

|                                |  |                           |   |               |  |
|--------------------------------|--|---------------------------|---|---------------|--|
| <b>Child:</b>                  |  | <b>DOB:</b>               |   | <b>Grade:</b> |  |
| <b>Parent/Guardian 1:</b>      |  | <b>Parent/Guardian 2:</b> |   |               |  |
| <b>Address:</b>                |  | <b>Address:</b>           |   |               |  |
| <b>Postal Code:</b>            |  | <b>Postal Code:</b>       |   |               |  |
| <b>Phone:</b>                  |  | <b>Phone:</b>             |   |               |  |
| <b>Email:</b>                  |  | <b>Email:</b>             |   |               |  |
| <b>Work Phone:</b>             |  | <b>Work Phone:</b>        |   |               |  |
| <b>Primary Contact?</b>        | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Primary Contact?</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |               |  |
| <b>Emergency Contact Name:</b> |  |                           |   |               |  |
| <b>Phone number:</b>           |  |                           |   |               |  |
| <b>Relation to Child:</b>      |  |                           | <b>Authorized for Pick Up: Yes <input type="checkbox"/> No <input type="checkbox"/></b> |               |  |

**Program Selection and Requests**

Part-time program selection is a request only. Staff will notify if we are able to support the request.

|   |   |                                  |   |                                   |   |
|---|---|----------------------------------|---|-----------------------------------|---|
| <b>Morning</b>  | Monday <input type="checkbox"/>   | Tuesday <input type="checkbox"/> | Wednesday <input type="checkbox"/>  | Thursday <input type="checkbox"/> | Friday <input type="checkbox"/>                 |
| <b>Afternoon</b>  | Monday <input type="checkbox"/>   | Tuesday <input type="checkbox"/> | Wednesday <input type="checkbox"/>  | Thursday <input type="checkbox"/> | Friday <input type="checkbox"/>                 |
| <b>Program Fee Schedule</b><br><b>Subsidy available from Halton Region</b>                              | <b>Before School</b><br>7:30 am - 8:40 am<br>Monthly PAD                            |                                  | <b>After School</b><br>3 pm - 6 pm  |                                   | <b>Before &amp; After School</b><br>Monthly PAD |
| PAD's processed 15 <sup>th</sup> of ea. mth. for the next mth. \$20.00 service fee for missed payments. |   |                                  |   |                                   |   |
| <b>Unlicensed Authorized Recreational:</b><br>JK/SK \$35 registration                                   | \$203.50  |                                  | \$314.50 mthly  |                                   | \$425.50  |
| <b>Unlicensed Authorized Recreational:</b><br>Grade 1-3 \$35 Registration                               | \$212   |                                  | \$327 mthly   |                                   | \$442   |
| <b>Provincial After School:</b><br>Grade 4-8 Must be 3 days or more                                     | \$212   |                                  | \$720 Annually<br>\$360 Bi-Annually   |                                   | \$284   |
| <b>PA Day \$46</b><br>*According to the Halton School District Calendar                                 | Sep-Dec <input type="checkbox"/> \$92<br>Oct 9 <sup>th</sup> , Nov 27 <sup>th</sup> |                                  | Jan-Jun <input type="checkbox"/> \$138<br>Feb 5 <sup>th</sup> , April 19 <sup>th</sup> , June 4 <sup>th</sup> |                                   | \$230<br>Annually <input type="checkbox"/>      |

**Before & After School Program Absence Reporting** By completing this registration form, I agree to call or email the contact (s) below at Oak Park Neighbourhood Centre before 8:30 am (Before School) and/or 3:00 pm (After School) if my child is going to be absent from, or more than 40 minutes late to, the program on that given day.

**Before and After School Care\*** [bacare@opnc.ca](mailto:bacare@opnc.ca)\* **Youth Program Director** [youth@opnc.ca](mailto:youth@opnc.ca) (905) 257-6029 ext. 102

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|--|
| <b>Medical, Dietary and Special Considerations</b> (i.e., social challenges, anxiety, diagnosis, learning plans, dietary restrictions) |
|  |

**If your child has a life-threatening allergy and/or regular medication to be administered, additional forms are required. Please notify staff.**



## Before and After School Program Registration Form

|   |  |                                  |
|---|--|----------------------------------|
| <p><b>Permission to Use Photograph</b></p> <p>I grant to Oak Park Neighbourhood Centre <b>the right to take photographs of my child</b> in connection with the OPNC programs. <b>I authorize Oak Park Neighbourhood Centre, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that</b> the Centre may use such <b>photographs without names and for any lawful purpose</b>, including, for example, such purposes as publicity, illustration, advertising, and Web content.</p>  | <p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p> |                                  |
| <p><b>After School Arrival (Grade 4-8 only)</b></p> <p>I agree to call or email Oak Park Neighbourhood Centre before 7:00 am or 3:00 pm if my child is going to be absent, or more than 40 minutes late to the program that day. I understand Oak Park Neighbourhood Centre does not take responsibility for the safe arrival or any occurrences between school dismissal and arrival at the facility.</p>  | <p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p> |                                  |
| <p><b>Oak Park Neighbourhood Centre is required to call me at my daytime number if my child does not arrive by 4:00 pm</b> on a day they are expected to be in the program.</p>   | <p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p> |                                  |
| <p><b>Permission is given to my child to walk home unaccompanied at _____ pm</b>, or when program is done at 6:00 pm. I understand Oak Park Neighbourhood Centre will not be liable for anything that occurs once my child has left the program/facility.</p>   | <p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p> |                                  |
| <p><b>Waiver &amp; Medical Emergency</b></p> <p>I acknowledge and understand that participation in and attendance at Oak Park Neighbourhood Centre Childcare involves certain risks and dangers. I have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.</p> <p>I release Oak Park Neighbourhood Centre from responsibility and/or liability for any loss, damage or injury that may result while my child(ren) are participating in the program, whether at the Oak Park Neighbourhood Centre or in the grounds surrounding it. This form shall remain in full force and effect for this school year and summer camp if enrolled. I have the authority to give this release. I have read the parent handbook, and I agree to comply with the policies contained in it. At this time, I wish to enter into an agreement with Oak Park Neighbourhood centre childcare to provide care for my child.</p> |  |                                  |
| <p><b>Emergency Treatment Release Form</b></p> <p>I authorize Oak Park Neighbourhood Centre to act on my behalf to ensure immediate medical treatment should the staff deem it necessary. I give permission for my child, in the event of an emergency, to receive full medical attention deemed necessary by emergency responders or hospital staff. Every effort will be made to reach me. I agree to accept any financial responsibility for any emergency medical care necessary.</p>   |  |                                  |
| <p><b>Parent/Guardian Signature:</b></p>  | <p><b>Date:</b></p>  |                                  |
| <p><b>Additional Authorized Pick Ups</b></p> <p>Consent in writing is required to permit anyone not on this list to pick up your child. Authorized pick-ups are required to present Government issued identification when requested by staff. Failure to present identification may result in the child not being dismissed from the program.</p>   |  |                                  |
| <p><b>Name:</b></p>   | <p><b>Phone:</b></p>   | <p><b>Relation to Child:</b></p> |
| <p><b>Name:</b></p>   | <p><b>Phone:</b></p>   | <p><b>Relation to Child:</b></p> |
| <p><b>Name:</b></p>   | <p><b>Phone:</b></p>   | <p><b>Relation to Child:</b></p> |
| <p>Please list any individual(s) who are legally denied access to your child (<b>Note:</b> supporting documents may be required):</p>   |  |                                  |

