

Young Climbers OUT OF SCHOOL CARE

Please fill in these registration forms and bring in two cheques. Both cheques must have your child's name in the memo. Payments will be processed automatically from your bank account on the 1st of each month.

The Registration Fee is \$250.00. This registration fee holds your child's place in the OOSC and is **non-refundable**. Payment of these fees implies intent to attend. Administration makes decisions and purchases based on this fee, and the fee is non-refundable.

CHILD'S NAME: _____

Male: _____ Female: _____

Birthdate: Month: _____ Day: _____ Year: _____

Address: _____

City: _____ Postal code: _____

Mother's name: _____

Home #: _____ Work #: _____ Cell #: _____

Father's name: _____

Home #: _____ Work #: _____ Cell #: _____

Care card number #: _____

Emergency Pick up person name: _____ Phone #: _____

Email address: _____

Allergies or food restrictions: _____

FIRST DAY STARTING OOSC: _____

Rates for YC OUT OF SCHOOL CARE

September until June:

Full Time: 7:00-8:45 and 2:15-5:30 \$640.00 per month ☐

- includes all pro-d-days, spring break and some days during Christmas break
- we are closed Dec 24th until Jan 2nd
- we are closed 3 days before Sept. long weekend

Part Time: Mornings 7:00-8-45 \$250 ☐ Afternoon 2:15-5:30 \$450 ☐

Full Day Rate (if space available): \$60.00 per day ☐

Full Months: Public School Closures from Sept-June: \$1000.00 ☐

Summer Months: \$1000 per month ☐

Weekly: \$275.00 ☐

Daily: \$60.00 Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐

YC OUT OF SCHOOL CARE Registration

Child's First language: _____

Child's Second Language: _____

Family Members who live in the house with your child:

Name: _____ age: _____

Brother ____ Sister ____ Other _____

Name: _____ age: _____

Brother ____ Sister ____ Other _____

Name: _____ age: _____

Brother ____ Sister ____ Other _____

Name: _____ age: _____

Brother ____ Sister ____ Other _____

Custody Agreement:

If any there is any custody agreement in effect, please give details as they relate to the child and attach a copy to this form:

YC OUT OF SCHOOL CARE

Medical Information:

Care card Number: _____

Family Doctor's Name: _____

Phone Number: _____

Dentist Name: _____

Phone Number: _____

Does your child have any known health issues: Yes____No ____

Does your child have special needs? _____

Special comments, concerns, or instructions regarding your child: _____

Allergies: _____

If your child is allergic to nuts:

We sometimes offer goodies that are made in a facility that “may contains nuts” or “may contain traces of tree nuts”. Is it okay for your child to eat the product? Yes:____ No:_____

Medications: _____

Vision Concerns: _____

Hearing Concerns: _____

Other: _____

Special Diet for health or religious reasons:

YC OUT OF SCHOOL CARE

Emergency Contact other than yourself:

Name: _____

Relationship to Child _____

Home Phone Number: _____ Work: _____ Cell: _____

Alternate Emergency Contact:

Name: _____

Relationship to Child _____

Home Phone Number: _____ Work: _____ Cell: _____

Out of Town Phone Number: _____

Alternate person allowed picking up your child:

Name: _____ Home Phone Number: _____

Name: _____ Home Phone Number: _____

Name: _____ Home Phone Number: _____

Name: _____ Home Phone Number: _____

CONSENT TO PHOTOGRAPH:

I hereby give my consent to the Caregiver to take and/or have photographs of my child, _____. I understand the photographs may be used by YC OUT OF SCHOOL CARE in its program, meetings, newspaper, magazines, computer web pages, Facebook, or other such publications.

Signature of Parent or Guardian: _____

Date: _____

YC OUT OF SCHOOL CARE

FIELD TRIP CONSENT:

I hereby give my consent to the Caregiver to take my child, _____, for walks or trips away from the Childcare Centre.

Signature of Parent or Guardian: _____

Date: _____

VISITOR CONSENT:

I give my consent to allow supervised Practicum Students and other authorized adults that are approved by the YC OUT OF SCHOOL CARE to be a part of the daily classroom and to take pictures of my child, _____, for educational purposes.

Signature of Parent or Guardian: _____

Date: _____

MEDICAL CONSENT:

I hereby give my consent to the Caregiver to call 911 to help my child, _____, in case of emergency and if needed transport them to the nearest hospital (Surrey Memorial).

Signature of Parent or Guardian: _____

Date: _____

YC OUT OF SCHOOL CARE

MEDICATION CONSENT:

If required and per a doctor's note on file with the Childcare Centre I allow my child, _____ to be administrated medication.

Signature of Parent or Guardian: _____

Date: _____

FOOD:

I will provide healthy snacks/lunch for my child for each day that they are in attendance at YC Out of School Care.

Signature of Parent or Guardian: _____

Date: _____

SUNSCREEN CONSENT:

YC Out of School Care asks you to have sunscreen in your child's bag. Please apply sunscreen on your child before school and we will re-apply with permission by the parent or guardian. I hereby give my consent to the Caregiver to apply sunscreen on my child, _____.

Signature of Parent or Guardian: _____

Date : _____

YC OUT OF SCHOOL CARE

For the safety of the children and staff, we would like to know if your child has been immunized.

Immunized:

Child's Name: _____

Date of Birth: _____

To the best of my knowledge, my child, _____, has all their immunizations up to date.

Parent's signature: _____

Date: _____

Not Immunized:

For those that have chosen **NOT** to have their child immunized, Young Climbers Childcare may ask you to keep your child at home in case of an outbreak. I, _____, understand that for safety reasons my child may be asked to stay at home if an outbreak occurs.

Signature: _____

Date: _____

YC OUT OF SCHOOL CARE

PARENT CONTRACT :

This contract is a binding contract between YC OUT OF SCHOOL CARE and the Parent.

I, _____, understand the fee of \$ _____

amounts that are outlined on first page of registration forms) will be calculated and taken out of my account on the 1st of each month.)

\$250.00 is due at time of Registration. A void check also will be required at the time of registering my child for the YC OUT OF SCHOOL CARE. In addition, one-month notice on the 1st of the month is required if I intend to remove my child, _____, from the YC OUT OF SCHOOL CARE for any reason. I understand that this is binding contract between YC OUT OF SCHOOL CARE and myself.

Payment must be completed by the first of each month, NO ACCEPTIONS! If for any reason the payment is not made by the 1st of each month, the child will be unable to come to the Out of School Care until payment is made in full.

Signature of Parent or Guardian: _____

Date: _____

Policy:

We care about all of our children's health and staff, so we are implementing this new form that needs to be signed by a parent or guardian and will be followed by yourself and the Centre. Without healthy staff we are unable to provide effective care and if staff are sick we then may have to close the Centre until staff are well. Young Climbers Childcare Centre follows all Government Guidelines for the Health and safety of our Childcare Centre.

THE STAFF WILL IMMEDIATELY REPORT TO THE PARENT IF ANY CONTAGIOUS OR COMMUNICABLE DISEASES ARE OBSERVED.

Your Child can not attend or will be SENT HOME AND UNABLE TO ATTEND SCHOOL for the following Conditions:

- fever over 38.3 (101F)
- Infected eyes or skin (Pink Eye, Contagious Rash)
- Any type of contagious disease such as the Flu, Measles, Mumps, Rubella, Chickenpox and Head lice (please wash and remove nits from head and once head is clear you may return to school)
- Unexplained Diarrhea or Loose Stool with Nausea, Vomiting or Abdominal pain
- Cold, with symptoms such as Fever, Sore throat, Earache, Runny nose (Green and Yellow Mucus), and Cough, Congestion to the point that he/she has heavy breathing
- COVID related Symptoms (Fever, Cough, Tiredness and Loss of Taste or Smell)
- If the Centre closes due to communicable disease such COVID or other Sickness, The Centre/ You will need to follow All Government Orders. It is the family's responsibility to find alternate care.

****If a child becomes sick at daycare, the parent will be called and if unable to reach or unavailable to pick up the guardian or authorized person will be called and asked to get the child. The staff will isolate the child from the other children and make the child comfortable as possible but will not administer medication unless previously authorized to do so.**

*****Please keep your child at home at least 24 hours after your child's last symptom. Please stay home until the child is well enough to join class again.**

Parent/Guardian Signature: _____ Date: _____

Young Climbers Childcare Centre

7328 144th St. Surrey, B.C., V3W 5S5

604 590 5833

PRE-AUTHORIZED DEBIT FORM

I have enrolled my child _____ (name of child)
At Young Climbers Childcare Centre and I desire to pay the monthly fee
through this pre-authorized debit agreement.

Please debit my account that corresponds to the attached VOID cheque. (attach Void Check)

I agree that _____ will be taken from my account on the 1st of each month or
the next business day from the time I start at Young Climbers.



Parents Name: _____
(account holder)

Signature: _____

Address: _____

Phone: _____

These payments are being made from my ____ Individual ____ Business account.

I may revoke my authorization at any time, subject to providing 30 days notice from the first of the month. This PAD agreement does not change any of the terms of the enrollment agreement I made with Young Climbers. To obtain a sample cancel form please contact your financial institution. Or visit www.cdnpay.ca

Young Climbers
7328 144th St.
Surrey, BC
V3W5S5

I have certain rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Participation Agreement

Participation Agreement to email and publish my child's work, photographs or videos via HiMama



To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior. In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein. Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions. I hereby acknowledge that I wish to voluntarily participate in the Program:

CHILD'S NAME

PARENT/GUARDIAN NAME

EMAIL

PARENT/GUARDIAN SIGNATURE

DATE

