

Before and After School Program Registration Form

Office use only

☐ \$35.00 Registration Fee Paid

☐ Cash ☐ Cheque ☐ Online

School: ☐ **Post Corners** ☐ Other:

Child: _____ **Birthday:** _____ **Grade:** _____

Parent/Guardian 1: _____
Address: _____
Postal Code: _____ **Phone:** _____

Parent/Guardian 2: _____
Address: _____
Postal Code: _____ **Phone:** _____

Email: _____

Email: _____

Work Phone: _____

Work Phone: _____

Primary Contact? Yes ☐ No ☐

Primary Contact? Yes ☐ No ☐

Emergency Contact Name: _____ **Phone:** _____

Relation to Child: _____ **Authorized for Pick Up:** Yes ☐ No ☐

Program Selection and Requests					
Full-Time (M-F) <input type="checkbox"/>			Part-Time (Select Dates) <input type="checkbox"/>		
If you only require specific dates, please select below. Full-time program fees remain the same regardless of dates off.			Part-time program selection is a request only. Staff will notify if we are able to support the request.		
Morning	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Afternoon	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

Program Fee Schedule	Before School 7:30 am - 8:40 am	After School 3:10 pm - 6:00 pm	Before and After School
Note: A one-time registration fee of \$35.00 is included for the first month of the program. Additionally, there is a \$20.00 service fee for any missed payments or bounced cheques.			
Unlicensed Authorized Recreational: JK/SK AM & PM 5 days/week Monthly Pro-rated Rate 10mths	\$203.50 <input type="checkbox"/>	\$314.50 <input type="checkbox"/>	\$425.50 <input type="checkbox"/>
	Pre-authorized (PAD) payments processed on the 15th of each month for the upcoming month.		
Unlicensed Authorized Recreational: Grade 1-3 AM & PM 5 days/week Monthly Pro-rated Rate 10mths	\$212.00 <input type="checkbox"/>	\$327.00 <input type="checkbox"/>	\$442.00 <input type="checkbox"/>
	Pre-authorized (PAD) payments processed on the 15th of each month for the upcoming month.		
Provincial After School: Grade 4-8 Annual Fee	3 Days/Week	4 Days/Week	5 Days/Week
	\$432 <input type="checkbox"/>	\$576 <input type="checkbox"/>	\$720 <input type="checkbox"/>
	Annual payment via cheque or split into two cheques.		
Unlicensed P.A. Day: JK/SK - Grade 8	\$46.00/child Not included in monthly or annual fees. Paid on an as needed basis by cheque, online (+2% service charge) or cash.		

Before & After School Program Absence Reporting

By completing this registration form, I agree to call or email the below contact(s) at Oak Park Neighbourhood Centre before 8:30 am (Before School) and/or 3:00 pm (After School) if my child is going to be absent from, or more than 40 minutes late to, program on that given day.

Before and After School Care*

bacare@opnc.ca*

(905) 257-6029 ext. 102

[*] - represents primary and/or priority contact(s).

Youth Program Director

youth@opnc.ca

(905) 257-6029 ext. 1071

Before and After School Program Registration Form

Medical, Dietary and Special Considerations

Please list any medical conditions, dietary restrictions, or special considerations (i.e. social challenges, new situation reactions, difference of opinion etc.) OPNC should be aware of:

If your child has a life-threatening allergy and/or regular medication to be administered, additional forms are required. Please notify staff.

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.

Yes ☐ No ☐

After School Arrival (Grade 4-8 only)

I agree to call or email Oak Park Neighbourhood Centre before 7:00 am or 3:00 pm if my child is going to be absent, or more than 40 minutes late to program that day. I understand Oak Park Neighbourhood Centre does not take responsibility for the safe arrival, or any occurrences between school dismissal and arrival, to the facility.

Yes ☐ No ☐

Oak Park Neighbourhood Centre is required to call me at any daytime number provided if my child does not arrive to the facility by 4:00pm on a day they are expected to be in program.

Yes ☐ No ☐

Permission is given to my child to walk home unaccompanied at _____ pm, or when program is done at 6:00 pm. I understand Oak Park Neighbourhood Centre will not be liable for anything that occurs once my child has left the program/facility.

Yes ☐ No ☐

Waiver & Medical Emergency

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.

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.

Parent/Guardian Signature: _____ **Date:** _____

