



# 2020/2021 Campus View Elementary After School Program Application Form

**Applications for September 2020 will be accepted in person as of  
Tuesday, February 4th, 2020 at Henderson Recreation Centre • Doors open at 6:00am**

**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 & void cheque or credit card information attached.
5. Additional paper work: i.e.: Epi-Pen Form, Permission to Administer Medication Form, or Care Plan.

**Applications are processed on a first come, first served basis in the following order:**

**1st: Current After School Care Registrants without change**

Applications must be submitted in person at Henderson Recreation Centre by Tuesday, March 3rd to guarantee your child's current spot for September 2020.

**2nd: Current Registrants requesting additional days/changes**

Applications must be submitted in person at Henderson Recreation Centre by Tuesday, March 3rd and will be processed on a first come first served basis.

**3rd: Current Wait List** if applicable

**4th: Siblings of Current Registrants**

A sibling that will be attending **with** a current After School Care registrant. Applications will be processed on a first come first served basis and must be submitted in person at Henderson Recreation Centre by **Tuesday, March 3rd** to be processed as a sibling application. Applications received after Tuesday, March 3rd will be considered as a new registrant.

**5th: New Registrants**

New Registrant Applications will be accepted in person on **Tuesday, February 4th** at Henderson Recreation Centre and are processed on a first come, first served basis. Doors open at 6:00am

Program and Location:	Cost:
After School Care - Henderson Recreation Centre	<b>Full-time:</b> \$21.05 per day* <b>Part-time:</b> \$22.05 per day*
Drop In Care - Henderson Recreation Centre (Based on availability)	After School Care: \$30.00 per day

\*CCOF Grant will be applied to children in Kindergarten. Fees subject to change.

## Incomplete Applications Will Not Be Accepted.

All applicants will be notified by email/mail of their application status no later than April 30th, 2020.

**Please see the Parent Handbook for withdrawal procedures**

**Application 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



## Pre-Authorized Debit Plan - Before and/or Afterschool Care

### Payment Details and Timing:

Pre-Authorized Payments will be processed on the 1st business day of each month, commencing September 1st and ending June 1st.

### Change Requests:

Recreation Oak Bay requests that all changes to the plan should be submitted in writing 4 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 2 declined payments will be allowed, and then Recreation 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).

### FREEDOM OF 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 [dhopkins@oakbay.ca](mailto:dhopkins@oakbay.ca).

## Pre-Authorized Debit (PAD) Plan Agreement Form

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

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: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date on card: \_\_\_\_\_ CSC (card security code on back of card): \_\_\_\_\_

Must not expire in the next 3 months

**NEW APPLICANTS REGISTRATION FEE:** New applicants will be charged a onetime \$25 registration fee (per child) at time of registration. 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 normally 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 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 1st business day of the month in which we have child care registrations, in payment of my Recreation Pre-Authorized Debit Plan.

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

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

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.

# 2020/2021 Medical Form



Please attach a recent colour photo of your child here

Date: \_\_\_\_\_ Grade in September 2020: \_\_\_\_\_

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

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

Gender: F M Date of Birth: \_\_\_\_\_

Child's First Language: \_\_\_\_\_

**Parents/Guardians:**

**Name of Enrolling Parent:** \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

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

**Name of Second Parent:** \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

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

# PERSONS AUTHORIZED TO PICK UP YOUR CHILD or CONTACT IN CASE OF EMERGENCY

(minimum of 2 alternative names are required)

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 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:

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List persons not permitted access to the child:

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**Immunization Record:**

My child has been immunized

My child has not been immunized

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

Family Doctor or Preferred Clinic: \_\_\_\_\_

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

BC Medical Number: \_\_\_\_\_

Does your child carry an EPI Pen? Yes No

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

If Yes, you will need to fill out an Epi-Pen Form available at Recreation Oak Bay facilities.

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

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

Allergies (food/drug): Yes No

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

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

Does your child have any special needs or require a support worker to participate in the program? Yes No

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

Does your child have a Special Needs worker at school? Yes No

If yes, and your child is not currently registered in Recreation Oak Bay 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

Special comments or instruction on special medications: \_\_\_\_\_

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

If your child takes medication you must also complete an "Authorization to Administer Medication Form" available at Recreation Oak Bay facilities.

Are there any dietary needs? Explain: \_\_\_\_\_

