

Hillcrest Elementary Out of School Care Program

4421 Greentree Terrace
Victoria BC V8N 3S9

www.heosc.com Tel: 250-472-1530 Fax: 250-477-8400 Email: heoscmanager@gmail.com

2021/22 Registration Form

Child's Name: _____ Grade in September 2021 _____

✓	Check program you would like		
	Before School Care	After School Care	Both Before & After School Care

*HEOSC is pleased to offer part time care based on program availability. Priority is generally 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.

	My child will be on the waitlist if no spot is available.
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*To guarantee a part-time position, 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 2020.
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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
	Registration form fully completed & signed
	\$50 non-refundable registration processing fee
	Immunization dates provided – form filled in or photocopy accepted
	Recent photo of your child
	Legal copy of custody restrictions (if applicable)
	Government subsidy authorization (if applicable)

Please make your cheque out to H.E.O.S.C.

Internal Use Only	Photo	Completed Form	Immunization
	Fee – Cash / Cheque	Permissions	Email

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FAMILY INFORMATION	<p>CHILD: _____ Date of Birth M/D/Y: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Home Phone: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>PARENTS/GUARDIANS:</p> <p>Name: _____ Home phone: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work phone: _____</p> <p>Cell phone: _____ Email: _____</p> <p>Name: _____ Home phone: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work phone: _____</p> <p>Cell phone: _____ Email: _____</p> <p>Siblings names & ages: _____</p>
CUSTODY RESTRICTIONS	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so 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 number _____</p> <p>Family doctor _____ phone # _____</p> <p>Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (List below)</p> <ul style="list-style-type: none"> ▪ Does your child have an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ If "Yes" to either of the above please see the Manager or Preschool Leader for appropriate form. <p>Does your child require a Supported Child Development (SCD) Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> ▪ If "Yes" please see the Manager or Preschool Leader. <p>Please describe any health conditions, disabilities, or concerns your child may have (learning disabilities, ADHD, etc).</p> <p>_____</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	<p>Name: _____ Relationship: _____</p> <p>Home phone: _____ Work/Cell phone: _____</p> <p>Name: _____ Relationship: _____</p> <p>Home phone: _____ Work/Cell phone: _____</p>

PERSON(S) AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS

Check if same as above

Name: _____ Relationship: _____
 Home phone: _____ Work/Cell phone: _____

Name: _____ Relationship: _____
 Home phone: _____ Work/Cell phone: _____

Name: _____ Relationship: _____
 Home phone: _____ Work/Cell phone: _____

RECORD OF IMMUNIZATION

Please complete the chart by entering the DATES (mm/dd/yy) your child received the indicated immunization.
 This information is required by legislation to be filled out – Photocopy of record is acceptable

	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)						

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 HEOSC), to make arrangements to send my child to the emergency contact person in the case of illness or minor injury or in an emergency call an ambulance for appropriate care. I understand that HEOSC will contact me as soon as possible.
 Signature _____ Date _____
 Signature _____ Date _____

PERMISSION TO COMMUNICATE
 I give permission for HEOSC to disclose information with Hillcrest Elementary regarding my child whenever necessary. It may be important from time to time for the staff of HEOSC to both give and receive information regarding my child.
 Signature _____ Date _____
 Signature _____ Date _____

PERMISSIONS

Information collected by the Program is used for the care and control of 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.

PERMISSION FOR JOURNEYS

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

Signature _____ Date _____
Signature _____ Date _____

PERMISSION FOR PICTURES

As parent/guardian, I give permission for staff at HEOSC to take pictures of my child for the purposes of a birthday display and other bulletin board displays within the Program facility. Pictures may be kept in photo albums for historical purposes. Photos may also be used in the monthly newsletter, given to parents and families of children in our programs or for advertising.

Signature _____ Date _____
Signature _____ Date _____

SUNSCREEN PERMISSION

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

- Is permitted to use HEOSC's sunscreen (Coppertone Kids, non-PABA formula spray)
- I am supplying a labeled bottle of sunscreen for my child. (include child's name & Room #)

Signature _____ Date _____
Signature _____ Date _____

PROGRAM CONTRACT

I understand and agree to:

- ^ Give one month's written notice due by the first of the month if I plan to withdraw my child from the Program, change days or reduce service, or change days of week of service desire. If I fail to provide notice by the first of the month I agree to pay the following month's full fee.
- ^ If I do not give sufficient notice I am responsible for payment of fees in lieu of notice.
- ^ Upon registration I will submit a \$50/family non-refundable application fee. This fee also confers membership status within HEOSC.
- ^ be invoiced at the beginning of the school year or commencement of service and pay all fees for each month at the beginning of the school year via post-dated cheques dated the 1st of each month.
- ^ It is H.E.O.S.C. policy to issue receipts once a calendar year. If receipts are requested during the year and subsequently lose them, I understand there is a \$5/receipt replacement charge.
- ^ If I lose the yearly receipt, I understand there will be a \$10 replacement fee.
- ^ A late fee of \$5/day may be charged on all fees outstanding.
- ^ Late pick up of my child results in a late fee of \$1/minute per child is payable upon arrival.
- ^ 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. Contact will be made at least 15 minutes prior to the school dismissal bell. Any unexplained absences without notice (at least 15 minutes prior to the school dismissal bell) will be charged \$20 per child.
- ^ I will arrange play-dates ahead of time, not after school for the same day. Notice will be given in advance & in writing (email or a note to staff at the beginning of the day), at least 15 minutes prior to the school dismissal bell, or a charge of \$20 per child will be payable.
- ^ I will notify the Manager in writing of address changes, work or home phone number changes, or special instructions regarding my child.
- ^ I agree and accept all policies in the parent handbook.

Signature _____ Date _____
Signature _____ Date _____

INTERNAL USE ONLY

Enrollment Date: _____
End Date: _____

