



David Hoy Elementary School
P.O. 880
Fort St James, B.C. V0J 1P0



Phone 250.996.8237
Principal: Suzanne Burck

Fax 250.996.8728
Website: dvdhoy.sd91.bc.ca

David Hoy Before & After School Care Program

REGISTRATION FORM

CHILD'S INFORMATION:

Date of Enrollment: _____ Date of Withdrawal: _____

Child's Name: _____ Gender: _____

Care Card #: _____ Date of Birth: _____

Doctor: _____ Doctor's Number: _____

Immunizations Up to Date: YES___ NO___ Not Immunized ___

Medical Problems or Concerns (Including Disabilities): _____

Allergies or Special Dietary Requests: _____

Significant Changes in the Last Year: _____

PARENT'S INFORMATION:

Custody Agreement: YES___ NO___ (If yes, copy **MUST** be attached before child can attend)

Parent/Guardian #1's Name: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

Parent/Guardian #2's Name: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

EMERGENCY CONTACTS:

(Excluding parents of child. - Called if parents are unavailable. Also authorized to pick up children.)



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Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PEOPLE AUTHORIZED TO PICK-UP MY CHILD FROM THE PROGRAM:

(Excluding parents and emergency contacts if necessary.) IN ADDITION TO EMERGENCY CONTACTS

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I give permission to the staff of the DH BASC program to take a photograph or digital image of my child to comply with licensing regulations. I understand that this photo will be kept in my child's file or on their emergency card only.

YES ☐

NO ☐

If "NO" you must submit a picture of your child for their file so we can comply with licensing regulations.

In addition, I give permission to use photographs of my child for in class displays.

YES ☐

NO ☐

I also give permission to use photographs of my child for advertising or promotional purposes. (In the paper or on our website.)

YES ☐

NO ☐

All information is kept confidential. Please use the bottom of this form to write down any special likes and dislikes, security items, fears, or anything you would like the caregiver to know about your child. This will help the caregiver better understand your child.

(Parent Signature)

(Date)

(Parent Signature)

(Date)



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(Manager or Administrator Signature)

(Date)

David Hoy Before & After School Care Program Contract

Child's Name: _____ Start Date: _____

This contract is for the care of the above-mentioned child.

I agree to **PREPAY \$200 for a kindergarten child or \$405 (Gr. 1+) per month for full time Before & After School Care/\$ 209 Mornings Only/\$312 After school only** for my child to attend the licensed program at David Hoy Elementary School. On or before the first of each month you must provide a list of dates your child is planning to attend and a cheque for the appropriate amount.

Cheques are payable to SD 91.

A receipt will be issued monthly for tax purposes.

Please note we are closed for all statutory holidays, Winter Break, Spring Break, the Summer Break, Pro-d Days, and early dismissal days. Monthly payments are not required for July and August.

I understand that I will not be reimbursed for any day my child did not attend BASC that month. BASC Workers plan their day according to how many children will attend. If my child does not attend for any reason including illness, I will not be reimbursed. However, I understand that in the event the school is closed, or the BASC program is closed due to unforeseen circumstances, staff sickness, (substitute staff will be utilized when possible), unexpected facility closure, I will be reimbursed or credited for those days only.

I agree to renew my subsidy contracts on time (if applicable). I also agree to pay in advance for care and if I receive subsidy, I understand that I will be reimbursed after the program receives the payment.

I have agreed to pay my total monthly fee on or before the 1st of each month. I further understand that if I have not paid by the 10th of the month, I will be assessed a 10% late fee.

If my child is going to be absent for any reason during any time period, I agree to inform the school in advance, giving as much notice as possible.



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If I wish to withdraw my child from the Before and After School Care program, I agree to inform the school at minimum one month in advance.

I understand that during the trial period of four (4) weeks, no notice is required to terminate care. I agree to give one month's notice after this trial period if I am going to terminate the service. I understand that this is the same procedure the BASC program will follow if they are to terminate care.

If I realize my child is going to be late on any day, I will call the BASC Worker as soon as possible. I understand that the after school care session ends at 5:30 pm. I will be charged \$1.00 for every minute or part thereof that my child is still at the BASC program after 5:30 pm. I also understand that if I am more than 30 minutes late, and I have not phoned, or could not be reached by the caregiver, he/she will phone my emergency contacts to come get my child. If they cannot be reached, I understand that the caregiver will phone the Ministry for Children and Families to come pickup my child.

I understand that the caregiver cannot allow my child to be sent home in a taxi, or to walk home. I understand that my child MUST be picked up by me or an authorized person named on my child's registration form.

I understand that if I am under the influence of drugs or alcohol when picking up my child, the caregiver will offer to phone a taxi or find a designated driver to get the child and myself home safely. If I refuse, and insist on driving home, I understand that the caregiver is legally responsible to phone the local police department and report my license plate number and directions of travel. The caregiver is also responsible for phoning the Ministry for Children and Families and reporting the incident. If an authorized pickup person is under the influence when coming to pick up my child, I understand that the caregiver will phone me and ask that I come pick up my child.

I agree not to send my child to the Before & After School Care program when he/she has anything contagious until he/she has been on antibiotics for at least 24 hours. I also will not send him/her when he/she has had a fever, diarrhea, or has thrown up within the last 12 hours. I understand that I need to contact the caregiver as soon as possible if this happens and my child is supposed to be attending the program within the 12-hour time span. I will also inform the caregiver if he/she has met a communicable disease.

initial



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In case of emergency, such as a reportable accident or illness, I authorize the caregiver to contact my child's doctor and/or call an ambulance, if necessary, if I cannot be reached immediately. I will accept responsibility for the ambulance expense.

I understand that if my child receives an injury that requires medical attention, during care hours, the caregiver must complete and submit an Incident Report to the Community Care Facility Licensing Office. I also understand that I must contact the caregiver if my child requires medical attention after the program from an injury that occurred that day while in care.

I give permission for my child to participate in spontaneous walks, trips to the park and/or library with the BASC Worker. I understand that if the caregiver is out with the children, there will be a sign on the door, and I can contact the school office to find out where they are.

_____ **initial**

If other outings are planned, such as field trips, a consent form will be provided by the caregiver for me to sign.

I have read and agree with all this information cited in the registration form.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(Manager or Administrator Signature)

(Date)

FOR OFFICE USE: _____
Date child withdraws from the David Hoy Before & After School Care Program