our Manager)		



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<p>Medical Information</p> <p>(all of this information is MANDATORY if it does not apply to your child please type in N/A)</p> <p>Incomplete documents will be returned.</p>	<input type="checkbox"/>	<p>Child is immunized (provide immunization records)</p>	Signature
	<input type="checkbox"/>	<p>Child is not immunized. I understand that should there be a suspected or real outbreak of any communicable disease, I have to remove my child from the Centre until Medical staff have agreed that it is safe for them to return</p>	Signature
	Does your child have and/or had any known health problems or illnesses?		
	Allergies, Special Diets (required for snack purposes):		
	Medications required. (Please supply details; ie Asthma, puffers, epi pens, along with instructions for use)		
	Behavioural concerns (ie. ADHD/ADD)		
	Has your child ever received individual support through Queen Alexandra's Hospital for Children (QA), or other medical professional in the school or previous daycares, preschool or out of school care?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does your child have a care plan? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a copy of the Care Plan.
	Signature		Date
<p>** Care Plans are a requirement of our facility being licensed. Care plans are drawn up to cater to each child's individual needs which could be of varying nature. (Allergies (food, medical), behavioural considerations, physical requirements, etc.) If you are unsure, please speak to the Program Coordinator or Manager for further clarification.</p>			



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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, rented buses and or vans 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



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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**
- Interact (Debit card), payments are due on or before the first business day of each month and may be made weekly, biweekly or monthly, as long as your monthly fees are paid prior to the first business day of the month. (Refer to the Parent Handbook for more information).

September's payment must be made on or before the first day of the new school year.

- 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 to the 20th of the month my authorization expires. 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 responsible for paying any difference between the Ministry of Children and Family Development (Subsidy) claim rates and the program fees.

- Failure to supply the monthly fee, as indicated above, is subject to fines as indicated in the Parent Policy handbook and possible loss of my space.
- 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 administration 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

- **30 days' written notice without exception for cancellation of space**, Notice is required on or before the first day of the month. If proper notice is not received, I am responsible for the following month's fee.
- I will notify staff in writing if someone, other than anyone not listed on my Authorized Pick Up list, 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, will be late or away for any one day or extended period of time. Failure to notify the Program will result in a fine being levied, refer to the Parent Handbook.
- 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.

Signature

Date

Signature

Date



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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. (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