



Queen of Angels

Out of School Care Program

Kindergarten – Grade 6 Students

Licence # 1381622

Please attach a recent photo of your child.

Angel Care Out of School Program (OSC)

Kindergarten – Grade 6

Our Program is a registered participant in the BC Child Care Fee Reduction Initiative (CCFRI) Students kindergarten through 12 years of age qualify for a fee reduction under this program *Fee reduction will be calculated and applied to Family Payment Schedule

Late Pick-up Fee: \$1 for each minute after program closure (OSC closes @ 5:30pm).

A **\$50.00** non-refundable registration fee is required at the time of application for registration.

All fees are divided into 10 equal payments. There are no reductions for shorter months or holidays.

A minimum of one month's written notice is required for withdrawal from our Child Care Centre.

Upon acceptance to our Child Care Centre, a Family Payment Schedule must be signed, and a direct debit form or void cheque must be received by our office.

We ask children to bring a pair of indoor shoes with non-marking soles to remain at the Angel Care Out of School Care for their daily use, as well as an after-school snack.

Pro-D Days, half days, and camps

We offer care on most Pro-D days, half days, and during the two weeks of Spring break. These days are offered at an additional cost on a first come basis.

Angel Care Child Care Centre

Out of School Care Program

2085 Maple Bay Rd., Duncan, BC, V9L 5L9

Phone: (250) 701-0433

Email: angelcare@cisdv.bc.ca

REGISTRATION FORM

ALL INFORMATION MUST BE COMPLETE PRIOR TO ACCEPTANCE OF APPLICATION FOR REGISTRATION

Our Program is offered on a full-time basis, September – June. Pick-up by 5:30pm.

Start Date: _____

STUDENT's Information - Name: _____ M F
First / Middle / Last

Date of Birth: ____ / ____ / ____ Name child responds to: _____
Day / Month / Year

Street Address: _____

Mailing Address: _____

Person(s) with whom the child lives (include siblings): _____

Primary language spoken at home: _____

Secondary language: _____

MOTHER's Information - Name: _____

Address: _____

Occupation: _____ Email: _____

(Please print clearly)

Phone – Home: _____ Cell: _____ Work: _____

FATHER's Information - Name: _____

Address: _____

Occupation: _____ Email: _____

(Please print clearly)

Phone – Home: _____ Cell: _____ Work: _____

Authorization for Pick-up (other than Parents/Guardians):

Name: _____ Home Phn: _____ Cell: _____

Name: _____ Home Phn: _____ Cell: _____

Name: _____ Home Phn: _____ Cell: _____

Name: _____ Home Phn: _____ Cell: _____

Parent/Guardian Signature for consent to release a child to someone other than a parent:

X _____

Is there anyone who is not permitted to pick-up under any circumstances?

*If this is a parent with limited or restricted guardianship, Court Documents are required for our records.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Custody Agreement details (if any) that you wish us to be aware of: (Attach supporting documents)

Alternate Emergency Contacts (please provide two):

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

HEALTH Information:

To best support our students, it is important that our Centre has a full understanding of a child’s needs. Does your child have any of the following in place with the school?

- IEP (Individualized Education Plan)
- Any other form of a support plan

If yes, please sign below to authorize Queen of Angels to share this confidential information with our Angel Care Child Care Centre.

Signature of Parent/Guardian	Name (Please Print)	Date
------------------------------	---------------------	------

Does your child:

- | | | | |
|----------------------------------|--|-----------------------------|--|
| Have speech/language challenges? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have any allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have vision challenges? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Require a special diet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have hearing challenges? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Take medications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have other health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have physical restrictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***Specify/Comment on items ticked “Yes”:** _____

Does your child have any behaviour concerns? _____

Is there anything else you would like us to know about your child? _____

Please list any illnesses, or communicable diseases your child has had: _____

IMMUNIZATION Information – Please either attach a photocopy of immunization record, OR indicate the dates on which immunizations were received below.

Basic Schedule and Record of Immunizations as submitted by Parent or Guardian

1st visit – 2 months of age:

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenzae Type b (Hib)
- Hepatitis B
- Pneumococcal Conjugate
- Meningococcal C Conjugate

Date (yy/mm/dd)

2nd visit – 2 months after 1st visit:

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenzae Type b (Hib)
- Hepatitis B
- Pneumococcal Conjugate

Date (yy/mm/dd)

3rd visit – 2 months after 2nd visit:

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenzae Type b (Hib)
- Hepatitis B
- Pneumococcal Conjugate

Date (yy/mm/dd)

4th visit – 12 months of age:

- Measles
- Mumps
- Rubella
- Meningococcal C Conjugate
- Varicella (chicken pox)

Date (yy/mm/dd)

5th visit – 12 months after 3rd visit:

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenzae Type b (Hib)
- Measles, Mumps, Rubella
- Pneumococcal Conjugate**

Date (yy/mm/dd)

4 – 6 years of age:

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Varicella (chicken pox)

Date (yy/mm/dd)

Other immunizations:

***If your child has not been immunized, please initial here _____**

