



KERMODE FRIENDSHIP SOCIETY  
4617 Park Ave, Terrace BC V8G 1W1  
250-635-4906

## Out of School Care Program REGISTRATION FORM

### CHILD INFORMATION

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Sex:  Female  Male

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

### HOME ADDRESS

Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

Priority #1 Relationship: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Priority #2 Relationship: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a custody agreement in place? Yes/No If yes, have you provided the court order?

### PLEASE INDICATE IF THERE IS AN ADULT WHO CANNOT ACCESS YOUR CHILD

Name: \_\_\_\_\_ Court Document Attached?  yes  no

Please note that we cannot enforce this on a parent unless there is a legal document on file.

### MEDICAL INFORMATION / ALERTS

Care Card #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Allergies/Health Conditions: \_\_\_\_\_

Immunization: yes /no Please indicate the status of your child's immunization.

**PLEASE INDICATE ALL ADULTS WHO ARE ABLE TO PICK-UP YOUR CHILD**

Name: \_\_\_\_\_ Relationship to the child/phone number \_\_\_\_\_  
\_\_\_\_\_ Relationship to the child/phone number \_\_\_\_\_  
\_\_\_\_\_ Relationship to the child/phone number \_\_\_\_\_  
\_\_\_\_\_ Relationship to the child/phone number \_\_\_\_\_

List dates of any special procedures that childcare staff should follow: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN WHO NEED EXTRA SUPPORT**

Does your child have any developmental delay, e.g. hearing, visual, talking or making sounds, walking, running, using hands, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Do you feel your child will need any extra support in our facility to meet his or her diverse needs? (Speech Pathologist, Physiotherapist, Occupational Therapist or Special Needs Care Provider)

Yes \_\_\_\_ No \_\_\_\_ If yes, please describe \_\_\_\_\_

**EATING**

Allergies to foods \_\_\_\_\_

Favorite foods \_\_\_\_\_

Prohibited foods \_\_\_\_\_

***Instructions for Minor incidents:***

Child Care Regulations require that we notify a parent or emergency contact if the child becomes ill or is injured. Your child's safety and well-being are important to us; therefore, we will provide the necessary care for your child and contact you if your child requires further care and attention that we are not capable of providing.

**Parent/Guardians will be notified right away via call or text should your child be injured:**

The incident will be logged time, place, others involved (if applicable) and you can speak with staff at the end of day for further information.

- scratches
- bites from other children
- Bumps
- falls
- sand in the eye
- head injuries

**VERIFICATION – LEGAL PARENT / GUARDIAN**

**I certify that the information on this form is correct.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Medical Emergency Consent**

In the event of a medical emergency, I, \_\_\_\_\_ consent to the transportation of  
(Parent's Name)

\_\_\_\_\_ via ambulance with or without direct supervision from a staff member  
(Child's Name)

We will make every attempt that any injury requiring transportation of a child by ambulance be supported and accompanied by an employee of the Kermode Friendship Society.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## **Out of School Care Program/Parent Financial Policy**

### **Fee Payment:**

- Monthly fees are due by the first day of each month
  - Monday-Fridays 7:45-5:00
  - Fees to be determined once we have established ministry funding
  
- Fees may be paid by post-dated cheques or cash. NSF cheques may result in charges up to \$40.

### **Subsidy:**

- Families qualifying for subsidized before and after school care are required to pay the balance of the subsidy. For more information and an application, please inquire with the coordinator.

### **Outstanding fees:**

- One week late- friendly reminder
- Two weeks late-a letter will be sent home when your child is picked up.
- Three weeks late-a phone call will be made to discuss payment.
- Four weeks late-service for your child will be discontinued

### **Refunds:**

- Refunds are not issued if your child is sick or on vacation. Refunds will be provided if we are unable to staff the position for a period longer than 5 business days, or on a case-case basis.
- One month notice must be given if your child is withdrawing from the Program. There will be no refund