SACRED HEART'S AFTER-SCHOOL CARE PROGRAM REGISTRATION APPLICATION FORM

Date: _____
yyyy/mm/dd

Child's last name: _____

Child's first name: _____

Child's birthdate: _____ **Gender: M F**
yyyy/mm/dd

Parents or Guardians: _____

Mailing address: _____

Physical address: _____

Email: _____

Home phone: _____ **Cell phone:** _____

Centre Goals and Objectives:

Sacred Heart's After–School Care Program (ASC) provides out–of–school care for children after school. We offer a safe, stimulating environment for each child to develop physically, socially, intellectually, and emotionally. We work with parents to try to ensure consistency between environments for their child(ren) and to keep open and effective communication between the centre and parents.

Hours of Operation and Fees:

The school requires a deposit of $150 upon acceptance of placement. Hours:

Monday to Friday 2:20pm to 5:20pm

Monthly rates:

Fee: $360 per month

Family Rate: each additional sibling after the first child will be charged a rate of $310 per month

There will be a $10.00 charge for every 10 minutes late for anyone arriving after 5:20 pm to pick up their child.

My child _____ will be attending After-School Care

on: (circle the days your child will attend)

Monday, Tuesday, Wednesday, Thursday, Friday from _____(times).

Persons authorized to pick up my child:

Name: _____ Relationship to child: _____

Home/Cell #: _____ Work #: _____

Name: _____ Relationship to child: _____

Home/Cell #: _____ Work #: _____

Name: _____ Relationship to child: _____

Home/Cell #: _____ Work #: _____

The Child Care legislation states, " A licensee must keep, for each child, a record showing the following information: (j) a record of any person who is not permitted access to the child". Please attach any documentation or record any relevant information here:

_____

_____

_____

_____

Immunization Record:
Child Care legislation states a licensee must keep a record showing a child's immunization status. Please indicate below, the immunization status of your child. If the status changes, parents must notify the care facility.

_____My child's immunization status is up to date following the province of BC's recommended immunization schedule.

_____My child has some immunizations according to the province of BC's recommended immunization schedule. Last immunizations were received _____(date)

_____My child is not immunized according to the province of BC's recommended immunization schedule.

Does you child have special needs or is there any other information we need that would help us in caring for your child? _____

_____

_____

ASC EMERGENCY CONSENT FORM

It is our policy to notify a parent when a child is ill or needs immediate medical attention. In an Emergency, we may not be able to contact parents. Our procedure, in an Emergency is to call an Ambulance immediately. Please sign the consent below so that we can take appropriate action on behalf of your child. This will accompany your child in an emergency.

I hereby give consent for my child _____ when ill / injured to be taken to the hospital when I cannot be contacted.

I hereby give consent for my child _____ to receive medical treatment.

_____ _____

signature of parent / guardian (date)

_____ _____

name of witness (print please) signature of witness

EMERGENCY CONSENT CARD Lives with: Mother Father Both

Please circle one.

Child's Name: _____

surname first name(s)

Birth date: _____ Gender: M F

year/month/day

Physical & Mailing address: _____

Mother's name: _____ **Cell/Home phone:** _____

Work place: _____ Work phone: _____

Father's name: _____ **Cell/Home phone:** _____

Work place: _____ Work phone: _____

Emergency contact: _____ Phone: _____

Alternate contact: _____ Phone: _____

Child's doctor: _____ Phone: _____

Date of Tetanus immunization:_____ Allergies/Medications: _____

Child's dentist: _____ Phone: _____

Personal Health Number (PHN): _____ Date effective: _____

Any custody issue we need to be aware of? _____

Payment:

• Fees are due and payable on the last day of each month. Your monthly fees can be paid by PreAuthorized Payment Plan (PAPP), VISA, MasterCard, and American Express or directly from your bank account. Pre-authorized payment forms may be obtained from the school office. Please be sure to include your child's full name with your payment. Failure to pay the full childcare fee can result in termination of your childcare space.

• If your child is absent due to sickness, vacation or for other personal reasons, it is necessary to pay the full fee to maintain your child's space.

• Monthly fees for school age programs cover the ten-month school year.

• If part of your childcare fee is paid through Ministry for Children and Family Development (MCFD) Child Care Subsidy, you are responsible to apply for and keep current your child care subsidy and understand that you are responsible for the full child care fee if you fail to renew your subsidy or your subsidy is cancelled.

Absent Child:

We ask that parents still call the school office (250-563-5201) if your scheduled child(ren) will not be coming to ASC as this is a safety measure to ensure all children are accounted for.

ASC will be closed for:

- All Statutory Holidays
- School Christmas Break
- Spring Break
- Summer Holidays - July and August
- Professional Development or Non-Instructional Days

Adjustment Period:

The ASC has an adjustment period for new children and families entering the programme. A two-week orientation time is available for those children. This will provide the parents and staff with assurance that the ASC can meet the care needs of the individual child and family.

If, within the two-week period the ASC does not fulfil the family's expectations, the parents are able to remove their child without two weeks' written notice. The parents will be responsible only for the days attended in the two weeks adjustment period.

Parent Responsibilities:

- Pick-up of your child no later than 5:20pm.
- A $10.00 fee for every 10 minutes for late pick-up will apply after 5:20pm.
- If there is an emergency and you will be later that 5:20pm you must notify ASC as soon as possible.
- When your child is ill he/she should be kept home.
- If for any reason your child will not be attending the program because of an illness, please notify the school immediately by telephone, so we know your child is accounted for.
- If there are any health problems the ASC staff should be aware of, please provide details for staff to provide quality care to your child.
- Medication authorization forms, must be completed for any ongoing and temporary administration of medication to your child.

- Please provide an Immunization Record of your child from a Physician or from the local Health Unit for the Centre's records.
- Please keep all contact information, especially Emergency contact updated with the school office.
- An extra set of clothes and footwear should be sent to the ASC. Also, please send your child in appropriate clothing for the weather and seasons.
- If you are permanently removing your child from the ASC, please notify the school Office.

Centre Responsibilities:

- Ensure the facility will comply with all requirements of the Community Care Facility Act and Child Care Licensing Regulations.
- Maintain health and safety regulations.
- Ensure that the physical structure and play areas are safe for children.
- Notify parents of any health and/or social problems or concerns for their child.
- Participate, within reason, with health officials in their child's health program, including vision, speech, hearing, and general health screening; upon parents' request or permission.
- Advise parents of any medical emergencies, reactions to medication, sudden illness or accident.
- Not send children home with anyone other than pre-authorized persons as indicated on the registration forms.
- Your child will have the opportunity to participate in indoor and outdoor experiences.

My signature indicates that I understand the After-School Program's policies and obligations, and agree to abide by them. Failure to do so may mean the removal of my child from the Centre.

Parent/Guardian (print name)	Signature
After-School Program Supervisor	Signature
Date (yyyy/mm/dd)	