

CHILD'S NAME: \_\_\_\_\_

BIRTH DATE & GRADE: \_\_\_\_\_

BC CARE CARD #: \_\_\_\_\_

**PARENT/GUARDIAN 1**  Child's Primary Residence

**PARENT/GUARDIAN 2**  Child's Primary Residence

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Preferred Days**

Please check off the days of the week you would like to register your child to attend the After School Program at VWS:

Monday	Tuesday	Wednesday	Thursday (Early Dismissal of 2pm)	Friday

**Rates for 2016/17**

5 days: \$398/month\*\*  
 4 days: \$338/month\*\*  
 3 days: \$278/month\*\*  
 2 days: \$188/month\*\*  
 1 day: \$86/month  
 1 day (if on Thurs): \$108/month

**Daily (Drop-In):** \$40 /\$60 for early dismissal days  
 (based upon availability; no guarantees; must  
 be registered in program to be eligible)

**Late pick-up fee:** \$25 for the first 15 minutes with  
 an additional \$5/minute thereafter.

Please complete a separate form for each child you are registering in the program

**EMERGENCY CONTACTS**

These will be the people who are allowed to pick up your child or who will be called if a Parent/Guardian cannot be reached in an emergency. **These contacts *MUST* be different than Parents/Guardians.**

I, \_\_\_\_\_ (parent/guardian) give permission to the following individuals to act as **parent designates to pick up my child(ren)** from Vancouver Waldorf School’s After School Program. I have informed these individuals that they **must present government issued ID or that they must present a password each time they come to pick up my child(ren)**. I understand that in case of an emergency, I will be the first one called. However, I also give permission to VWS **to contact the following individuals AFTER contact has failed** with the parent/guardians listed on the front page of this registration form.

Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to the list at any time by filling out the Change of Information form (available from the Program Leader).

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First & Last Name	Relationship to the child	Home Phone#	Mobile Phone#
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First & Last Name	Relationship to the child	Home Phone#	Mobile Phone#
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First & Last Name	Relationship to the child	Home Phone#	Mobile Phone#
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First & Last Name	Relationship to the child	Home Phone#	Mobile Phone#
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**RELEASE PASSWORD:** \_\_\_\_\_

**Please Note:** Everyone picking up children will be asked for your **release password** or for government issued photo ID.

**CUSTODY & RELATED COURT ORDERS**

**NOT APPLICABLE**

If a custody or court order exists, a copy of the order must be given to VWS. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, VWS cannot deny access to the non-enrolling parent. **If the non-enrolling parent is not listed on the authorized pick-up list, but is able to produce government issued photo ID proving that they are a birth parent of the child, VWS cannot legally deny access without legal documentation (custody or court order) stating otherwise.**

**Please list anyone who is NOT ALLOWED to pick up your child:**

_____	<b>Name &amp; Relationship to Child</b>
_____	<b>Name &amp; Relationship to Child</b>

**I have provided Vancouver Waldorf School with legal documentation (custody &/or related court order).**

\_\_\_\_\_  
**Parent/Guardian Name (Printed) & Signature**

\_\_\_\_\_  
**Date**

**MEDICAL INFORMATION**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Health Card #:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Allergies:**

Seasonal \_\_\_\_\_

Food (Please list): \_\_\_\_\_

Insects (Please list): \_\_\_\_\_

Other (Please list): \_\_\_\_\_

Does your child carry: \_\_\_\_\_

Epi-pen \_\_\_\_\_

Inhaler \_\_\_\_\_

Other (Please list): \_\_\_\_\_

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

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**VWS AFTER SCHOOL PROGRAM PARTICIPANTS WAIVER OF LIABILITY**

Vancouver Waldorf School takes the safety of all children registered in our out of school programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child. The risk of sustaining injuries that result from the nature of activities can occur without fault of the participant, Vancouver Waldorf School, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and registering your child in a Vancouver Waldorf School out of school program, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child with any necessary safety equipment such as proper shoes, clothing etc.

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ (Child) consent to have my child receive services from **VWS After School Program** and am registering my child voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the **VWS After School Program**. Programming activities such as recreation activities involve certain elements of risk. Injuries may occur while participating in these activities.

**ACKNOWLEDGMENT**

The above named child has my permission to participate in program activities as planned by the **VWS After School Program** that I have registered my child in. I waive my legal rights against Vancouver Waldorf School for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled while my child is in the program**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

\_\_\_\_\_  
Parent/Guardian Name (printed) and Signature

\_\_\_\_\_  
Date

**VWS AFTER SCHOOL PROGRAM PARTICIPANTS MEDIA RELEASE**

I, \_\_\_\_\_ (Parent/Guardian)  **GIVE PERMISSION**  **DO NOT GIVE PERMISSION** for my child \_\_\_\_\_ to appear in photographs, videos and/or audio that may be used in the promotional materials of Vancouver Waldorf School. My child's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Vancouver Waldorf School and/or external partners. **No names will ever be used in association with a child's image without written permission of the parent/guardian.**

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Parent/Guardian Name (printed) and Signature

Date

**The Vancouver Waldorf School Participants Waiver of Liability and Media Consent applies to After School Programs for the 2017/18 school year.**

**VWS AFTER SCHOOL PROGRAM CONTRACT**

This contract refers to the care of:

**Child's Name:**

**Birth Date:**

**Parent/Guardian:**

**Parent/Guardian:**

**Vancouver Waldorf School** will only discuss your account with the person/people listed below. The person/people listed above are responsible for payment of the account and will be issued with a receipt for payments received for services provided by the **Vancouver Waldorf School**. All receipts for income tax purposes, will be issued by February 28, 2017. Please note that receipts issued will only include payments that were made in 2016. Rates are pro-rated for the VWS school calendar and are not more than monthly fees charged by comparable local programs.

1. I agree to fill out all necessary forms provided by **VWS After School Program** before my child attends the program.
2. My child is not considered registered in the program until I have returned all forms, completed and signed, and provided the \$100 one time, non-refundable registration fee.
3. I understand that registration is for the entire school year (September to June). There are no refunds for early pick-up or days missed due to illness or vacation. There are no discounts offered for multiple children from the same family.
4. I understand that the program operates from 3pm to 6pm, Monday, Tuesday, Wednesday & Friday; 2:10pm to 6pm on Thursday. On early dismissal days the program begins when class is dismissed until 6pm. There is no care on End of Term partial days (Dec, Mar, Jun).
5. I understand that there is a late pick-up fee of \$25 for the first fifteen minutes with an additional \$5 per minute thereafter.
6. One month's written notice is required to withdraw from the program. For example, if you wish to cancel your registration for November 1, 2017 you must inform us in writing before or on October 1, 2017.
7. Unless written notice is provided, your registration will be considered active over the summer months (i.e. if you were registered in June 2018 you are automatically registered for September 2018). There are no monthly fees for July or August when the program is on break.
8. I understand that payment is due on the first of every month. VWS can deduct by pre-authorized debit on the 1<sup>st</sup> of every month OR I may provide VWS with postdated cheques. (Please complete the payment section at the bottom of this contract).
9. There will be a \$25 charge for all declined or returned payments.
10. No fee subsidy is offered for the After School Program. However, families may apply for the Child Care Subsidy offered through the provincial government, if they meet the requirements.
11. If you receive childcare subsidy you are responsible for paying the difference between the VWS Child Care rate and any subsidy you receive. If you are not eligible for subsidy, you are required to pay the full child

care fees. It is a family's responsibility to ensure that their subsidy is current and all required paperwork is submitted to VWS. For more information, visit <http://www.mcf.gov.bc.ca/childcare/subsidy/>.

12. Program fees are reviewed yearly with a three months' notice for fee increases.
13. The program runs contingent on sufficient enrolment. Please register on or before August 1 for the upcoming school year.
14. I, or a responsible person designated by me in writing must sign my child out on the daily sign out sheet, noting departure time.
15. I understand that no person will be permitted to pick up my child from the VWS After School Program unless that person has been specifically designated by me in writing.
16. I will not send my child to the After School Program when s/he is ill. I understand that my child must stay home for a 24 hour clearance period after having had a fever, diarrhea, vomiting or was started on antibiotics. If my child is too ill to participate in the regular routine of the program I will be called to pick up my child. If I am unable to be reached within thirty minutes, the emergency contacts will be notified. All phone numbers must be kept current.
17. I understand that the caregiver can administer prescribed medication only when they are authorized by a doctor. The doctor must specify the child's name, medication and instructions for use. A medical form, available from staff, must be filled out signed and dated by the parent/guardian.
18. I consent for my child to participate in excursions off the premises such as neighborhood walks.
19. VWS After School Program does not provide after school snacks. Please ensure that you send snacks daily.
20. I will notify the After School Program Leaders in writing of any changes in address or phone number of myself or any person who is to be contacted in emergencies. I agree to keep all information on the registration forms current. Yearly updates may be requested.
21. In case of an emergency, I, the emergency person, my physician or an ambulance will be called.

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Parent/Guardian's Name (Printed) & Signature

Huy Pham, Program Administrator

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### **PAYMENT OPTIONS**

- I agree to allow VWS After School Program to deduct from my account
- I have attached a VOID cheque.
  - VWS already has my account information on file.
- I will submit to VWS \_\_\_\_\_ postdated cheques starting \_\_\_\_\_ and ending **June 1, 2018**.
- (# of chqs) (Date of 1st month of care)

**PLEASE SUBMIT YOUR REGISTRATION APPLICATION TO HUY PHAM AT [HPHAM@VWS.CA](mailto:HPHAM@VWS.CA).**



**Document checklist (for office use only):**

- Registration form completed and signed.**
- Registration fee paid; Payment option confirmed.**
- Emergency contact form completed and signed.**
- Medical Information form completed and signed.**
- Waiver of Liability & Media Consent Forms completed & signed.**
- Contract read, understood and signed (one copy for VWS and one for parents).**