



Pro-Day Registration Form

\$45/day

Please check the camp you require

	Sept 18	Oct 10	Oct 20	Nov 24	Feb 23	Apr 20	May 18
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Child Information

Surname _____ First _____ Middle _____

Address: _____
Street _____ Postal Code _____

Phone# _____ Gender: _____ DOB: ____/____/____
Y M D

Grade: _____

Parent /Guardian Information

Name: _____ Phone #: _____

Address: _____ Email: _____

Place of Work: _____ Phone #: _____

Name: _____ Phone #: _____

Address: _____ Email: _____

Place of Work: _____ 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: _____

Staff Only: Date of Enrollment _____ Payment rec'd by _____ Amount \$ _____ Parent Package Policy Agreement Signed Y N

Emergency Permission

It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

I hereby authorize the staff at Oaklands Community Centre to call a medical practitioner or ambulance for my child, _____ in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

Signed: _____ Date: _____

Parent Name: _____ Telephone: _____

Parent Name: _____ Telephone: _____

ALTERNATE PERSON TO CALL FOR PICK UP IN CASE OF EMERGENCY

Name/relationship _____ Phone #: _____

Name/relationship _____ Phone #: _____

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
Enter Date given							
Diphtheria	*	*	*		*	*	
Pertussis	*	*	*		*	*	
Tetanus	*	*	*		*	*	
Poliomyelitis	*	*	*		*	*	
Hib	*	*	*		*		
Measles				*	*		
Mumps				*	*		
Rubella				*	*		
Hepatitis B							***
Varicella (chicken pox)				*		*	
						If not vaccinated or had disease	

Personal Health #: _____

Family Doctor: _____ Phone #: _____

Family Dentist: _____ Phone: _____

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.

General Information

OTHER CHILDREN LIVING AT HOME

Name: _____ Age: _____

Name: _____ Age: _____

Has your child been through any life changes that may affect his/her behavior here during Out of School Care?

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?

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

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

PAYMENT AGREEMENT

Thank you for enrolling your child in the Oaklands Camps. Fees are due at time of registration. We do not offer part time or shared spaces in our Out-of-School Care program
Fees are \$40/day for Pro-D Days and \$170/week for Winter or Spring Break camps.

Your child's enrollment is confirmed as long as the following polices are adhered to:

1. Fees are due at time of registration and can be paid in person by cash, cheque, debit or credit card, or by telephone using a credit card.
2. For parents who receive subsidy, it is your responsibility to ensure that your authorization is current and correct. Full fees are due until subsidy is approved and then a credit will be issued.
3. Our **cancellation policy** is as follows: 2 weeks cancellation notice before start date of Pro-D Day or camps. Failure to do so will result in fees being charged
4. NSF fees are \$25 for any cheque payment returned as Nonsufficient Funds or Account Closed.

I have read and understand the above policies.

Signature: _____ Date: _____

You have certain rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

All policies and procedures are outlined in the Out-of-School Care Program Handbook which families can be given at time of registration if they wish.

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

I, _____, give permission to the staff of the Oaklands Community Association's Out of School Care Program, to take my child _____ to swim in lifeguarded pools and lakes. My child 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)

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.

Signature: _____

Date: _____