

School Age Registration Form



School: _____

| Child's Name | Gender | Birthdate (M/D/Y) | Care Card # |
|--------------|--------|-------------------|-------------|
| _____ | M F | _____ | _____ |
| _____ | M F | _____ | _____ |
| _____ | M F | _____ | _____ |

Usual Name of Child (if different from above): _____

Address: _____ Postal Code _____

Main Phone # _____

Child Lives with: _____

Parent/Guardian #1

Parent/Guardian #2

Name _____ Relation to Child _____

Name _____ Relation to Child _____

Home Phone: _____

(if different) Phone: _____

Work (include Extension): _____

Work (Include Extension): _____

Cell: _____

Cell: _____

Employed at: _____

Employed at: _____

Email Address: _____

Email Address: _____

CUSTODY OR OTHER LEGAL ORDERS: Yes No

A copy of the court order or notarized separation agreement must be provided or staff has no right to deny one parent access over another without legal authorization.

Copy provided: Yes No

Persons Who Are Not Permitted Access To My Child

| Name | Relationship | Phone |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EMERGENCY CONTACTS:

Family Doctor: _____ Phone # _____
(Or Clinic Name)

Family Dentist: _____ Phone # _____

Alternate Persons Authorized To Pick Up Child: (Other than parent/guardian, including emergency pick-up)

| Name | Relationship | Phone |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Out of Province Contact:

In the event of an evacuation order

Name _____

Relationship _____

Phone _____

HEALTH INFORMATION: Please complete all areas; attach a separate sheet if needed.

Allergies: Yes No (An additional form will be required for allergy information)

Form returned _____

Please List

Staff Initial

Regular Medication(s) Taken and Reasons for: (An additional form is required for medication administration at the centre.)

Any concerns/issues regarding your child's health and/or development: (asthma, seizures, vision, hearing, speech, language, mobility etc.)

Describe any specific care instructions regarding any of the above:

Other Health Care Professionals providing support for physical or behavioural needs? Yes No

Please provide Info:

Name of Agency: _____

Immunization Status:

Is your child up to date on immunizations?: Complete Incomplete Not Immunized

Where are the original records stored? _____

Any other information we should know? (e.g. fears, eating habits, social concerns/delays etc.)

Can we publish your child's picture in our centre and/or monthly newsletter? Yes No

....in a video, on social media or our society website? Yes No

A non-refundable \$50 annual registration fee per family is payable to complete registration.

Parent's Signature _____ Print Name: _____ Date: _____

Manager's Signature _____ Date Accepted: _____

Centre Use Only (please do not complete)

Reg. Fee Paid by: Debit/Credit Card – Approval # _____ Cheque # _____

Start Date: _____ Withdrawal Date: _____

Re-Registration: (for returning children) Please review the registration form and update any changes.

Sign when completed; even if no changes were required.

Signature _____ Date M / D / Y _____ Fee Paid: Debit/Credit – Approval # _____ Cheque # _____

Signature _____ Date M / D / Y _____ Fee Paid: Debit/Credit – Approval # _____ Cheque # _____

Signature _____ Date M / D / Y _____ Fee Paid: Debit/Credit – Approval # _____ Cheque # _____

School Age Care Consent Form

Emergency Treatment Consent

In the case of illness or an accident/injury involving your child while attending our program, we will place a call to you as our initial contact person.

In the event that we have been unsuccessful in making direct contact, and staff deems it necessary, your child will be transported to the nearest emergency facility.

I authorize the staff at Hand in Hand Child Care Society to call an ambulance and/or transport my child, _____, to the emergency medical care facility accompanied by a Hand in Hand staff member in the event I cannot immediately be reached.

- All outside costs will be the responsibility of the parents.
- I agree to the above statements. Yes No

Field Trip Consent

This serves as a blanket consent form for outings in the immediate neighbourhood of our Hand in Hand child care centres. Staff may choose to take the group on an impromptu walk to a nearby park or store. In this case a sign will be posted on the entry door with a cell phone number of a staff member on duty in the event a parent arrives to pick up their child and the group have not yet returned to the centre.

In most cases, parents will be given adequate notice of planned outings and if there are associated costs. Children may walk or be transported by public transit or SD#34 buses. All trips/outings are properly staffed. The centre is not responsible for children who arrive late for a pre-scheduled trip when prior notification has been given.

My child, _____, has my permission to go on field trips/outings within the as planned by the Hand in Hand staff.

Application of Sunscreen & Salves

I give my consent for the Hand in Hand staff to apply sunscreen, lotions or salves to my child as needed.

I, _____, give general consent to the staff of Hand in Hand Child Care Society to the above policies for my child(ren) while under their care.

Signature _____

Date _____

School Age Care Parent/Society Agreement

Please ensure you have read and understand all the policies in the Parent Handbook. By signing this document as well as returning the last page of the Parent Handbook, you agree to abide by the terms and policies set out in the handbook as well as this form.

Hand in Hand Child Care Society provides licensed child care on site at local elementary schools in Abbotsford. This document summarizes the terms of the parental responsibilities necessary for the Hand in Hand Child Care Society to provide care for your child. The following policies, as well as, those listed in the Parent Handbook apply to all programs within the Hand in Hand organization.

As a parent and member of Hand in Hand Child Care Society, I understand and agree to the following conditions of this agreement:

FINANCIAL POLICIES

Registration:

I will participate in the orientation of my child to the centre prior to his/her attendance.

I agree to pay a \$50.00, annual, non-refundable, registration fee per family (valid from July to June).

Forms to be completed prior to acceptance; with all information to be kept current

- (i) Registration Form including health history, allergies and medical conditions information
- (ii) General Consent Forms and Emergency Consent Card
- (iii) Parent Handbook, Parent/Society Agreement & a signed Confidentiality Agreement form.

Fee Payments:

- My child care fees are due no later than the first business day of each month.
- Calendars for the upcoming month will be available to parents the first week of the current month.
- Calendars must be returned to the centre no later than the 15th of the current month or **you may not be assured a spot** (see section 5.3 of your Parent Handbook).
- Fees not paid by the 5th business day of the month will incur a \$20.00 late fee.
- If monthly fees are not paid within 5 business days, a Late Payment Memo will be issued. Child care service will be discontinued if fees are not paid within 5 business days after receiving a Late Payment memo.
- Any outstanding fees over 30 days shall incur a 1½% interest charge per month.
- I understand that any fees left unpaid beyond thirty (30) days will be referred to a collection agency.
- Once a calendar has been submitted, the fees for that month are non-refundable and non-negotiable.
- If my child is absent for illness, vacation or centre closure, I understand that the full monthly fees still apply.

Additional Charges:

All NSF cheques must be repaid within five (5) business days of notification, including a \$20.00 NSF service charge.

If the parent has 3 or more NSF cheques, future payment accepted will be in the form of a debit/credit card, money order or certified cheque.

If your child arrives at the centre unscheduled or without confirmation of availability from a staff member, a \$20.00 surcharge will be applied. This surcharge, plus the daily fee is due within 24 hours or late fees will be applied.

Withdrawal Request:

I will provide one full calendar month (30 days) written notice prior to withdrawal of my child from a program.

I understand that one month's fees are due in lieu of the specified notice, based on the previous month's attendance.

PROGRAM POLICIES

PERSONS NOT PERMITTED ACCESS TO MY CHILD:

I have listed the names of persons on the registration form who are **legally restricted** access/contact with my child due to a court document. I understand that Hand in Hand staff has no right to deny one parent access over another without **a copy of the relevant Court Order or Separation Agreement in my child's registration file.**

I understand the importance keeping the Centre Manager informed, in writing, of any changes, and agree to provide a copy of the amended court order as they occur.

Arrival and Departure:

- Your child must be signed in and out by a responsible adult. The centre is not legally responsible if your child has not been signed in properly.
- I will inform staff ahead of time if my child will be picked up by someone other than myself.
- I understand that if I did not give the staff notice of any changes in an alternate pick-up person that my child will not be released to another person without notification from the parent. This includes prior notice given for individuals listed on the registration form.
- Your child will not be allowed to walk home alone, sent home in a taxi alone or be released to anyone under the age of 19 years.
- Staff is not allowed to transport children in their own vehicles.
- **Absences:** If your child will not be attending the program, please notify the centre in advance. If your child has left school for the day, on a day they were scheduled to attend, you must notify the centre to prevent unnecessary concern and searching for your child after school dismissal time.

HEALTH & SAFETY

- I will not send my child to the centre if he/she is ill.
- If my child becomes ill while at the centre, I will arrange to pick him/her up as soon as possible.
- As a licensed program, you are required to notify the centre immediately if your child has contracted a communicable disease. If requested, I will provide a written medical clearance from a physician before my child returns.
- I will notify the centre if there are any changes in my phone number, address or place of employment.
- I understand the importance of advising the staff immediately of any changes in emergency contacts, custody arrangements, or any other information that pertains to my child's health and safety.

PARENT INVOLVEMENT

Your feedback is important to us. I will take an active interest in my child's centre by participating in society meetings, supporting fundraising events and staying informed by reading notices put out by the centre staff and/or the administration office.

I have read, understand and hereby agree to abide by the conditions of this agreement as well as all policies as outlined in the Parent Handbook.

Signature of Parent/Guardian

Date

Reviewed with _____
Centre Manager

Date

Parent Confidentiality Agreement

Statement

Hand in Hand Child Care Society (referred to as Hand in Hand) is committed to providing our families with exceptional service. Part of this service involves the collection, use and disclosure of personal information about a child and/or their family. We regard all the personal information given to us, written and verbal, as confidential. This policy tells you more about the ways we manage, protect, and collect your personal information and others we serve including our employees.

Best Practice

Hand and Hand is committed to collecting, using and disclosing personal information in a manner that complies with applicable privacy legislations.

Parents/guardians and employees of Hand in Hand Child Care Society have a responsibility to not disclose information and to consider all information regarding other children or families in the centre as confidential.

I, _____, understand that information regarding children, families, and employees of Hand in Hand is considered to be confidential. This includes information about the society, partner agencies/programs, donors and clients shall be kept confidential.

Personal information refers to information about an identifiable individual, including but not limited to:

- Name, age, weight, height
- Home address and phone numbers
- Ethnic origin, race, marital status, sexual orientation
- Medical and/or education information
- Family/child enrollment information, employment information

Photos

I agree that no group photos shall be taken at Hand in Hand by me, without the written consent of those parties involved. Pictures containing other children, families, and/or employees of Hand in Hand are not to be displayed on any social media site.

I have read and understand the above information and agree to abide by this agreement.

I understand that to do so will be considered a serious breach of confidentiality and appropriate action will be taken.

Parent/ Guardian Signature

Date