

# Gateway Out of School Care Program

898 Royal Oak Ave  
Victoria BC V8X 3T2

[www.gatewaybaptistchurch.ca/osc](http://www.gatewaybaptistchurch.ca/osc) Tel: 250 508 5249 Email: talita@gatewaybaptistchurch.ca

## 2020/2021 Registration Form

Child's Name: \_\_\_\_\_ Grade in September 2020 \_\_\_\_\_

Check program you would like			
<input type="checkbox"/>	Full Time After School Care (M-F)	<input type="checkbox"/>	Part Time After School Care

\*GOSC is pleased to offer part time care based on program availability. Priority is generally given to full time families and in the event a full time space is required, a part time space may no longer be available. Please speak to manager for more information.

<input type="checkbox"/>	My child will be on the waitlist if no spot is available.
--------------------------	---

\*To guarantee a part-time position, please consider sharing a spot.

<input type="checkbox"/>	My child is sharing a 5 day per week spot with _____ who will be in the same grade as my child in September 2020.
--------------------------	---

Provincial Child Care Regulations require that we must have all the information requested in the registration form on file for each child.

***Please ensure all items on the check-list below have been completed and attached prior to returning to HEOSC. Incomplete packages will not be processed and will be returned to you.***

<input checked="" type="checkbox"/>	<b>Registration checklist</b>
<input type="checkbox"/>	Registration form fully completed & signed
<input type="checkbox"/>	\$50 non-refundable registration processing fee
<input type="checkbox"/>	Immunization dates provided – form filled in or photocopy accepted
<input type="checkbox"/>	Recent photo of your child
<input type="checkbox"/>	Legal copy of custody restrictions (if applicable)
<input type="checkbox"/>	Government subsidy authorization (if applicable)

Please make your cheque out to Gateway Baptist Church.

<b>Internal Use Only</b>	Photo	Completed Form	Immunization
	Fee – Cash / Cheque	Permissions	Email

# Gateway Out of School Care

898 Royal Oak Ave, Victoria BC V8X 3T2 Tel: 250-508-5249

Email: [talita@gatewaybaptistchurch.ca](mailto:talita@gatewaybaptistchurch.ca)

## 2020/2021 Registration Form

<b>FAMILY INFORMATION</b>	<p><b>CHILD:</b> _____ Date of Birth M/D/Y: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Home Phone: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><b>PARENTS/GUARDIANS:</b></p> <p>Name: _____ Home phone: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work phone: _____</p> <p>Cell phone: _____ Email: _____</p> <p>Name: _____ Home phone: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work phone: _____</p> <p>Cell phone: _____ Email: _____</p> <p>Siblings names &amp; ages: _____</p>
<b>CUSTODY RESTRICTIONS</b>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so please attach court order or custody and access terms of separation agreement and state any general conditions here:</p> <p>_____</p>
<b>MEDICAL INFORMATION</b>	<p>Care Card number _____</p> <p>Family doctor _____ phone # _____</p> <p>Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (List below)</p> <ul style="list-style-type: none"> <li>▪ Does your child have an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ If "Yes" to either of the above please see the Manager for appropriate form.</li> </ul> <p>Does your child require a Supported Child Development (SCD) Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>▪ If "Yes" please see the Manager.</li> </ul> <p>Please describe any health conditions, disabilities, or concerns your child may have (learning disabilities, ADHD, etc).</p> <p>_____</p> <p>_____</p> <p>Medications: _____</p> <p>Allergies to medications: _____</p> <p>Other allergies or dietary restrictions: _____</p> <p>Please discuss with the Manager for relevant policies.</p>
<b>EMERGENCY CONTACTS</b>	<p>Name: _____ Relationship: _____</p> <p>Home phone: _____ Work/Cell phone: _____</p> <p>Name: _____ Relationship: _____</p> <p>Home phone: _____ Work/Cell phone: _____</p>

**PERSON(S) AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS**

Check if same as above

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

**RECORD OF IMMUNIZATION**

Please complete the chart by entering the DATES (mm/dd/yy) your child received the indicated immunization.  
 This information is required by legislation to be filled out – Photocopy of record is acceptable

	1st Visit (2 months)	2nd Visit (2 months after 1st)	3rd Visit (2 months after 2nd)	4th Visit (12 months)	5th Visit (12 months after 3rd)	5 – 6 yrs
Diphtheria						
Pertussis						
Tetanus						
Poliomyelitis						
Haemophilus Influenza Type B						
Pneumococcal Conjugate						
Hepatitis B						
Measles, Mumps & Rubella						
Meningococcal C						
Varicella (chicken pox)						

**PERMISSIONS**  
 Information collected by the program is used for the care and control of the children. Much of the information is required by legislation. Parents have the right to opt out of providing information but please be aware that this may affect our ability to provide service. If you have any questions about the information required, please contact the Program Manager.

**MEDICAL PERMISSION**  
 As Parent/Guardian, I authorize the staff of Gateway Out of School Care (GOSC), to make arrangements to send my child to the emergency contact person in the case of illness or minor injury or in an emergency call an ambulance for appropriate care. I understand that GOSC will contact me as soon as possible.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO COMMUNICATE**  
 I give permission for GOSC to disclose information with Lochside Elementary regarding my child whenever necessary. It may be important from time to time for the staff of GOSC to both give and receive information regarding my child.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSIONS**

Information collected by the Program is used for the care and control of children. Much of the information is required by legislation. Parents have the right to opt out of providing information but please be aware that this may affect our ability to provide service. If you have any questions about the information required please contact the Program Manager.

**PERMISSION FOR JOURNEYS**

GOSC occasionally leaves GOSC with the children in the program for journeys to local parks, recreation facilities, attractions, and playgrounds and will walk or take public transit to and from those locations. My child may participate in these journeys. As parent/guardian, I give written consent for my child to participate in the outings away from GOSC. I fully understand that every reasonable precaution and safety measure will be adhered to by the staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION FOR PICTURES**

As parent/guardian, I give permission for staff at GOSC to take pictures of my child for the purposes displays within the Program facility. Pictures may be kept in photo albums for historical purposes. Photos may also be used in the monthly newsletter, given to parents and families of children in our programs or for advertising.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

I have read the Information Booklet completely and have understood it. I have also spoken with at least one staff member from the Gateway Out of School Care. I acknowledge that I have been adequately informed of the programs of this Facility. I understand that there is Bible teaching and singing that occurs on a regular basis. I allow my child to participate in these programs and understand that a Biblical worldview will be taught during these times. My signature below is recognition of my agreement with the Facility and its staff about these issues.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUNSCREEN PERMISSION**

I give permission for my child to use GOSC's sunscreen.

- Is permitted to use GOSC's sunscreen (Coppertone Kids, non-PABA formula spray)
- I am supplying a labeled bottle of sunscreen for my child. (include child's name & Room #)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROGRAM CONTRACT**

I understand and agree to:

- ^ Give one month's written notice due by the first of the month if I plan to withdraw my child from the Program, change days or reduce service, or change days of week of service desire. If I fail to provide notice by the first of the month I agree to pay the following month's full fee.
- ^ If I do not give sufficient notice I am responsible for payment of fees in lieu of notice.
- ^ Upon registration I will submit a \$50/family non-refundable application fee.
- ^ Be invoiced at the beginning of the school year or commencement of service and pay all fees for each month at the beginning of the school year via post-dated cheques dated the 1st of each month or PAD.
- ^ It is GOSC policy to issue receipts once a calendar year. If receipts are requested during the year and subsequently lose them, I understand there is a \$5/receipt replacement charge.
- ^ If I lose the yearly receipt, I understand there will be a \$10 replacement fee.
- ^ A late fee of \$5/day may be charged on all fees outstanding.
- ^ Late pick up of my child results in a late fee of \$1/minute per child is payable upon arrival.
- ^ I will contact the Program if my child will not be attending on a particular day, will be away for an extended period of time, or my child will be picked up by someone not on the authorized pick up list. Contact will be made at least 15 minutes prior to the school dismissal bell. Any unexplained absences without notice (at least 15 minutes prior to the school dismissal bell) will be charged \$20 per child.
- ^ I will arrange play-dates ahead of time, not after school for the same day. Notice will be given in advance & in writing (email or a note to staff at the beginning of the day), at least

15 minutes prior to the school dismissal bell, or a charge of \$20 per child will be payable.

^ I will notify the Manager in writing of address changes, work or home phone number changes, or special instructions regarding my child.

^ I agree and accept all policies in the parent handbook.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**INTERNAL USE  
ONLY**

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

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

