

# STRAWBERRY VALE OSC REGISTRATION FORM

GRADE		SCHOOL YEAR		AM, PM OR AM & PM	
CHILD INFORMATION					
GIVEN NAME			SURNAME		
MIDDLE NAME			NAME CHILD RESPONDS TO		
BIRTH DATE (YYYY/MM/DD)			GENDER		
ADDRESS AND POSTAL CODE					
FIRST DATE OF ATTENDANCE	September 1, 20		END DATE	June 30, 20	

PARENT / GUARDIAN INFORMATION					
NAME			RELATIONSHIP		
HOME ADDRESS					
PLACE OF EMPLOYMENT			HOURS OF WORK		
EMAIL ADDRESS					
TELEPHONE NUMBERS	HOME		WORK		MOBILE
NAME			RELATIONSHIP		
HOME ADDRESS					
PLACE OF EMPLOYMENT			HOURS OF WORK		
EMAIL ADDRESS					
TELEPHONE NUMBERS	HOME		WORK		MOBILE

ALTERNATE PERSON TO CALL / PICK UP CHILD IN CASE OF EMERGENCY		
NAME	RELATIONSHIP	TELEPHONE NUMBER
1.		
2.		
3.		

PERSONS AUTHORIZED TO PICK UP CHILD FROM FACILITY (OTHER THAN PARENT / GUARDIAN AND EMERGENCY CONTACTS)		
NAME	RELATIONSHIP	TELEPHONE NUMBER
1.		
2.		
3.		

### PERSONS NOT PERMITTED ACCESS TO CHILD

NAME	RELATIONSHIP	TELEPHONE NUMBER
1.		
2.		
Are there custody orders? If yes, attach documentation		

### NAMES OF OTHER CHILDREN LIVING AT HOME

NAME	AGE

### HAS CHILD HAS PREVIOUS EXPERIENCE AWAY FROM HOME?

(DAYCARE, PRESCHOOL, ETC)

Yes or No	
If yes, where and dates of attendance.	

### DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS?

Yes or No	
If no, please explain.	

### HEALTH / NUTRITION

CARE CARD NUMBER			
FAMILY DOCTOR		TELEPHONE NUMBER	
DENTIST		TELEPHONE NUMBER	
DOES YOUR CHILD HAVE ANY KNOWN HEALTH PROBLEMS / MEDICAL DISABILITIES? IF YES, PLEASE EXPLAIN			
LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:			
HAS CHILD HAD ANY RECENT ILLNESS? IF YES, PLEASE EXPLAIN			
ANY ALLERGIES? IF YES, LIST AND EXPLAIN SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION			
WHAT IS THE CHILD'S EATING HABITS?			
STRONG FOOD DISLIKES?			

## RECORD OF IMMUNIZATIONS

### BASIC SCHEDULE AND RECORD OF IMMUNIZATIONS SUBMITTED BY PARENT OR GUARDIAN.

PLEASE ATTACH IMMUNIZATION RECORD OR RECORD THE DATES BELOW.

1 <sup>ST</sup> VISIT – 2 MONTHS OF AGE: DATE (YY/MM/DD)	2 <sup>ND</sup> VISIT – 2 MONTHS AFTER 1 <sup>ST</sup> VISIT: DATE (YY/MM/DD)	3 <sup>RD</sup> VISIT – 2 MONTHS AFTER 2 <sup>ND</sup> VISIT: DATE (YY/MM/DD)
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> DIPHTHERIA
<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> PERTUSSIS
<input type="checkbox"/> TETANUS	<input type="checkbox"/> TETANUS	<input type="checkbox"/> TETANUS
<input type="checkbox"/> POLIO	<input type="checkbox"/> POLIO	<input type="checkbox"/> POLIO
<input type="checkbox"/> HAEMOPHILUS INFLUENZA TYPE B (HIB)	<input type="checkbox"/> HAEMOPHILUS INFLUENZA TYPE B (HIB)	<input type="checkbox"/> HAEMOPHILUS INFLUENZA TYPE B (HIB)
<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HEPATITIS B
<input type="checkbox"/> PNEUMOCOCCAL CONJUGATE	<input type="checkbox"/> PNEUMOCOCCAL CONJUGATE	<input type="checkbox"/> HEPATITIS A (ABORIGINAL CHILDREN)
<input type="checkbox"/> MENINGOCOCCAL C CONJUGATE	<input type="checkbox"/> ROTAVIRUS	
<input type="checkbox"/> ROTAVIRUS		
4 <sup>TH</sup> VISIT – 12 MONTHS OF AGE: DATE (YY/MM/DD)	5 <sup>TH</sup> VISIT – 12 MONTHS AFTER 3 <sup>RD</sup> VISIT: DATE (YY/MM/DD)	4 – 6 YEARS OF AGE: DATE (YY/MM/DD)
<input type="checkbox"/> MEASLES	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> DIPHTHERIA
<input type="checkbox"/> MUMPS	<input type="checkbox"/> TETANUS	<input type="checkbox"/> MEASLES, MUMPS, RUBELLA
<input type="checkbox"/> RUBELLA	<input type="checkbox"/> POLIO	<input type="checkbox"/> PERTUSSIS
<input type="checkbox"/> MENINGOCOCCAL C CONJUGATE	<input type="checkbox"/> HAEMOPHILUS INFLUENZA TYPE B (HIB)	<input type="checkbox"/> TETANUS
<input type="checkbox"/> VARICELLA (CHICKEN POX)		<input type="checkbox"/> POLIO
<input type="checkbox"/> PNEUMOCOCCAL CONJUGATE		<input type="checkbox"/> VARICELLA (CHICKEN POX)
OTHER IMMUNIZATIONS: PLEASE INCLUDE DATE (YY/MM/DD)		
<b>ALL VACCINATIONS ARE UP-TO-DATE</b>	<b>SIGNATURE:</b>	<b>DATE:</b>

**By my signature below I acknowledge the following:**

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 cannot immediately be reached.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

## PARENTAL / GUARDIAN AGREEMENT

1. I will be expected to make alternative arrangements for my child if they demonstrate an inability to function in our program. The coordinator / supervisor reserves the right to ask for the removal of any child if their behaviour is not appropriate, as laid out in the Behaviour Protocol section of the Policy Handbook.
2. My child will not be permitted to leave the program with anyone who is not names on my registration, unless instructions are received from me prior to the event.
3. When a court order exists regarding visiting rights of the non-custodial parent, the information is provided with the child's registration form. The non-custodial parent may only pick up the child from the program according the legal agreement. Any other arrangement for pick up must be entered on the form by the custodial parent.
4. I am expected to notify the staff if there are any changes at home or at school which may effect the child's behaviour while in the program.
5. Richmond Out of School Care Society (Strawberry Vale OSC) is not responsible for lost or stolen or damaged articles. I am responsible for providing weather and activity appropriate clothing. I will refrain from sending toys or games except on designated days.
6. I am responsible for ensuring that all emergency information and all other registration details are current and correct.
7. I understand and agree to the procedure of payment of fees and late charges as detailed in the Fee Payment section of the Policy Handbook (payable to Richmond Out of School Care).
8. I will pick up and sign out my child by 5:30 p.m.
9. I understand that I need to give thirty days notice, in writing, prior to withdrawing my child from the pogrom or a month's fee will be due in default of such notice.
10. I am required to read the Policy Handbook thoroughly, complete the Registration Form, and all Parent Permission Forms and pay a \$50.00 non-refundable registration fee prior to my child entering the program. These forms must all be dated and signed. I also understand that if I will receiving a Ministry of Child and Family Development child care subsidy, that the authorization for this subsidy must be received by Richmond Out of School Care Society (Strawberry Vale OSC), prior to my child's attendance or I will pay the applicable fees.

**I have read, understood and agree to the terms and conditions as outlined in the policy handbook.**

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

## PERMISSION / CONSENT FORM

I, the undersigned, as a parent / guardian of \_\_\_\_\_

1. hereby give written consent for my child to participate in the offsite trips of Richmond Out of School Care Society (Strawberry Vale OSC). I fully understand that the Staff will adhere to every precaution and safety measure and I waive any liability to the Sponsor.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

2. hereby waive any liability to the Sponsor if my child injures him / herself in the gym, on the playground, playground equipment, or in the classroom, etc. 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.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

3. realize that in all cases where I do not pick up my child, I am responsible my child's welfare when he / she leaves Strawberry Vale Out of School Care Program.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

4. hereby give written consent for my child's picture to be taken for publicity or program purposes only (i.e. newspaper picture to accompany article or picture for a bulletin board display) and that only the first name of the child would be released.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

## PARENT / GUARDIAN AGREEMENT RE: SUBSIDIES

**\* COMPLETE ONLY IF YOU WILL BE MAKING APPLICATION FOR ASSISTANCE \***

**Please be advised that authorization for Ministry of Children and Family Development subsidies can take from 6-8 weeks to process.**

- 1.** Parents / Guardians are responsible for all fees as per the Fee Agreement until subsidy authorization from the Ministry of Children and Family Development.
- 2.** Payment or subsidy authorization must be received by the Out of School Care Program prior to your child's first day of attendance.
- 3.** Any parent portion of your child's fees will be due the first day of every month. Payment by post-dated cheques is recommended as late charges and N.S.F. charges, as outlined in the Fee Agreement, will apply.
- 4.** Parents 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 a new authorization is received. Parents will receive reimbursement if the authorization is backdated.
- 5.** Parents / Guardians are responsible for any difference between Ministry of Children and Family Development claim rates and actual program fees.
- 6.** Expiration of subsidy does not constitute notification of withdrawal from the Out of School Care Program.

**I, the undersigned, agree to abide by the rules as laid out above.**

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER