

OAKLANDS COMMUNITY ASSOCIATION
Out of School Care
Registration Forms
September 2011-June 2012

Child Information

Surname First Middle

Address: _____
Street Postal Code

Phone# _____

Sex: M or F Date of Birth: / / Date of Enrollment: / /
Y M D Y M D

Child's First Language: _____ Second Language: _____

Parent /Guardian Information

Name: _____

Address: _____ Phone #: _____

Place of Work: _____ Phone #: _____

Email Address: _____

Name: _____

Address: _____ Phone #: _____

Place of Work: _____ Phone #: _____

Email Address: _____

MEDICAL INFORMATION

Family Doctor: _____ Phone #: _____

Personal Health #: _____

Family Dentist: _____ Phone #: _____

ALTERNATE PERSON TO CALL FOR PICK UP IN CASE OF EMERGENCY

Name/relationship_____ Phone #:_____

Name/relationship_____ Phone #:_____

PERSONS (OTHER THAN PARENT) AUTHORIZED TO PICK CHILD UP

Name:_____ Phone #:_____

Name:_____ Phone #:_____

Name:_____ Phone #:_____

PERSONS NOT PERMITTED ACCESS TO CHILD

Name:_____ Phone:_____

Name:_____ Phone:_____

OTHER CHILDREN LIVING AT HOME

Name:_____ Age:_____

Name:_____ Age:_____

Has your child had previous experience away from home?
(Day care, preschool, Sunday school Etc.) _____ Yes _____ No

If so Where?_____

Were there any special problems?_____

_____.

If your child has any health problems indicate what they are:

SPECIAL COMMENTS OR INSTRUCTIONS FOR CARE GIVER (check all that apply)

- On special medication Allergies Vision or hearing problems
 Food dislikes Special eating habits other (please specify)
 Special diet (for reasons of health, religion, ethnicity)

Give comments regarding those items checked _____

Has your child been through any life changes that may affect his/her behaviour here at the Community Centre?

BASIC IMMUNIZATION SCHEDULE

	1 st visit@ 2 mo.	2 nd visit @4 mo.	3 rd visit@ 6 mo.	4 th visit @ 12 mo.	5 th visit @ 18 mo.	5-6 yrs.	Grade 6	Grade 9
Enter Date given								
Diphtheria	*	*	*		*	*		*
Pertussis	*	*	*		*	*		
Tetanus	*	*	*		*	*		*
Poliomyelitis	*	*	*		*	*		
Hib	*	*	*		*			
Measles				*	*			
Mumps				*	*			
Rubella				*	*			
Hepatitis B							***	

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I can not be immediately reached.

Parent signature _____

Date _____

Information supplied on this form is for the custody and control of the care facility. Collecting such information is required by the Child Care Licensing Regulations.

OUT TRIP PERMISSION

I, _____ give permission to the staff of the Oaklands Community Association's Out of School Care Program, to take my child _____ on out trips or field trips that would require him or her to be away from the Oaklands Community Centre.

(Parent/Guardian Signature)

(Date)

SWIMMING PERMISSION

_____ has my permission to swim in lifeguarded pools and lakes, and is a :

____ Strong swimmer (deep water no problem/deep pool)

____ Capable swimmer (up to shoulder/shallow end on big pool)

____ Weak swimmer (waist deep/shallow end of big pool)

____ Non-swimmer (shallow water/small pool only)

(Parent/Guardian Signature)

(Date)

PHOTO PERMISSION

I _____, give the Oaklands Out of School Care staff permission to take photos of my child, _____. It is my understanding that these pictures will only be used in the centre to represent the Out of School Care Program.

(Parent/Guardian Signature)

(Date)

Policy On The Release of a Child

In reference to Section 16.1 of the Child Care Licensing Regulation.

Late Pick Up:

If the parent or guardian has not picked up the child by 6:000pm, the care provider will try to contact the family and then the alternate person authorized to pick up the child. If that person is unavailable and the parent or guardian has not contacted the care provider by 6:30pm, the care provider is required to notify the Ministry of Children and Families. A late fee of \$1.00/minute will be charged for every minute after the outlined pick up time. If late pick up is a continuous problem then notice of termination of service may be given.

Unauthorized Pick Up:

The parent/guardian is required to notify the care provider in writing if someone else is picking up the child. If the person picking up the child is unknown to the caregiver a physical description should be given. If an unauthorized person arrives to pick up the child, the child will remain under the supervision of the care provider. The care provider will explain to the individual the pick up policy that anyone not listed on the registration form needs to have written authorization from the parent prior to pick up. The safety of the child is our main concern. If the situation escalates, the police will be contacted as a last resort.

Alleged Impaired Pick Up:

It is the care provider's responsibility, without putting themselves at risk, not to release a child to an authorized person who is unable to adequately care for a child. If the care provider believes that a child will be at risk, the care provider can try to contact the alternate persons for pick up as cited in the registration package. The care provider could also call a cab to pick the child and guardian up. If the person is driving a vehicle, it is the care provider's duty to remind the parent that it is illegal to drive under the influence of drugs or alcohol. The care provider is obligated to ensure the safety and well being of the child. If the presumed impaired individual chooses to get in the car with or without the child, the care provider will immediately notify the police and provide a description of the car and the direction the individual was heading. If the care provider believes that the child is in need of protection, the care provider will call the Ministry for Children and Families.

Custody and Related Court Orders:

If a custody or court order exists, a copy of the order needs to be placed in the child's files. The guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling parent. If the non-enrolling parent is not listed on the authorized pick up list, the policy on unauthorized persons will be implemented. The guardian will provide the information on persons authorized to pick up the child.

I have read and understood the above policy,

Parent/ Guardian Signature

Date

Attendance Policy

As the Parent/Guardian of: _____

I agree that if my child is going to absent from the Out of School Care program for **any reason**, I will call the Centre at 250-370-9101 no later than **3:00 pm**. If I fail to advise the Centre of an absence by that time, I recognize that I will be fined \$25.00 for each occurrence.

Please keep in mind that if you call the School's safe arrival system you are still required to call our Centre directly. We are NOT part of the School's safe arrival system.

I have read and agree to the above policy and conditions.

Signature

Date

PARENTAL AGREEMENT

Thank you for enrolling your child in the Oaklands Out of School Care program. The OSC program runs from September to June on a monthly basis. Pro D Days and school holiday breaks are not included in your monthly fees and are registered for separately. Your child's enrollment is confirmed for this period, if the following policies are adhered to:

1. Fees are due the first program day of each month. Post dated cheques, dated for the beginning of the month will be accepted. Failure to comply may result in your child being withdrawn from the program.
2. For parents who receive daycare subsidy, it is your responsibility to ensure that your authorization is current and correct. Please note the date of your expiry and make your appointment to renew well in advance. Should you not renew you will be responsible for the complete payment of fees.
3. Our withdrawal policy is as follows: You are required to provide notice in writing to the OSC program by the last day of the month, one calendar month prior to leaving. (e.g. March 31st for May 1st departure) . Insufficient notice will result in the current month's fees being charged.

I have read and agree to the above policies and conditions

Signature

Date