



# 2022–23 Preschool Playhouse Application Guidelines

## PROGRAM AND LOCATION:

Preschool Playhouse  
Windsor Pavilion “Preschool Room”  
2451 Windsor Road

## HOURS & COST:

Monday–Friday, 9:00am–12:00pm  
\$469.00

## A COMPLETE APPLICATION NEEDS THE FOLLOWING:

1. Colour photo of child
2. Immunization record
3. Permission & acknowledgments page signed
4. Pre-Authorized Debit form filled out and void cheque or credit card information attached
5. Additional paper work i.e: Epi-Pen Form, Permission to Administer Medication Form, or Care Plan

### Incomplete Applications Will Not Be Accepted.

All applicants will be notified by email of their application status no later than April 30, 2022.

**PLEASE SEE THE PARENT/GUARDIAN HANDBOOK FOR WITHDRAWAL PROCEDURES**

## APPLICATION DROP-OFF LOCATION:

Henderson Recreation Centre  
Phone: 250-370-7202  
2291 Cedar Hill X Road, Victoria, BC, V8P 5H9

APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS IN THE FOLLOWING ORDER:

1. **Current Registrants Applications**
2. **Current Wait List** if applicable
3. **Sibling Applications**  
A sibling that will be attending with a current Preschool Playhouse registrant.
4. **New Registrant Applications**

## APPLICATION DATES

1. **Current Registrant,**
2. **Wait Listed applicants (must be waitlisted before January 1, 2022), and**
3. **Siblings of Current Registrants.**

Applications will be accepted at Henderson Recreation Centre beginning **Tuesday, March 1, 2022 at 7:00am.**

**Current Registrants have until Friday, March 11, 2022 at 4:00pm** to submit their applications to maintain their “Current Registrant” status. Applications submitted after that time will be considered as “New Registrants”.

### 4. **New Registrants**

Applications will be accepted at Henderson Recreation Centre beginning **Tuesday, March 15, 2022 at 7:00am.**

## REGISTRATION AND PROGRAM INFORMATION:

Meghan Roberts, Licensed Care Programmer  
Phone: 250-370-7902  
email: mroberts@oakbay.ca





# Pre-Authorized Debit Plan Licensed Care

## PAYMENT DETAILS AND TIMING:

Pre-Authorized Payments will be processed on the first day of each month that child is registered in the Licensed Care program.

I/We authorize THE CORPORATION OF THE DISTRICT OF OAK BAY and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our OBRC account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the first day of each month. These services are for (check one)

Personal or Business purposes.

THE CORPORATION OF THE DISTRICT OF OAK BAY will obtain my/our authorization for any other one-time or sporadic debits and provide me with written notice, 10 calendar days prior to any debits. This authority is to remain in effect until THE CORPORATION OF THE DISTRICT OF OAK BAY has received written notification from me/us of its change or termination. This notification must be received at least 30 calendar days before the next debit is scheduled, at the address provided below. I/We may obtain a sample cancellation form, or more information on my our/ right to cancel PAD agreement at my/our financial institution by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

## PAYMENT CHANGE REQUESTS:

THE CORPORATION OF THE DISTRICT OF OAK BAY requests that all changes to the plan should be submitted in writing a minimum of four days prior to the next scheduled withdrawal.

## DECLINED CREDIT CARDS:

**Please note:** NSF Payments or Declined Credit Cards will be charged a \$20 fee. Replacement of the payment will be due immediately by cash, certified cheque or debit/ credit card. No more than two (2) declined payments will be allowed, and then THE CORPORATION OF THE DISTRICT OF OAK BAY may cancel your Pre-Authorized Debit Plan agreement and all remaining child care registrations.

## THIRD PARTY BILLING:

If you require third party billing, the second party MUST complete a separate Pre-Authorization Debit Plan agreement and all remaining child care registrations.

## YOUR RIGHTS:

You have certain rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit Plan Agreement.

To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

## INFORMATION AND PROTECTION OF PRIVACY

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of FIPPA. The information will be used for processing of fees related to the recreation program. Questions can be directed to the District's Privacy Officer at 2167 Oak Bay Avenue, Victoria BC, V8R 1G2, or 250-598-3311, or [foi@oakbay.ca](mailto:foi@oakbay.ca).

## PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT FORM

Child's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please provide either bank account or credit card information below to complete this PAD plan.

### BANK ACCOUNT INFORMATION:

Bank Name: \_\_\_\_\_

Bank Number: \_\_\_\_\_ Bank Account Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Savings Chequing

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

\_\_\_\_\_ Bank Telephone Number: \_\_\_\_\_

Please also attach a cheque marked "VOID" or a stamped document from your bank to verify this information.

**CREDIT CARD INFORMATION:**

Card Provider: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date on card: \_\_\_\_\_

Must not expire in the next 3 months

CVC: \_\_\_\_\_  
(card security code on back of card)

**NEW APPLICANTS REGISTRATION FEE FOR LICENSED CARE:**

New applicants will be charged a one time, non-refundable \$25 registration fee (per child), upon receipt of a complete application. Payment will be charged to Pre-authorized debit plan as listed above.

**SUBSIDY:**

Yes, I am eligible for subsidy. **Please note:** The subsidy does not cover the full cost of care. Until subsidy has been approved by the Provincial Government families are responsible for paying the full cost of child care.

Please make sure a method of payment for your parent portion is indicated above. If you need help calculating this amount, please contact the accounts office at 250-370-7125. Please mail or drop off a copy of your Authorization to the accounts office at Oak Bay Recreation Centre, 1975 Bee Street.

**TERMS AND CONDITIONS**

I hereby authorize THE CORPORATION OF THE DISTRICT OF OAK BAY to debit my credit card or bank account on the first business day of the month while my child is registered in this program, in payment of my Recreation Pre-Authorized Debit Plan.

I have read and agree to all Terms and Conditions with this PAD agreement.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder if appropriate

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Your treatment of each payment shall be the same as if I/we have personally directed you to pay as indicated and charge the amount specified to the account of the signatory.

Any delivery of this authorization to you constitutes delivery by the signatory.

**FORM SUBMISSION DROP-OFF LOCATION:**

Henderson Recreation Centre  
Phone: 250-370-7202  
2291 Cedar Hill X Road, Victoria, BC, V8P 5H9

**REGISTRATION AND PROGRAM INFORMATION:**

Meghan Roberts, Licensed Care Programmer  
Phone: 250-370-7902  
email: mroberts@oakbay.ca





# 2022-2023 Medical Form

Please attach a recent colour photo of your child here

## Parent/Guardian and Child Information

Date: \_\_\_\_\_

Grade in September 2022: \_\_\_\_\_  
(Only applies to out of School Care Program)

Name of Child: \_\_\_\_\_  
Surname Given Middle Initial

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

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

Gender: Male Female Date of Birth: \_\_\_\_\_

Child's first language \_\_\_\_\_

Name of Enrolling Parent/Guardian: \_\_\_\_\_  
Surname Given Middle Initial

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

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

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

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

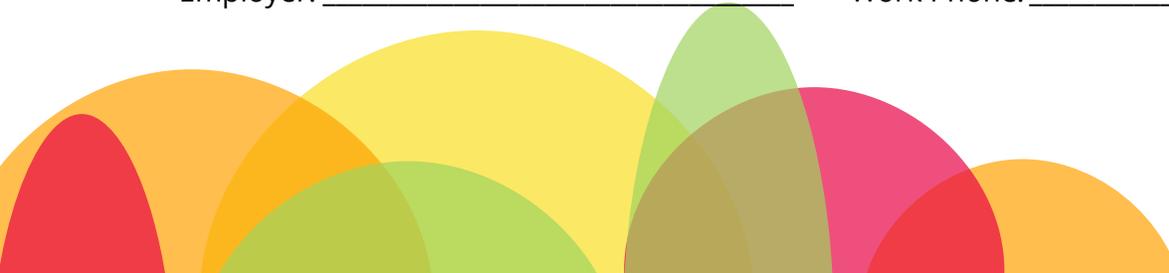
Name of Second Parent/Guardian: \_\_\_\_\_  
Surname Given Middle Initial

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

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

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

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



# Persons Authorized to pick up your child or contact in case of emergency

(Minimum of two alternative names are required other than parent/guardians previously listed.)

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please Note:** Children will not be released on their own. Children must be signed out of the program by a parent/guardian or a person authorized above. They will not be released to anyone who is not listed above.

## CUSTODY ARRANGEMENTS:

Are there custody arrangements?    Yes    No

If yes, a copy of the custodial order must be attached to application.

Please state general conditions here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List persons not permitted access to the child: \_\_\_\_\_

\_\_\_\_\_

# Immunization Record:

My child has been Immunized    Yes    No

Please attach your child's immunization records from 2 Months of Age until current (Required).

# Medical Information:

Family Doctor or Preferred Clinic (required): \_\_\_\_\_

Doctor/Clinics Phone: \_\_\_\_\_ BC Medical Number: \_\_\_\_\_

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

**Does your child have any health problems that staff need to be aware of?**    Yes    No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Does your child carry an EPI Pen?**    Yes    No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

If Yes, please complete an "Epi-Pen Form" available at all Oak Bay Recreation facilities.

**Allergies (food/drug):**    Yes    No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Does your child have any special needs?**    Yes    No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child require a support worker in the program?**    Yes    No

**Does your child have funding provided by Supported Child Development?**    Yes    No

If yes, and your child is not currently registered in Oak Bay Recreation After School Program, please contact the Licensed Care Programmer (250-370-7902) before submitting this application.

**Will your child require any medication during the program time?**    Yes    No

If yes, explain: \_\_\_\_\_

If your child requires medication please complete an "Authorization to Administer Medication Form" available at all Oak Bay Recreation Recreation facilities.

**Does your child have any dietary needs?**    Yes    No

If yes, explain: \_\_\_\_\_

# Permissions/Acknowledgements

I hereby give permission for my child to go on field trips arranged by Oak Bay Recreation.

I hereby give permission to have pictures taken of my child in the program setting for general record keeping and Oak Bay Recreation publicity purposes.

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot immediately be reached.

I accept all responsibility for payment of all accounts rendered to my family.

I understand that by enrolling my child for care, I am responsible for the total cost of care. I understand that if I wish to withdraw my child's enrollment in entirety or part, I must submit my request in writing by the 1<sup>st</sup> of the month for the following month. If one month's notice is not given, a one month fee will apply.

I have read and accept the policies and procedures outlined in the Parent/Guardian Handbook.

I certify that the information given in this form is complete and true in every aspect, and that I am the legal guardian of this child.

I/We hereby authorize THE CORPORATION OF THE DISTRICT OF OAK BAY to debit my/our account at the institution indicated or my credit card on the 1st business day of each month while my child is registered in this program. Any additional fees for lessons or drop-in days will be debited as indicated in the parent's /guardian handbook.

New Applicant Registration Fee: New applicants will be charged a one time non-refundable \$25 registration fee (per child) upon receipt of a complete application. Payment will be charged to pre-authorized debit plan as listed on the form.

## Incomplete Applications Will Not Be Accepted.

Parent/Guardian of: \_\_\_\_\_

Child's Name

\_\_\_\_\_

Print Name - Parent/Guardian

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

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Meghan Roberts, Licensed Care Programmer  
Phone: 250-370-7902  
email: [mroberts@oakbay.ca](mailto:mroberts@oakbay.ca)

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FOR OFFICE USE ONLY

PROGRAM START DATE: \_\_\_\_\_

DATE OF TERMINATION FROM PROGRAM: \_\_\_\_\_