OSOYOOS ELEMENTARY SCHOOL
Box 580, 8507 – 68th Avenue
Osoyoos, B.C.
V0H 1V0

Mr. D. Foster, Principal
Mr. Eccleston, Vice-Principal
Telephone 250-485-4444
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Seamless Day - Licensed Before and After School Program
REGISTRATION FORM FOR THE **2023-2024** SCHOOL YEAR
(Contract must be completed for each new school year)

CHILD'S INFORMATION:

Date of Enrollment: _____Date of Withdrawal: _____

Child's Name: _____ Gender: _____

Care Card #: _____ Date of Birth: _____

Doctor: _____ Doctor's Number: _____

Immunizations Up to Date: YES___NO____ Not Immunized ___ **(A copy must be in child's file)**

Medical Problems or Concerns (Including Disabilities): _____

_____

Allergies or Special Dietary Requests: _____

_____

Significant Changes in the Last Year: _____

_____

_____
_____
Okanagan Similkameen, District No. 53

PARENT'S INFORMATION:

Custody Agreement: YES__ NO__ (**If yes, copy MUST be attached before child can attend**)

Mother's Name: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

Father's Name: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

EMERGENCY CONTACTS:
(Excluding parents of child. Called if parents are unavailable. Also authorized to pick up children.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PEOPLE AUTHORIZED TO PICK-UP MY CHILD FROM THE PROGRAM:
(Excluding parents and emergency contacts if necessary.) IN ADDITION TO EMERGENCY CONTACTS

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Persons not permitted access to my child: _____

_____

_____

I give permission to the staff of Seamless Day Kindergarten to take a photograph or digital image of my child to comply with licensing regulations. I understand that this photo will be kept in my child's file or on their emergency card only.

YES **NO**

If "NO" you must submit a picture of your child for their file so we can comply with licensing regulations.

In addition, I give permission to use photographs of my child for in class displays.

YES **NO**

I also give permission to use photographs of my child for advertising or promotional purposes. (In the paper or on our website.)

YES **NO**

In addition, I give permission for the caregivers to apply sunscreen to my child as needed.

(The program will supply sunscreen, or you can supply your own sunscreen for your child)

YES **NO**

_____

_____

All information is kept confidential. Please use the bottom of this form to write down any special likes and dislikes, security items, fears, or anything at all you would like the caregiver to know about your child. This will help the caregiver better understand your child.

_____ _____

(Parent Signature) (Date)

_____ _____

(Parent Signature) (Date)

_____ _____

(Manager or Administrator Signature) (Date)

Additional Information you'd like us to know about your child:

_____
_____
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_____
_____

Okanagan Similkameen, District No. 53

Seamless Day Kindergarten Before and After School Program

Contract for **2023-2024** School Year

Child's Name: _____ Start Date: _____

This contract is for the care of the above-mentioned child.

I agree to PREPAY **$100 per month for before school care, $250 per month for after school care, or $350 per month for both before and after school care** for my child to attend the Seamless Day Kindergarten program. (Your monthly fee includes all early dismissal half day fees) You can also choose to PREPAY the drop-in rates if you only need care a few times a month. Whichever way is more advantageous for your child's needs and budget. On before the first of each month you must provide a list of dates your child is planning to attend and a cheque for the appropriate amount. **Drop in rates are the following: $7 per day for before school care, $15.00 per day for afterschool care or $30.00 per half day.**

Please Note: There are 2 Pro-D Days a year – October 20, 2023, and February 16, 2024. These two days are not included in your monthly fees and you will need to pay the full day rate of $45 to have your child attend. _____ **Initial**

Cheques are payable to Osoyoos Elementary School and online payment.

A receipt will be issued monthly for tax purposes.

Please note we are closed for all statutory holidays, Christmas and spring break, and summer holidays. These days are not included in your fees and we will not require payment.

I understand that I will not be reimbursed for any day my child did not attend before or after school care that month whether I am paying the monthly fee or the drop-in rate. Caregivers plan their lessons according to how many children will be in attendance. If you do not attend for any reason including illness you will not be reimbursed. However, I understand that in the event the school is closed or the before or after school care program is closed due to unforeseen circumstances, staff sickness, (substitute staff will be utilized when possible) unexpected facility closure, I will be reimbursed or credited for those days only.

I agree to renew my subsidy contracts on time (if applicable). I also agree to pay in advance for care and if I receive subsidy, I understand that I will be reimbursed after the program receives the payment.

_____

_____

Okanagan Similkameen, District No. 53

I have agreed to pay my total monthly fee or total monthly drop in rate fee, on or before the 1st of each month. I further understand that if I have not paid by the 10th of the month I will be assessed a 10 % late fee. **initial**

If my child is going to be absent for any reason during any time period, I agree to inform my caregiver in advance, giving as much notice as possible.

I understand that during the trial period of four (4) weeks, no notice is required to terminate care. I agree to give two (2) weeks' notice after this trial period if I am going to terminate the service. I understand that this is the same procedure the caregiver will follow if they are to terminate care.

If I realize I am going to be late on any day, I will call the caregiver as soon as possible. I understand that if I plan to pick up at 5:30pm and I am late, I will be charged $1.00 for every minute or part thereof that my child is still at the after school care program after 5:30pm. I also understand that if I am in excess of 30 minutes late, and I have not phoned, or could not be reached by the caregiver, he/she will phone my emergency contacts to come get my child. If they cannot be reached, I understand that the caregiver will phone the Ministry for Children and Families to come pickup my child.

I understand that the caregiver cannot allow my child to be sent home in a taxi, or to walk home. I understand that my child MUST be picked up by myself or an authorized person who is named on my child's registration form.

I understand that if I am under the influence of drugs or alcohol when picking up my child, the caregiver will offer to phone a taxi or find a designated driver to get the child and myself home safely. If I refuse, and insist on driving home, I understand that the caregiver is legally responsible to phone the local police department and report my license plate number and direction of travel. The caregiver is also responsible for phoning the Ministry for Children and Families and reporting the incident. If an authorized pickup person is under the influence when coming to pick up my child, I understand that the caregiver will phone me and ask that I come pick up my child.

I understand that OSE is a non-smoking premise. All cigarettes must be put out before entering the school grounds.

I agree not to send my child to before or after school care when he/she has anything contagious, other than a cold, until he/she has been on antibiotics for at least 24 hours. I also will not send him/her when he/she has had a fever, diarrhea, or has thrown up within the last 12 hours. I understand that I need to contact the caregiver as soon as possible if this happens and my child is supposed to be attending the program within the 12 hour time span. I will also inform the caregiver if he/she has come into contact of a communicable disease. **initial**

_____

_____

In case of emergency, such as a reportable accident or illness, I authorize the caregiver to contact my child's doctor and/or call an ambulance, if necessary, if I cannot be reached immediately. I will accept responsibility for the ambulance expense.

I understand that if my child receives an injury that requires medical attention, during care hours, the caregiver must complete and submit an Incident Report to the licensing officer. Therefore, I must contact the caregiver even if my child requires medical attention after the program from an injury that occurred that day while in care.

I give permission for my child to participate in spontaneous walks, trips to the park and/or library with the caregiver. I understand that if the caregiver is out with the children, there will be a sign on the door, and I can contact the caregiver on their personal cell phone to find out where they are. Caregivers phone numbers will be posted. _____ initial

If other outings are planned, such as field trips, a consent form will be provided by the caregiver for me to sign.

I understand that if my child needs to use the washroom during program hours, the caregiver will stand in the doorway of the classroom in order to supervise the children in the classroom as well as the child who has gone to the washroom.

I have read and agree to this information, as well as the information in the Seamless Day

Family Handbook. I will notify the caregiver immediately if there are to be any changes.

_____	_____
(Parent Signature)	(Date)
_____	_____
(Parent Signature)	(Date)
_____	_____
(Manager or Administrator Signature)	(Date)

FOR OFFICE USE: _____

Date Child Stops Attending SDK Program

_____

_____

Okanagan Similkameen, District No. 53