



MID-SUN COMMUNITY CHILD CARE MIDNAPORE REGISTRATION FORM 2019/2020 FOR GRADES 1 TO 6

(3.1.a) (3.1.c) (3.2.a) (3.2.b)

Commencement Date: _____ Termination Date: _____ *\$75.00 Registration Fee: _____ (Date paid)

*Component Required: After (Before Care at Mid-Sun only- licensing requires Mid-Sun form filled out as well)

*** requirements of registration must be filled in, please print clearly**

*Child's Legal Name: _____ *Also Known As: _____
first name last name name by which child is commonly known as

*Address: _____ *Postal Code: _____
Must be legal land description.

*Home Phone #: _____ *Date of Birth: _____ / _____ / _____
year month day

*School: Midnapore School *Grade for 19/20 school year: _____ English Mandarin

*Mother's Legal Name: _____ *Father's Legal Name: _____
first name last name first name last name

*Address: _____ *Address: _____
Must be legal land description. Must be legal land description.

*Mother's Phone #: *Home- _____ *Father's Phone #: *Home- _____

*Work- _____ *Work- _____

*Cell- _____ *Cell- _____

*Email: _____ *Email: _____

***Persons authorized to pick up child** (if for any reason you should not want your child to leave with a particular person, please indicate, legal documents may be required). _____

Alternate Emergency Contact: (Must be someone other than a parent and live locally)

*Name: _____ *Address: _____
First name last name Must be legal land description.

Cell Home Phone #: _____ Relationship: _____

Health Care Information: (2.1.d) (2.2.I)

*Allergies: YES NO If YES please list: _____

*Does your child take any ongoing medication or have any special needs, such as diet, rest or exercise requirements for medical or other reasons:(ex- Inhaler for Asthma, Epi-Pen/ Benadryl for Allergies, Vegetarian)(2.2.I) YES NO If YES please list: _____

*Does your child have a history of serious illness? YES NO If YES please list: _____

*Are your child's immunizations up to date? YES NO

The information given on this form is true and correct. **Registration Fee Non-refundable/Non-transferable**

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date



MID-SUN COMMUNITY CHILD CARE CONSENT WAIVERS

***Accident Policy**

If my child, _____ has an accident and is seriously injured while attending the
child's full name

Program: The Mid-Sun Community Child Care Program will:

- Call 911
- Contact the parent or the child's emergency contact immediately after calling 911
- Report the injury to Child and Family Services Authority

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

Permission Authorizing that a Child May Leave the Program Unaccompanied by an Adult

I, _____ authorize my child, _____ to leave the Out of
Parent/Guardians full name child's full name
School Care Program UNACCOMPANIED BY AN ADULT when instructed to do so by a parent/legal guardian and OOSC staff. I agree to release from liability the Mid-Sun Community Child Care from any illness, injury or accident occurring once the child has left the program.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date

Media Consent (3.2.g) (3.2.f)

I, _____ give permission to Mid-Sun Community Child Care to take my child's,
Parent/Guardians full name
_____ photograph, display their art work and take video recordings for program
Child's full name
use only and promotional reasons within the program (examples- photo album to show new families) and documentation purposes in perpetuity. Photos will not be posted on any form of social media.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date

Sharing Of Information (3.2.g) (3.3.f)

I, _____, give consent to the Mid-Sun Community Child Care to share child-
Parent/Guardians full name
specific information about my child, _____ with relevant stakeholders (example-
Child's full name
Midnapore School) and understand that a record will be maintained of the information shared where applicable.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date

Working with Teachers at the Midnapore School During Out of School Care Hours

I, _____, hereby give consent that my child, _____,
Parent/Guardians full name child's full name
may work with any teacher in the Midnapore School during Out of School Care hours. The children will be responsible for checking in with the OOSC before returning to their classrooms to work with their teachers; OOSC staff will call to confirm with teacher so staff know the exact whereabouts of the child. I understand that OOSC staff are not supervising my child during this time and agree to release the Mid-Sun Community Child Care-Midnapore Elementary Out of School Care from liability for any illness or accident occurring during this time.

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date



MID-SUN COMMUNITY CHILD CARE CONSENT WAIVER

***School Bus Policy**

It is the responsibility of the parent/ legal guardian to communicate to the Out of School Care Programs, to the school and to the child regarding any changes to before and after school transportation. It is the parents/ legal guardian's responsibility when the child misses a bus or when the child takes a bus home without expressed permission to do so. All children using bussing to either go to school or to arrive at the program after school must do so on their own supervision. Until the child is signed into the Out of School Care Program, The Mid-Sun Community Child Care is not responsible for any incidents that may occur.

*Please indicate if your child, _____ is registered for the School Bus Yes No
Child's full name

 *Parent/ Legal Guardian Printed Name *Parent/ Legal Guardian Signature *Date

***Policies Needing Parent Initials** (6.3.b)

*I, _____, have read and fully understand The Parent Handbook for the Mid-Sun
Parent/Guardians full name
 Community Child Care Programs. I further agree to adhere by the following policies:

Policy	*Initial
1. Hours of Operation & Closure Dates	
2. Fees	
3. Health and Safety Policy- Potential Health Risk, Administration of Medication, Nutrition	
4. Communication Policy	
5. Confidentiality Policy	
6. Complaint Policy	
7. Bullying and Harassment Policy	
8. Supervision Policy- Pick up/ drop off from schools	
9. Child Guidance and Bullying Awareness Policies	
10. Diversity/ Inclusion Policy	
11. Programming Policy	
12. Off-Site Excursion Policy- Field Trips, Midnapore Lake Excursions, Safety	
13. Emergency Evacuation Procedures & Emergency Procedures	
14. I understand that children arrive to the Program on their own	
15. I understand that the Licensed OOSC programs run from September to June; registration for subsequent years must be completed on a yearly basis and is not guaranteed.	

 *Parent/ Legal Guardian Printed Name *Parent/ Legal Guardian Signature *Date



**MID-SUN COMMUNITY CHILD CARE
TRANSPORTATION TO AND FROM SCHOOL CONSENT WAIVERS
FOR GRADES 1 TO 6 ATTENDING MIDNAPORE OOSC**

***Transfer FROM Midnapore School Classrooms to Midnapore OOSC**

I hereby consent for my child, _____;
Child's full name

- Description of Activity: Arrival of the child independently from the Midnapore classroom to the Midnapore OOSC designated location.
- Duration of Activity: It will take ~5 minutes for the child to arrive at the Midnapore OOSC designated location independently.
- Transportation: Walking
- Upon Arrival: Once child arrives at designated program location, child will be signed in on attendance form.

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

***Transfer TO School- MIDNAPORE SCHOOL ON NON-SCHOOL DAYS IF BEFORE CARE IS REQUIRED**

I hereby consent for my child, _____;
Child's full name

- Description of Activity: To transfer children to the Midnapore School OOSC location from the Mid-Sun Community Child Care program located in the Mid-Sun Community Centre.
- Duration of Activity: Children will leave the Community Centre at 8:30am. It will take ~5 minutes as staff and children must walk around the parking lot. Children must be dropped off no later than 8:25am to Mid-Sun. There will be no dropping off of children between 8:25am and 9am.
- Transportation: Walking
- Supervision: The Mid-Sun OOSC staff will supervise the children at all times. Children will be put into groups if applicable; staff will carry walkie talkies and there will be a cell phone for in case of emergencies. The Mid-Sun OOSC staff will ensure that minimum staff to children ratio will be adhered to at all times.

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

***Transfer TO School- MIDNAPORE SCHOOL** (times according to 2018 school year and are subject to change)

I hereby consent for my child, _____;

- Description of Activity: To transfer children to the Midnapore School playground from the Mid-Sun Community Child Care program located in the Mid-Sun Community Centre.
- Duration of Activity: Children will leave the Community Centre by 7:50am for the 8am school start time. It will take ~5 minutes as staff and children must walk around the parking lot.
- Transportation: Walking
- Supervision: The Mid-Sun OOSC staff will supervise the children at all times. Children will be put into groups if applicable; staff will carry walkie talkies and there will be a cell phone for in case of emergencies. The Mid-Sun OOSC staff will ensure that minimum staff to children ratio will be adhered to at all times.
- Children may walk to Midnapore School at 7:48am without staff supervision if permission authorizing a child to walk to and from school unaccompanied by an adult is signed.

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date



MID-SUN COMMUNITY CHILD CARE PARENT FEE AGREEMENT

*Parent Fee Agreement	*Parent Initial
The monthly fee of \$370 is due on the 1 st of each month and will be automatically processed.	
Payment Method Included: <input type="checkbox"/> Post Dated Cheques <input type="checkbox"/> Credit Card <input type="checkbox"/> Subsidy <ul style="list-style-type: none"> A form of payment is required to be on file to complete registration, even if on subsidy Families must notify the Program of any fee splitting. Joint-parenting families must fill out and sign a fee payment form- parents must alternate months, no splitting of monthly fees It is the responsibility of the parent to update payment information 	
Parent/ guardian name requested on tax receipts (only 1) _____ <ul style="list-style-type: none"> We will not be able to change this once it is in the computer or change it retro-actively <li style="background-color: yellow;">Receipts will be emailed monthly through Max Galaxy, please retain for tax purposes If tax receipts need to be emailed again, there will be a \$25 charge If tax receipts are requested to be printed, there will be a \$5/ sheet of paper charge 	
<u>Monthly Fees Per Child</u> Morning Care \$140.00 – located at the Mid-Sun Community Center only (must complete Mid-Sun Registration form as well) After Care \$370.00 – \$40.00 surcharge for all non-school days Before & After Care \$510.00 – includes non-school days, except Spring/Easter Break where surcharges apply (must complete Mid-Sun Registration form as well) Morning Care \$15/ drop in – located at the Mid-Sun Community Centre only	
<ul style="list-style-type: none"> One month's written notice of withdrawal or change in components is required, dated the 1st of the month. All schedule changes will take place on the 1st of the month. Failure to notify the Program prior to August 1st that your child will not be returning in September will result in a charge for September fees. A charge of \$20.00 will be applied to any NSF cheque or failed credit card charges. Families must notify the Program of any change of payment method in writing. Families must supply their Subsidy Approval Notice to the Program. Deposit may be required. There will be no pro-rating of monthly fees to accommodate holidays, sick days or other absences. There will be no pro-rating of fees for program closers due to strike, natural disasters, power outages, or any other program closures. Families with delinquent accounts will be given 5 working days' notice to clear up outstanding balances or childcare will be terminated. Finding and the cost of alternate care is the parent's responsibility. 	
<u>Additional Fees</u> <ul style="list-style-type: none"> \$1/ minute for after 6:00pm \$10 for failure to notify the program of any child absences from the Program 	

If at any time you have concerns or questions regarding your fees, please approach the Program Director/ Manager as soon as possible.

*Parent/ Legal Guardian Printed Name

*Parent/ Legal Guardian Signature

*Date

*Program Director Printed Name

*Program Director Signature

*Date

Would you like to receive occasional updates from Mid-Sun Community Association by E-Mail?
(You will receive updates in regards to registration dates, community events, community news, etc...)

YES NO