

Oak Park Neighbourhood Centre Before & After School Registration Form Date Admitted _____

Child's Name _____ Birthday _____

Parent Name 1: _____ Parent Name 2: _____

Address: _____ Address: _____

Postal Code: _____ Phone _____ Postal Code: _____ Phone _____

Email: _____ Email _____

Work Phone: _____ Work Phone: _____

Emergency Name _____ Phone _____ Relation to child _____

Any Medical conditions or dietary considerations we should know about?

If child has a life threatening allergy or regular medication, you will need to fill out additional forms. Notify staff.

Morning –Monday Tuesday Wednesday Thursday Friday

Afternoon- Monday Tuesday Wednesday Thursday Friday

Fee Schedule	Before School 7:00-8:40	After School 3:10-6:00	Before and After School
JK-Gr 3 AM & PM 5 days Monthly Pro-rated Rate 10mths	\$203.50	\$314.50	\$425.50
JK-Gr 3 Part-Time Rate	\$13.00/day	\$19.00/day	\$26.00/day
Gr 4 and up After school (Annual fee)	3 days \$432, 4 days \$576, 5 days \$720		
Licensed PA Day	Daily Rate \$45.00 snacks provided		

PA days are not included in the monthly fees; you must register and pay separately subject to availability

You agree to notify the centre by email or voicemail before 3:00 if your child will be absent that day

Post-dated cheques are required for 10 months/ school year or PAD information. (payable on the 15th of previous month)
There is a \$10 fee for bounced cheques.

Any dietary requirements? _____

Are there other special considerations which you would like staff to be aware of? (Social challenges, new situation reactions, difference of opinion)

Payment details _____ **Discharge Date** _____

Permission to Use Photograph

I grant to Oak Park Neighbourhood Centre the right to take photographs of my child in connection with the OPNC programs. I authorize Oak Park Neighbourhood Centre, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Centre may use such photographs without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature, Parent/Guardian: _____

Senior Afterschool ONLY After School Arrival

I agree to call Oak Park Neighbourhood Centre before 3:00pm if my child is going to be absent or more than 30 minutes late that day. I understand that the After School Program does not take responsibility for the safe arrival of my child at Oak Park Neighbourhood Centre. (Circle one) OPNC **IS / IS NOT** required to call me at my daytime number if my child does not arrive by 4pm.

Departure: (Circle one) I DO/DO NOT give permission for my child to walk home unaccompanied after the After School Program finishes. I understand that Oak Park Neighbourhood Centre will not be liable for anything that happens to my child once he/she leaves the program at dismissal time.

Waiver, Medical Emergency & Pick Up Authorization

Child Name _____ Date: _____

I acknowledge and understand that participation in and attendance at Oak Park Neighbourhood Centre Childcare involves certain risks and dangers of accidents. I have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.

I release Oak Park Neighbourhood Centre from responsibility and/or liability for any loss, damage or injury that may result while my child(ren) are participating in the program, whether at the Oak Park Neighbourhood Centre or in the grounds surrounding it. This form shall remain in full force and effect until it is withdrawn by giving written notice to Oak Park Neighbourhood Centre. I agree that no notice apart from that, which is specified above, shall be considered to amend this form. I have the authority to give this release.

I have read the parent handbook and I agree to comply with the policies contained in it. At this time I wish to enter into an agreement with Oak Park Neighbourhood centre childcare to provide care for my child.

Signature of Parent/Legal Guardian _____

Emergency Treatment Release Form

I authorize Oak Park Neighbourhood Centre to act on my behalf to ensure immediate medical treatment should the staff deem it necessary. I give permission for my child, in the event of an emergency, to receive full medical attention deemed necessary by a hospital physician. If possible, my child will be accompanied to the hospital or met there by staff. Every effort will be made to reach me and/or my emergency contacts. I agree to accept any financial responsibility for any emergency medical care necessary.

Signature of Parent/Guardian: _____

Authorized People to Pick Up my Child.

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Please list any individual(s) who is LEGALLY DENIED access to your child:

A written consent letter/email is required for pickup by anyone not on this list.

Signature of Parent/Guardian: _____