

The After School Club

Bowen Children's Centre 650 Carter Road Bowen Island, BC V0N 1G2 BCC: (604)947-9626 ASC Cell: (604)908-6056 asc@bowenchildrenscentre.ca

The After School Club – Registration Form

Child's Name

(surname)	(given name)	
Home Address		
Parent(s)/Guardian(s) email address(es))	
Parent(s) / Guardian (s)		
Name	Home phone #	
Workplace	Work phone#	
Cell #		
<u>Name</u>	Home phone #	
Workplace	Work phone #	
Cell #		
People with whom child lives:		
(name)	(relationship)	
(name)	(relationship)	
(name)	(relationship	

(name) (relationship) The After School Club Registration cont'd.

Person(s) other than parent(s)/guardian(s) authorized to pick up child and/or be contacted to pick up child in case of emergency (in addition to parents/guardians). Please list at least three.

Please note that while The After School Club coordinators prefer that you advise them if someone other than you will be picking up your child, with this form you are authorizing these individuals to pick up your child from the program without any further, specific notice from you.

Name	Relationship to child		
Home phone #	Work phone #		
Name	Relationship to child		
Home phone #	Work phone #		
Name	Relationship to child		
Home phone #	Work phone #		
Name	Relationship to child		
Home phone #	Work phone #		
Does your child attend Bowen Island what school does your child attend?			If not
Health information			
Doctor	Phone #		
Dentist	Phone #		
Care Card Personal Health #			
I understand that this information ma Authority.	ay be made available to Vancouve	ər Coas	stal Health

Name (please	print)
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Signature



The After School Club Parent Agreement

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Staff Initials _____

As the parent/guardian of ______, a child who attends The After School Club, I understand and accept the following conditions of enrolment:

Authority and Consents

Bowen Children's Centre will assume that all information given regarding a child's parents and/or legal guardians, health issues and contact information is entirely true in legal terms and that the registration form's signatory(ies) are properly entitled to give authorizations and consents.

Whether parents live together or separately, BCC expects and assumes that the information provided by either parent is accurate, and that any consent(s) or direction(s) given by one parent is agreed to by the other.

Financial

Registration fee:	\$35.00 (non-refundable) \$10.00 per additional child in the same family
Program fee:	\$16.00 per day (regular/ongoing booking) \$18.00 per day (drop-in)

The After School Club accepts payment by email transfer, cheque or money order. Payment can be emailed to info@bowenchildrenscentre.ca, dropped in the secure box at the ASC or mailed to BCC, 650 Carter Road, Bowen Island, BC V0N 1G2. All fees and deposits are payable to "BCC - The After School Club". Please be sure to include your child's name on all forms of payment.

Bookings

There are two booking arrangements available:

1) Regular/ongoing

- Under the terms of this arrangement, space is booked on an ongoing basis, one or more days each week.
- My child's place is assured. However, if my child is unable to attend on a regularly booked day, I understand that I will be billed for that day.
- One month's written notice is required to withdraw a child from the program or to reduce the number of days booked.

2) Drop-in

- Drop-in spaces are subject to availability.
- Drop-in spaces can be booked no more than one week in advance.
- Drop-in spaces cancelled with less than 24 hours' notice will be billed for that day.

Billing

- Invoices are delivered at the beginning of each month for services rendered the previous month.
- Fees are due, in full, within 7 (seven) days of receipt of the invoice.
- Interest may be charged on past due accounts at the rate of 2% per month.
- I understand that if a cheque is returned NSF I will pay a \$15 charge.
- The After School Club will give at least one month's notice of any change in fees.
- The After School Club will issue receipts for income tax purposes, usually in February.

Health and Safety

- If my child becomes ill while at The After School Club, I will arrange to pick him/her up promptly. If requested, I will provide a note from a doctor affirming my child's good health before (s)he next attends the program.
- I hereby give my permission for the coordinator to send my child home in the care of an authorized, responsible adult if (s)he becomes ill and I am not available.
- I will inform The After School Club, in writing, of any allergies and medical conditions that my child may have, as well as significant behavioural or developmental issues.
- I will keep staff informed of any events, circumstances or change of routine at home that might affect my child's behaviour.
- I will advise staff of any changes in my child's health and update relevant records promptly.
- I understand that my child must be well enough to participate in all aspects of the program, including outdoor play. I will send my child dressed appropriately for the weather.
- I understand that Vancouver Coastal Health Authority licensing regulations require that only
 medication prescribed or recommended for my child in writing by a physician and provided
 in its original packaging with full, legible instructions will be administered to my child by The
 After School Club staff. I understand that the staff will only administer the medication once I
 have completed a 'Permission to Administer Medication' form (these are available at the
 program).
- I will notify The After School Club staff if someone other than myself or one of the individuals I have authorized to pick up my child will be picking up my child from the program. I understand that the staff will not release my child to an unauthorized individual.
- In case of emergency, I hereby give consent for the coordinator to call a qualified physician, my family doctor, an ambulance if needed, and to authorize treatment for my child in the event I cannot be reached.
- In case of injury to my child while in the care, custody or control of The After School Club, and/or In the event of injury to myself, or any member of my family, in connection with my/our association with Bowen Children's Centre I hereby waive all claims against Bowen Children's Centre (BCC), including its directors, staff, contractors, volunteers and the Society's membership, in excess of public liability insurance carried by BCC.

Permission: Walks and Other Excursions

I hereby give consent that my child/ren may go on supervised excursions within walking distance from Bowen Island Community School.

I understand that these walks may be of a spontaneous nature – influenced, perhaps by the weather, a child's suggestion, a curriculum theme, or other circumstances – and as such I may not receive advance notice. My permission for my child to take part in such excursions extends to situations where I do not receive advance notice.

Permission: Photographs

I hereby give my permission for pictures to be taken of my child/ren while attending The After School Club. I understand that these photographs may be used in the program's activities, BCC newsletters, website, promotional materials or submitted to The Undercurrent.

I have read The After School Club Parent Handbook and agree to its policies and procedures.

I have read, understand and accept all of the foregoing and will abide by the terms and conditions of this agreement.

I agree to provide Bowen Children's Centre with information that is true, and I understand that the Centre will be relying upon the information I provide.

I recognize that failure to comply with these terms and conditions may be deemed sufficient cause for BCC to withdraw services.

Parent's name (print)	Parent's signature	Date
Parent's name (print)	Parent's signature	Date
 Child's name		

Staff Initials