



2024-25 Willows Elementary Before & After School Program Application Form

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PROGRAM LOCATION:

Neighbourhood Learning Centre
2121 Cadboro Bay Road

Applications are processed on a first come, first served basis in the following order:

A COMPLETE APPLICATION REQUIRES THE FOLLOWING:

1. Colour photo of child
2. Immunization record
3. Permission & acknowledgments page signed
4. Additional paper work: i.e.: Epi-Pen Form, Permission to Administer Medication Form, or Care Plan
5. Pre-Authorized Debit form filled out and void cheque or credit card information attached

1. **Current Willows before and/or School Care Registrants without changes**

(as of January 31, 2024)

2. **Current Registrants requesting additional days / changes**

3. **Sibling Applications**

A sibling that will be attending with a current After School Care registrant (as of January 31, 2024)

4. **New Registrant Applications**

Please see the Parent/Guardian Handbook for withdrawal procedures.

APPLICATION DATES

1. Current Registrants Without Changes.

Applications will be accepted at Henderson Recreation Centre beginning **Thursday, April 11, 2024 at 7:00am.**

2. Current Registrant requesting changes and, 3. Siblings of Current Registrants.

Applications will be accepted at Henderson Recreation Centre beginning **Thursday, April 18, 2024 at 7:00am.**

Current Registrants have until Wednesday, April 24, 2024 at 6:00pm to submit their applications to maintain their "Current Registrant" status. Applications submitted after that time will be considered as "New Registrants".

4. New Registrants

Applications will be accepted at Henderson Recreation Centre beginning **Thursday, April 25, 2024 at 7:00am.**

In-Person Only
Application drop-off location:
Henderson Recreation Centre
Phone: 250-370-7202
2291 Cedar Hill X Road, Victoria, BC, V8P 5H9

Registration and Program information:
Brett Speed, Licensed Care Programmer
Phone: 250-370-7902
email: bspeed@oakbay.ca



2024-25 Willows Elementary Before & After School Program Application Form

Note: One application per child required.

Today's Date: _____

Name of Child: _____
Surname Given Middle Initialz

Child's grade as of September 2024 _____

Current Registrant Without Changes

Current Registrant Making Changes (adding or dropping)

Sibling of a Current Registrant: _____
Current Registrant Sibling's Name

New Registrant

If your child is a CURRENT REGISTRANT, please check type of care and days as of January 31, 2024:

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday

If you are making changes, please check type of care and days required for September 2024:

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday

REMINDER: Incomplete Applications Will Not Be Accepted.

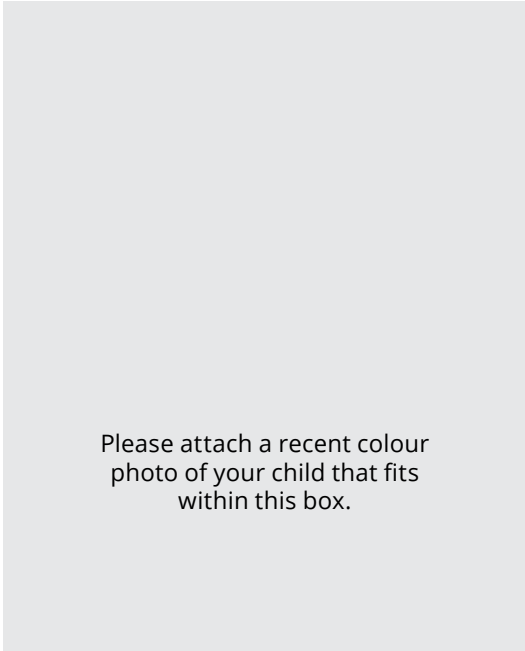
All applicants will be notified by email/mail of their application status no later than May 31, 2024.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of FIPPA. The information will be used for processing of fees related to the recreation program. Questions can be directed to the District's Privacy Officer at 2167 Oak Bay Avenue, Victoria BC, V8R 1G2, or 250-598-3311, or foi@oakbay.ca.



2024-2025 Medical Form



Please attach a recent colour photo of your child that fits within this box.

PARENT/GUARDIAN AND CHILD'S INFORMATION

Date: _____

Grade in September 2024: _____

Name of Child: _____
Surname Given Middle Initial

Address: _____

Phone: _____

Gender: _____ Date of Birth: _____

Child's first language _____

Name of Enrolling Parent/Guardian: _____
Surname Given Middle Initial

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Email: _____

Employer: _____ Work Phone: _____

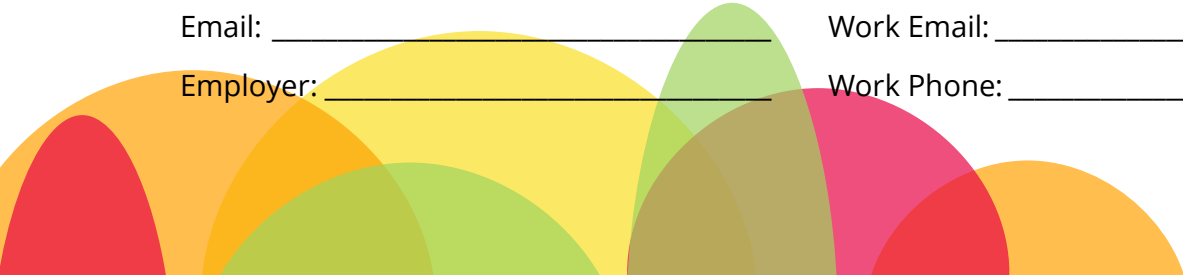
Name of Second Parent/Guardian: _____
Surname Given Middle Initial

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Email: _____

Employer: _____ Work Phone: _____



**PERSONS AUTHORIZED TO PICK UP YOUR CHILD
OR CONTACT IN CASE OF EMERGENCY**

(Minimum of two alternative names are required other than parent/guardians previously listed.)

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Please Note: Children will not be released on their own. Children must be signed out of the program by a parent/guardian or a person authorized above. They will not be released to anyone who is not listed above.

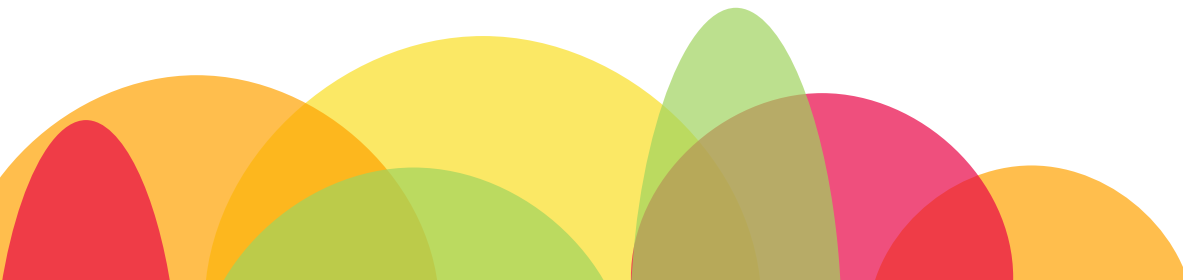
CUSTODY ARRANGEMENTS:

Are there custody arrangements? Yes No

If yes, a copy of the custodial order must be attached to application.

Please state general conditions here:

List persons not permitted access to the child:



IMMUNIZATION RECORD:

My child has been Immunized Yes No

Please attach your child’s immunization records from 2 Months of Age until current (**REQUIRED**).

MEDICAL INFORMATION:

Family Doctor or Preferred Clinic (required): _____

Doctor/Clinics Phone: _____ BC Medical Number: _____

Address: _____

Does your child have any health problems that staff need to be aware of? Yes No

If yes, explain: _____

Does your child carry an Epi-Pen? Yes No

If yes, explain: _____

If Yes, please complete an “Epi-Pen Form” available at all Oak Bay facilities.

Allergies (food/drug): Yes No

If yes, explain: _____

Does your child have any special needs? Yes No

If yes, explain: _____

Does your child require a support worker in the program? Yes No

Does your child have funding provided by Supported Child Development? Yes No

If yes, and your child is not currently registered in the program, please contact the Licensed Care Programmer (250-370-7902) before submitting this application.

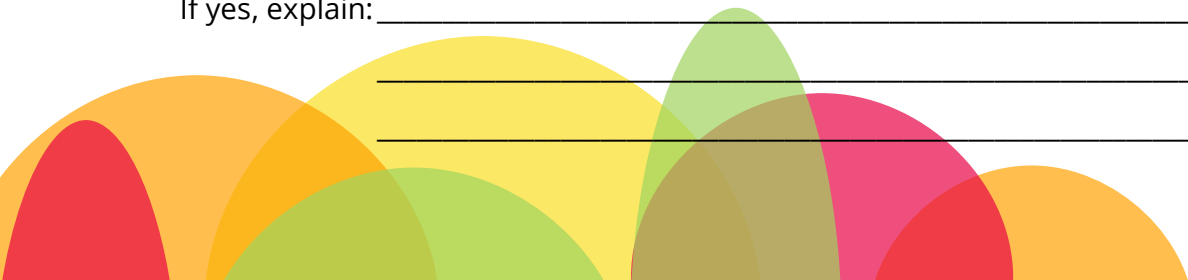
Will your child require any medication during the program time? Yes No

If yes, explain: _____

If your child requires medication please complete an “Authorization to Administer Medication Form” available at all Oak Bay facilities.

Does your child have any dietary needs? Yes No

If yes, explain: _____



PERMISSIONS/ACKNOWLEDGEMENTS

I hereby give permission for my child to go on field trips arranged by Oak Bay Parks, Recreation and Culture.

I hereby give permission to have pictures taken of my child in the program setting for general record keeping and Oak Bay publicity purposes.

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot immediately be reached.

I accept all responsibility for payment of all accounts rendered to my family.

I understand that by enrolling my child for care, I am responsible for the total cost of care. I understand that if I wish to withdraw my child's enrollment in entirety or part, I must submit my request in writing by the 1st of the month for the following month. If one month's notice is not given, a one month fee will apply.

I have read and accept the policies and procedures outlined in the Parent/Guardian Handbook.

I certify that the information given in this form is complete and true in every aspect, and that I am the legal guardian of this child.

I/We hereby authorize THE CORPORATION OF THE DISTRICT OF OAK BAY to debit my/our account at the institution indicated or my credit card on the first day of each month while my child is registered in this program. Any additional fees for lessons or drop-in days will be debited as indicated in the parent's /guardian handbook.

New Registrant Registration Fee: New registrants will be charged a one time non-refundable \$25 registration fee (per child) upon enrollment. Payment will be charged to pre-authorized debit plan as listed on the form.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Parent/Guardian of: _____
Child's Name

Print Name - Parent/Guardian

Date

Signature

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

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In-Person Only
Application drop-off location:
Henderson Recreation Centre
Phone: 250-370-7202
2291 Cedar Hill X Road, Victoria, BC, V8P 5H9

Registration and Program information:
Brett Speed, Licensed Care Programmer
Phone: 250-370-7902
email: bspeed@oakbay.ca

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FOR OFFICE USE ONLY

PROGRAM START DATE: _____

DATE OF TERMINATION FROM PROGRAM: _____



Pre-authorized Debit Plan Licensed Care

PRE-AUTHORIZED DEBIT (PAD) OR CREDIT CARD PLAN AGREEMENT FORM

Child's Name: _____

Your Name: _____

Home Phone: _____

PAYMENT DETAILS AND TIMING:

Pre-Authorized Payments will be processed on the first day of each month that child is registered in the Licensed Care program.

I/We authorize THE CORPORATION OF THE DISTRICT OF OAK BAY and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our OBRC account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the first day of each month. These services are for (check one)

Personal or Business purposes.

THE CORPORATION OF THE DISTRICT OF OAK BAY will obtain my/our authorization for any other one-time or sporadic debits and provide me with written notice, 10 calendar days prior to any debits. This authority is to remain in effect until THE CORPORATION OF THE DISTRICT OF OAK BAY has received written notification from me/us of its change or termination. This notification must be received at least 30 calendar days before the next debit is scheduled, at the address provided below. I/We may obtain a sample cancellation form, or more information on my our/ right to cancel PAD agreement at my/our financial institution by visiting www.cdnpay.ca

Payment Change Requests:

THE CORPORATION OF THE DISTRICT OF OAK BAY requests that all changes to the plan should be submitted in writing a minimum of ten days prior to the next scheduled withdrawal.

Declined Credit Cards:

Please note: NSF Payments or Declined Credit Cards will be charged a \$20 fee. Replacement of the payment will be due immediately by cash, certified cheque or debit/ credit card. No more than two (2) declined payments will be allowed, and then THE CORPORATION OF THE DISTRICT OF OAK BAY may cancel your Pre-Authorized Debit Plan agreement and all remaining child care registrations.

Third Party Billing:

If you require third party billing, the second party MUST complete a separate Pre-Authorization Debit Plan agreement and all remaining child care registrations.

Your Rights:

You have certain rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit Plan Agreement.

To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

INFORMATION AND PROTECTION OF PRIVACY

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New Registrant Registration Fee for Licensed care:

New registrants will be charged a one time, non-refundable \$25 registration fee (per child), upon enrollment. Payment will be charged to Pre-authorized debit plan as listed on the following page.

Subsidy:

Please note: The subsidy does not cover the full cost of care. Until subsidy has been approved by the Provincial Government families are responsible for paying the full cost of child care.

If applying for the Affordable Child Care Benefit, please request a Child Care Arrangement form from our Accounting department. emclean@oakbay.ca

If eligible for the Affordable Child Care benefit, all payments must be made in full until the confirmation letter of approval from the Provincial Government has been received by the Accounting department.

Terms and Conditions

I hereby authorize THE CORPORATION OF THE DISTRICT OF OAK BAY to debit my credit card or bank account on the first of the month while my child is registered in this program, in payment of my Recreation Pre-Authorized Debit Plan.

I have read and agree to all Terms and Conditions with this PAD agreement.

Signature of Account Holder

Signature of Account Holder if appropriate

Name (Please print)

Name (Please print)

Date

Date

Your treatment of each payment shall be the same as if I/we have personally directed you to pay as indicated and charge the amount specified to the account of the signatory.

Any delivery of this authorization to you constitutes delivery by the signatory.

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Payment Information

Please confirm whether you would prefer to pay by **credit card** or by **direct deposit**.

CREDIT CARD INFORMATION:

Your Name: _____ Phone Number: _____

Name on Credit Card: _____

Card Provider: _____

Credit Card Number: _____ Expiry Date: _____

CVC: _____

(card security code on back of card)

BANK ACCOUNT INFORMATION:

Name on Bank Account: _____

Bank Name: _____

Bank Number: _____ Bank Account Transit Number: _____

Bank Account Number: _____ Savings Chequing

Bank Address: _____

Bank Telephone Number: _____

Please also attach a cheque marked "VOID" or a stamped document from your bank to verify this information.

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