



2020/2021 Willows Elementary School Before & 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 NLC Before and 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:
Before School Care - Neighbourhood Learning Centre	\$12.00 Per Day*
After School Care - Neighbourhood Learning Centre	Full-time: \$21.05 per day* Part-time: \$22.05 per day*
Drop In Care - Neighbourhood Learning Centre (Based on availability)	Before School Care: \$14.50 per day 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.

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.

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:

List persons not permitted access to the child:

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: _____

Permissions/Acknowledgements

Child's Name: _____

- _____ I hereby give permission for my child to go on field trips arranged by Recreation Oak Bay.
- _____ I hereby give permission to have pictures taken of my child in the program setting for general record keeping and Recreation Oak Bay 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 put my request in writing by the 1st 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's Handbook - Licensed Care Programs.
- _____ 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 the after school care program. Any additional fees for lessons or drop-in days will be debited as indicated in the parent's handbook.
- _____ New Applicant 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 on the form.

Incomplete Applications Will Not Be Accepted.

Parent/Guardian of: _____
Child's Name

Print Parent/Guardian Name	Signature
Date	

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.

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

..... FOR OFFICE USE ONLY

PROGRAM START DATE: _____

DATE OF TERMINATION FROM PROGRAM: _____