

Hillcrest Elementary Out of School Care

4421 Greentree Terrace
Victoria BC V8N 3S9
Tel: 250-472-1530 Fax: 250-477-8400
Email: heoscmanager@gmail.com



2022/23 Registration Form

Child's Name: _____

Child's Grade in September 2022: _____

✓	Program Requested
	Before School Care Only
	After School Care Only
	Before & After Care
	Please place child on <u>waitlist</u> if no spot is available.

✓	Part-Time Program Requested (To guarantee a part-time space, please consider sharing a spot)
	My child is sharing a 5 day per week spot with _____ who will be in the same grade as my child in September 2022.

*Registration priority is given to full time families and in the event a full time space is required, a part time space may no longer be available. These decisions will be made by the board, on a case-by-case basis. Please speak to manager for more information.

Provincial Child Care Regulations require that we must have all the information requested in the registration form on file for each child. Please ensure all items on the check-list below have been completed and attached prior to returning to HEOSC. Incomplete packages will not be processed and will be returned to you.

✓	Registration Checklist (check only if completed)
	Registration form fully completed & signed
	\$50 non-refundable registration processing fee (cheques made out to HEOSC)
	Immunization dates provided – form filled in or photocopy accepted
	Legal copy of custody restrictions (if applicable)
	Government subsidy authorization (if applicable)
	Recent photo of your child
	Automatic payment form

HEOSC 2022/23 Registration Form

FAMILY INFORMATION	<p>Child: _____ Birth Date M/D/Y: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Home #: _____ Gender: _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><u>PARENTS/GUARDIANS:</u></p> <p>Parent's Name: _____ Cell #: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work #: _____</p> <p>Home #: _____ Email: _____</p> <p>Parent's Name: _____ Cell #: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work #: _____</p> <p>Home #: _____ Email: _____</p> <p>Sibling's Names + Ages: _____</p>
CUSTODY RESTRICTIONS	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach court order or custody and access terms of separation agreement and state any general conditions here:</p> <p>_____</p>
MEDICAL INFORMATION	<p>Care Card #: _____</p> <p>Family Doctor: _____ Phone #: _____</p> <p>1) Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">○ If "Yes", please list below, under "Medications"</p> <p>2) Does your child have an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">○ If "Yes" to either of the above please see the Manager or Preschool Leader for appropriate form.</p> <p>3) Does your child require a Supported Child Development (SCD) Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">○ If "Yes" please see the Manager or Preschool Supervisor.</p> <p>Please describe any health conditions, disabilities, or concerns your child may have (learning, developmental, physical, etc): _____</p> <p>_____</p> <p>Medications: _____</p> <p>Allergies to medications: _____</p> <p>Other allergies or dietary restrictions: _____</p> <p>Please discuss with the Manager for relevant policies.</p>

EMERGENCY CONTACTS	Name: _____ Cell#: _____ Relationship: _____ Work#: _____ Name: _____ Cell#: _____ Relationship: _____ Work#: _____
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PERSON(S) AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS	<input type="checkbox"/> Check if same as above Name: _____ Cell#: _____ Relationship: _____ Work#: _____ Name: _____ Cell#: _____ Relationship: _____ Work#: _____ Name: _____ Cell#: _____ Relationship: _____ Work#: _____
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RECORD OF IMMUNIZATION	<p>Please complete the chart by entering the DATES (mm/dd/yy) your child received the immunization indicated. This information is required by legislation to be filled out – Photocopy of record is acceptable.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">1st Visit (2 months)</th> <th style="width: 10%;">2nd Visit (2 months after 1st)</th> <th style="width: 10%;">3rd Visit (2 months after 2nd)</th> <th style="width: 10%;">4th Visit (12 months)</th> <th style="width: 10%;">5th Visit (12 months after 3rd)</th> <th style="width: 10%;">5 – 6 yrs</th> </tr> </thead> <tbody> <tr><td>Diphtheria</td><td></td><td></td><td></td><td style="background-color: #cccccc;"></td><td></td><td></td></tr> <tr><td>Pertussis</td><td></td><td></td><td></td><td style="background-color: #cccccc;"></td><td></td><td></td></tr> <tr><td>Tetanus</td><td></td><td></td><td></td><td style="background-color: #cccccc;"></td><td></td><td></td></tr> <tr><td>Poliomyelitis</td><td></td><td></td><td></td><td style="background-color: #cccccc;"></td><td></td><td></td></tr> <tr><td>Haemophilus Influenza Type B</td><td></td><td></td><td></td><td style="background-color: #cccccc;"></td><td></td><td style="background-color: #cccccc;"></td></tr> <tr><td>Pneumococcal Conjugate</td><td></td><td></td><td></td><td style="background-color: #cccccc;"></td><td></td><td style="background-color: #cccccc;"></td></tr> <tr><td>Hepatitis B</td><td></td><td></td><td></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td></tr> <tr><td>Measles, Mumps & Rubella</td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td></td><td></td><td style="background-color: #cccccc;"></td></tr> <tr><td>Meningococcal C</td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td></tr> <tr><td>Varicella (chicken pox)</td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td></td><td style="background-color: #cccccc;"></td><td></td></tr> </tbody> </table>		1 st Visit (2 months)	2 nd Visit (2 months after 1 st)	3 rd Visit (2 months after 2 nd)	4 th Visit (12 months)	5 th Visit (12 months after 3 rd)	5 – 6 yrs	Diphtheria							Pertussis							Tetanus							Poliomyelitis							Haemophilus Influenza Type B							Pneumococcal Conjugate							Hepatitis B							Measles, Mumps & Rubella							Meningococcal C							Varicella (chicken pox)						
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PERMISSIONS

Information collected by the program is used for the care and control of the children. Much of the information is required by legislation. Parents have the right to opt out of providing information but please be aware that this may affect our ability to provide service. If you have any questions about the information required, please contact the Program Manager

MEDICAL PERMISSION

As Parent/Guardian, I authorize the staff of Hillcrest Elementary Out of School Care Society (aka HEO SC), to release my child into the care of the emergency contact person due to illness or minor injury, or in an emergency, call an ambulance for appropriate care. I understand that HEO SC will contact me as soon as possible.

Signature: _____ Date: _____.

PERMISSION TO COMMUNICATE

I give permission for HEO SC to disclose information with Hillcrest Elementary regarding my child whenever necessary. It may be important from time to time for the staff of HEO SC to both give and receive information regarding my child.

Signature: _____ Date: _____

PERMISSION FOR JOURNEYS

HEO SC occasionally leaves HEO SC with the children in the program for journeys to local parks, beaches, playgrounds, and attractions and will walk, take private parent/guardian vehicles, or public transit to and from those locations. As parent/guardian, I give written consent for my child to participate in the outings away from HEO SC. I fully understand that every reasonable precaution and safety measure will be adhered to by the staff.

Signature: _____ Date: _____

PERMISSION FOR PICTURES

As parent/guardian, I give permission for staff at HEO SC to take pictures of my child for the purposes of a birthday display and other bulletin board displays within the Program facility. Photos may also be used in the monthly newsletter, distributed to families of children in our program or displayed for advertising.

Signature: _____ Date: _____

PERMISSION FOR SUNSCREEN

I give permission for my child to use HEO SC's sunscreen.

Is permitted to use HEO SC's sunscreen (Coppertone Kids, non-PABA formula spray)

I am supplying a labeled bottle of sunscreen for my child (include child's name and room #)

Signature: _____ Date: _____

PROGRAM CONTRACT

I understand and agree to:

- o Give one month's written notice due by the first of the month if I plan to withdraw my child, change days, reduce service, or change the days of the week service is desired
- o If I do not give sufficient notice, I am responsible for payment of fees in lieu of notice.
- o Upon registration I will submit a \$50/family non-refundable application fee. This fee also confers membership status within HEO SC.
- o Be invoiced at the beginning of the school year or commencement of service.
- o All fees for each month are due at the beginning of the school year, in post-dated cheques due the 1st of each month.
- o It is H.E.O.S.C. policy to issue receipts once per calendar year. If receipts are requested during the year and are subsequently lost, I understand there is a \$10/receipt replacement charge.
- o A late fee of \$5/day may be charged on all fees outstanding.
- o If I am late picking up my child, a late fee of \$1.00 per minute per child will be levied and payable to the staff upon arrival.
- o I will contact the Program if my child will not be attending on a particular day, will be away for an extended period of time, or my child will be picked up by someone not on the authorized pick-up list.
- o I will have my child arrange playdates ahead of time. Notice will be given in advance and in writing (email/note to staff at the beginning of the day).
- o I will notify the Manager in writing of address changes, work or home phone number changes, or special instructions regarding my child.
- o I agree and accept all policies in the parent handbook.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Photo: ___ Cash / Chq Imm: ___ Sign: ___ Enrollment Date: _____
End Date: _____