

REGISTRATION FORM

*Campus View
out of School Club*



Date of Enrollment: _____

Date of Termination: _____

Please check the program your child will be enrolled in:

AM

PM

School Year _____

Age _____

Grade _____

Teacher _____

Name of Child _____

Given

Surname

Middle

Name Child Responds to _____

SEX

M

F

Birthdate _____

Parent Name _____

Home Phone _____

Address _____

Cell Phone _____

Postal Code _____

Work Phone _____

Employer _____

Email _____

Parent Name _____

Home Phone _____

Address _____

Cell Phone _____

Postal Code _____

Work Phone _____

Employer _____

Email _____

ARE THERE CUSTODY ORDERS? YES NO IF YES, ATTACH DOCUMENTATION

PERSONS (OTHER THAN PARENT/GUARDIAN) AUTHORIZED TO PICK UP CHILD FROM FACILITY

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

**Please note:if we do not know the pick-up person, they must show ID, and we must be informed by you in writing in advance, or we cannot release your child

PERSON(S) NOT PERMITTED ACCESS TO CHILD

NAME(S) _____

EMERGENCY CONTACT PERSON (person to call in the event of an emergency, or to care for your child if you cannot be reached)

Name _____ Relationship _____
Address _____ Phone _____

CARECARD NUMBER: _____ **DEPENDANT #** _____

FAMILY DOCTOR _____ **PHONE** _____

GENERAL HEALTH INFORMATION _____

DISABILITIES (LEARNING, PHYSICAL, BEHAVIORAL ETC) _____

ALLERGIES/SPECIAL DIET (for snack purposes it's extremely important that we know of any food allergies, as well as other allergies) _____

MEDICATION FOR ALLERGIES/OTHER (please note: a note from your child's doctor is required for program staff to administer prescription medications.) _____

STRONG LIKES/DISLIKES OR SPECIAL INFORMATION THAT WILL HELP STAFF IN WORKING WITH YOUR CHILD: _____

PERMISSION REGARDING MEDICAL CARE

AS PARENT/GUARDIAN OF _____

A. I agree to give medications that my child needs directly to a member of the staff, and to complete the medication information sheet provided.

B. I authorize staff to:

1. contact parents/guardians if my child becomes ill, or.
2. if parents/guardians cannot be reached, to make arrangements to send my child to the home of the emergency contact person.
3. where parents/guardians cannot be reached, in the case of emergency, to contact our family doctor, transport to hospital or medical clinic, as deemed necessary by staff.

Name _____ Signature _____ Date _____
Name _____ Signature _____ Date _____

The undersigned, as a parent(s)/guardians of _____ hereby give written consent for:

1. (Permission For Journeys)

...my child to participate in the trips away from the Out of School Care Program. I fully understand that every precaution and safety measure will be adhered to by the Out of School Care Program staff, and I waive any liability to the sponsor.

Signed _____ Date _____
Signed _____ Date _____

2. (Picture Permission)

...my child's picture to be taken for publicity or program purposes ONLY. (eg newspaper picture to accompany article, or picture for a board display)

Signed _____ Date _____
Signed _____ Date _____

3. (Bicycling Consent)

...my child to ride his/her bike to school and ride it home unless otherwise arranged by myself and the staff. I assume all responsibility for my child's welfare while he/she is riding to school and home. I will ensure that my child uses a helmet and that his/her bike is equipped with a light. I have discussed these arrangements with the staff of the Out of School Care Program.

Signed _____ Date _____
Signed _____ Date _____

4. In all cases where I do not pick up my child, I realize I am responsible for my child's welfare when he/she leaves the program.

Signed _____ Date _____
Signed _____ Date _____

5. I hereby waive any liability to the sponsor if my child injures him/herself in the gym, on the playground, playground equipment, or in the classrooms. I fully understand that every safety measure and precaution will be adhered to by the staff, however, I realize that children often receive injuries, even during supervised play.

Signed _____ Date _____
Signed _____ Date _____

6. I give permission to the Campus View Out of School Care Staff to use my email address to keep me informed about the program by receiving the newsletter, parent meeting information as well as other important information. Email addresses will be kept confidential.

Signed _____ Date _____
Signed _____ Date _____

Fee Agreement

I understand and agree that:

- A. I must give one month notice to withdraw my child from the program by filling out a withdrawal form. If one month's notice is not given, 100% of fees will not be reimbursed. This rule applies to our AM and PM program, Pro D Days, Winter & Spring Break and our Alakazam Summer Camp.
- B. Should my child be asked to leave the program, the parent(s)/guardian(s) will be reimbursed the balance owing them based on the termination date.
- C. Reimbursement does not apply should the child be absent due to flu, cold illness, etc., nor if my child is picked up early due to illness, appointments, etc.
- D. Reimbursement does not apply if I withdraw my child without sufficient notice for the staff to find a replacement for my child's place.
- E. Full payment is due on the first of every month. If fees are late, there will be a charge of \$5.00 per day.
- F. Upon registration only, I must submit the sum of \$35.00 to hold my child's place in the program, with the balance of the regular monthly fee due on the first day of the month.
- G. If I am late (after 6:00 PM) picking up my child, a late fee of \$10.00 per quarter hour (or portion there of) per child is due and payable to the staff in attendance when I arrive. The only exceptions will be those made by special arrangement with the supervisor.
- H. There is an additional charge for each full day (ie discretionary days, holidays, etc) that my child is in attendance. Please refer to point A regarding withdrawal of these days.

I, the undersigned, agree to abide by the rules laid out above:

Signed _____ Date _____

Signed _____ Date _____

Notification of Absence Agreement

I agree to contact the Out of School Care program no later than 2:00 PM on after school care days and no later than 9:00 AM on full care in the event that:

- A. My child will not attend that day
- B. My child will be away for an extensive period of time (holidays)
- C. My child will be picked up by an authorized person, other than myself
- D. I need to notify the supervisor and staff of any changes, other information, special instructions regarding my child.

Signed _____ Date _____

Signed _____ Date _____

Parent/Guardian Agreement

- 1 Parents/Guardians are expected to make alternate arrangements for their child if he/she demonstrates and inability to function in the program. Each child is accepted on a one month probationary period.
- 2 Children will not be permitted to leave the centre by taxi or with anyone who is not named as the responsible alternate person, unless other instructions are received in writing from the parent/guardian prior to the event.
- 3 Parents/Guardians are expected to advise the program if they change residence, place of employment or phone number(s).
- 4 Parents/Guardians are expected to notify staff if there are any changes at home or school which may affect the child's behaviour.
- 5 Parents/Guardians are asked not to send candy, gum etc for the child to eat during the program. A nutritious snack will be provided in the afternoon. On discretionary days and holidays, the child must bring their own lunch and morning snack.
- 6 The Out of School program is not responsible for lost or stolen articles, broken toys or games brought from home. We ask that children do not bring their toys from home expect on special days.
- 7 Parents/Guardians are welcome to participate in the program from time to time but please discuss your involvement with the Supervisor. Socializing with the staff must be kept to a minimum to ensure the children are getting the attention needed. Parents will also need to fill out and provide a copy of a criminal record check when wanting to volunteer with our program.
- 8 Parents/Guardians are required to complete a registration and medical form as well as all permission forms before the child attends the program. These forms must be dated and signed.
- 9 Parents/Guardians are responsible for providing weather and activity appropriate clothing that is clearly marked with the child's name.
- 10 When a court order exists regarding visiting rights of the non-custodial parent, the information is recorded on the child's registration form and the non-custodial parent may only pick up the child from the centre according to the legal agreement.
- 11 I understand and agree to the late fees laid out in the the fee agreement section.
- 12 I understand and agree to notify staff or supervisor of my child's absence from the program as laid in the Notification of Absence Agreement section on page four of the registration form.

I, the undersigned, have read and agree to abide by the parent/guardian agreement above:

Signed _____

Date _____

Signed _____

Date _____

Immunization Record

It is mandatory, according to licensing policies enforced by the Vancouver Island Health Authority that an up to date record of immunization or a copy of your child's health passport is attached to this registration form before your child can attend the program.

I, the undersigned, have read and agree to attach an up to date record of my child's immunization records.

Signed _____ Date _____

Signed _____ Date _____

Parent Agreement re: Subsidies

**Please be advised that authorization for Ministry of Social Services subsidies can take from 6-8 weeks to process.

- 1 Parent/Guardians are responsible for all fees as per the FEE AGREEMENT, until the subsidy authorization form from the Ministry of Social Services has been received by our program.
- 2 Any parent portion of your child's fees will be due by the first of every month. Payment by post dated cheques is recommended. Late fees will apply, please refer to the Fee Agreement Section.
- 3 Parents/Guardians are responsible for renewing subsidy authorization before it expires. If a subsidy renewal is not received when the authorization expires, payment will be expected until such time as the new authorization is received. Parents/Guardians will receive reimbursement if the new authorization is back dated.
- 4 Parents/Guardians are responsible for any differences between the Ministry of Services claim rates and actual program fees.
- 5 Expiration of subsidy does not constitute notification of withdrawal from the Campus View Out of School Club program.

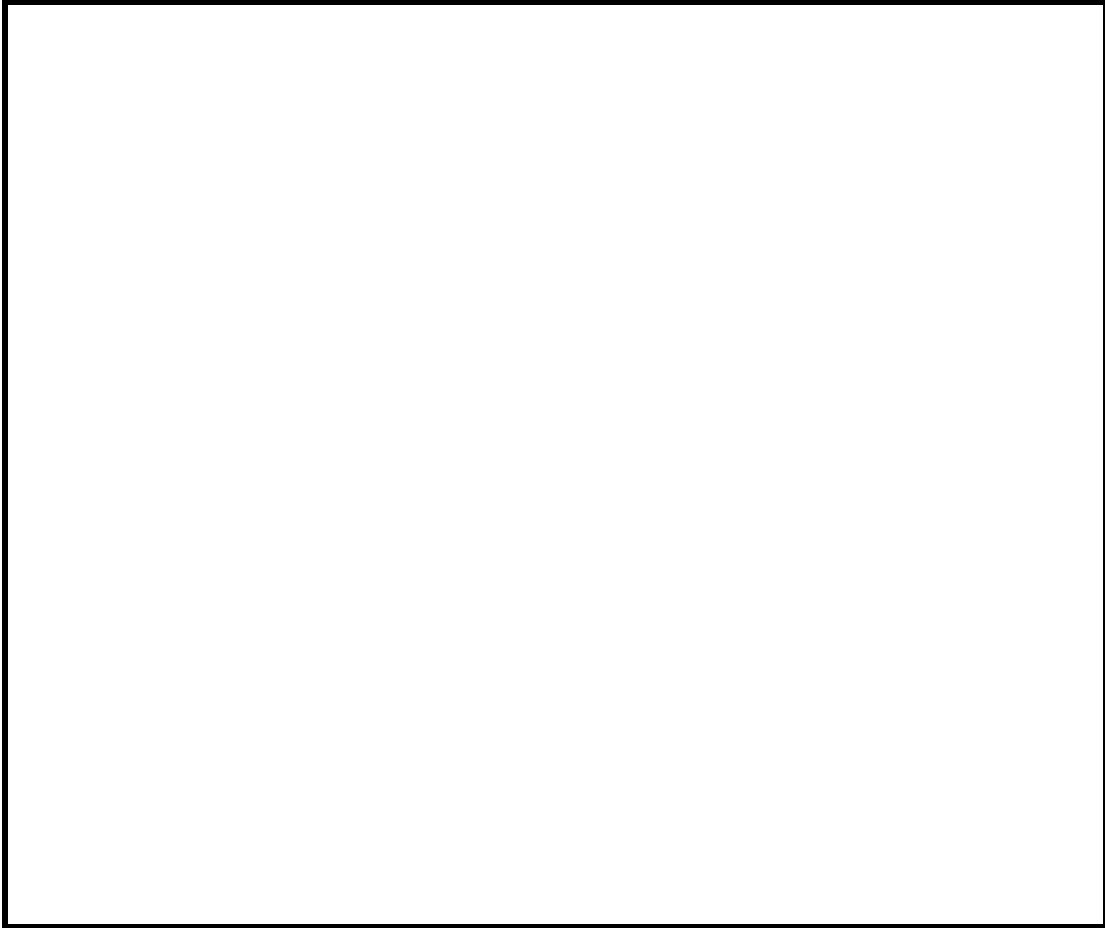
I, the undersigned, have read and agree to abide by the parent/guardian agreement above:

Signed _____ Date _____

Signed _____ Date _____

PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD

Photo no smaller than 3 1/2" by 5" and please make sure it is a clear photo of your child's face



CVOSC EMERGENCY INFO CARD

Name _____ Allergies _____
Birthdate _____

Medication _____

Parents/Guardians

Name _____ Work Phone _____
Relationship _____ Home Phone _____ Care Card Number _____
Cell Phone _____

Name _____ Work Phone _____ Authorized persons to pick up child
Relationship _____ Home Phone _____
Cell Phone _____

Emergency Contact

Name _____ Work Phone _____
Relationship _____ Home Phone _____ Cell Phone _____

Where parents/guardians cannot be reached, in the case of emergency, we give permission for staff to contact our family doctor, travel to a hospital or medical clinic by ambulance, as deemed necessary by staff.

Signed _____ Signed _____