



**St. Joseph's Church OSC Program**  
**20244-32<sup>nd</sup> Avenue**  
**Langley, B.C. V2Z 2E1**  
**604-530-4288**



**Please complete this form and return it with a non-refundable registration fee of \$25.00.**

★ BEFORE SCHOOL CARE (7 a.m. - 8:30 a.m.)	_____	Days: M T W Th F
★ AFTER SCHOOL CARE (2:45 p.m. – 6 p.m.)	_____	Days: M T W Th F
★ BEFORE & AFTER SCHOOL CARE	_____	Days: M T W Th F
★ AGE OF CHILD:	_____	
★ GRADE:	_____	

**Personal Information**

**Full Name of Child:** \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Gender: M / F Starting date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ Address (if different than above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular/Pager: \_\_\_\_\_ Cellular/Pager: \_\_\_\_\_

Person with who child resides: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

## Health Information

Does your child have any known health problems, allergies, or needs that require extra support? Or does your child have any fears or anxiety that we should know about? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe:

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## Emergency Health Information

Care Card Number: \_\_\_\_\_

Family Doctor/Clinic: \_\_\_\_\_ Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Consent for Emergency Care

I authorize the staff at St. Joseph's Church OSC Program to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent cannot be immediately reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of Facility: \_\_\_\_\_

## Person(s) Authorized to Pick Up Child

(Other than parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Person(s) NOT Authorized to Pick Up Child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Custody Agreement:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please supply a copy of the custody order to the Facility Manager/Licensee

## Alternative Person's to Call and Pick up Child in Case Of Emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Child's Immunization Status

(Please record dates (year/month/day) or attach a copy of immunization)

Is your child immunized? Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Diphtheria</u>	<u>Pertussis</u>	<u>Tetanus</u>	<u>Polio</u>	<u>MMR</u> <small>(measles/mumps/rubella)</small>	<u>HIB</u>
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## **Parent Agreement**

1. Parents/Caregivers who decide to withdraw their child from the Centre are required to give thirty (30) days written notice from the first of the month.  
**Failure to do so will result in the loss of one month's fees.**
2. There will be NO refunds or credits issued for days missed due to illness, vacation, days closed due to Professional Development days, Statutory Holidays or any days where St. Catherine's is closed. Refunds will only be issued if a parent has overpaid for the month or if payment for the year has been made in full and the child has withdrawn from the program with 30 days written notice.
3. Payment of fees must be made to ensure a spot for the child in the OSC program. Post dated cheques should be submitted for the entire school year and dated for the first of the month (September - June). A service fee of \$15 will be charged on all NSF cheques. **In the event of a NSF cheque, the parent(s) will be required to make cash payments for the rest of the Preschool year.**
4. Parents/Caregivers agree to attend committee meetings and workshops conducted by the staff so that they are able to participate more fully in their child's school experience.
5. Parents/Caregivers must accompany their child to the Centre and may only leave once their child is entrusted to the care of a staff member.
6. Parents are requested to pick up their child from the Centre by 6 p.m. If late more than two times a letter to the parent/ guardian will be handed out and will be charged accordingly:

5 minutes grace: N/C  
6- 10 minutes : \$5  
10-15 minutes: \$10

Fees will increase by \$5 after every 5 minute increment.

7. Children who are ill must be kept at home (Please see policy in parent handbook). If the child or close family has a communicable disease please contact the staff.
8. If a child becomes ill during the time in our care, the parents/caregivers will be contacted and asked to pick up the child immediately. In the event of an emergency, 911 will be called and then the parents will be notified.
9. Parents/Caregivers should engage in daily contact with the staff to share information and relay messages about their child. Parents/Caregivers should advise the staff of changes in the home environment, which may affect the child's behaviour when in our care.
10. Questions concerning the child or the program are to be directed to the staff. Parents/Caregivers are requested to visit the parent board and read monthly newsletters and notices. The staff will gladly review any information that may be unclear.
11. The staff has the overall responsibility for the program, including discipline, health standards and safety measures. Parents are to let the staff deal with any behavior, even if the parent/caregiver is present.

**I have read, agree to and fully understand the above agreement.**

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**PARENT/GUARDIAN SIGNATURE**

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**DATE**

# St. Joseph's Church OSC Program

## Picture Permission Form

I give St. Joseph's Church OSC Program permission to take my child's picture during the \_\_\_\_\_ - \_\_\_\_\_ school year.

I hereby give my consent to the Caregiver to have photographs of my child \_\_\_\_\_. I understand the photographs may be required by the Centre to use in the program i.e. Art Projects, field trips etc, and is only used exclusively and to be kept within the program.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR



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20244 – 32<sup>nd</sup> Avenue  
Langley, British Columbia  
V2Z 2E1  
Phone #: 604-530-4288

**To secure a spot for your child the staff must have the following:**

- Registration Form completed with immunization records attached.
- Non- Refundable Annual Registration Fee of \$25 (cash/cheque)
- Post-dated cheques for tuition for the complete school year.

**Please make cheques payable to St. Joseph’s Church Preschool.**

**The Centre has opted in to the Child Care Fee Reduction Initiative – children in Kindergarten will receive a reduced fee. Please see breakdown below.**

Out of School Care Gr. K (Per Month)	5 Days Per Week	4 Days Per Week	3 Days Per Week	2 Days Per Week	1 Day Per Week
<b>Mornings &amp; Afternoons</b>	\$235	\$190	\$145	\$105	\$70
<b>Mornings Only</b>	\$95	\$80	\$65	\$50	\$35
<b>Afternoons Only</b>	\$155	\$130	\$100	\$75	\$45

\*Open all early dismissals. Closed on Pro D Days, Non Instructional Days and all Statutory Holidays.

\*\*Closed during Christmas Break, Spring Break and Summer Break.

\*\*\*Rates will be reduced according to number of days off during December and March.

**September, December & March (2 weeks off)**

Out of School Care Gr. K (Per Month)	5 Days Per Week	4 Days Per Week	3 Days Per Week	2 Days Per Week	1 Day Per Week
<b>Mornings and Afternoons</b>	\$140	\$115	\$85	\$60	\$40
<b>Mornings Only</b>	\$60	\$50	\$40	\$30	\$20
<b>Afternoons Only</b>	\$95	\$80	\$60	\$50	\$30

\*Centre cannot provide care during the first two weeks of Gradual Entry for Kindergarten due to scheduling conflicts with other programs.

Drop In Rates	Cost per Day	<b>*Space is limited. Available only if there is still space according to teacher/child ratios set by BC Licensing Regulations</b>
<b>Mornings and Afternoons</b> (7:00 - 8:30 am/ 2:45 - 6:00 pm)	\$23	* children must be registered and have all medical and contact information on file
<b>Mornings Only</b> (7:00 - 8:30 am)	\$8	* children must be registered and have all medical and contact information on file
<b>Afternoons Only</b> (2:45 - 6:00 pm)	\$15	* children must be registered and have all medical and contact information on file

★ Please post date cheques for the 1<sup>st</sup> of each month. ★

★I have a St. Joseph's Church Preschool stamp for the payee line if you wish to leave it blank★