SCHOLA BOHEMIA SERVICES 604-220-4250

B&A SCHOOL CARE PROGRAM langrova@shaw.ca

September to June

Regular Hours of Operation:	7:00 am - 9:00 am	3:00 pm - 6:00 pm
Late HLCS Start Operation:	7:00 am - 1:00 pm	3:00 pm - 6:00 pm
HLCS Early Dismissal Operation:	7:00 am - 9:00 am	12:00 noon - 6:00 pm
ProD:	7:00 am - 6:00 pm	
Camps:	7:30am – 6:00 pm	

Options:	5 days	4 days	3 days	2 days	Top Up Fees 4+ extra hours *	Top up Fees Less then extra 4h *
Before & After School Care	$ 400	$ 322	$ 243.50	$ 165	$ 23	$ 10
After School Care only	$ 345	$ 278.50	$210	$ 142	$ 26	$ 13
Before School Care only	$ 189	$ 152	$ 114	$ 76	$ 35	$ 22
Other Options:	Daily					
B & A School Care/Drop In	$ 22.00					
AM / DROP IN	$ 10.00					
PM / DROP IN	$ 19.00					
ProD /CAMP DROP IN	$ 45.00					
½ DAY/ DROP IN	$ 32.00					

Any other options then listed above will be assessed by " Drop In" fees.

** Hours of Operation /not physical hours child will spend at the care/.*

Monthly Fee:

$ 100 Pre-paid Fees Deposit /non-refundable / per student is required with each registration.
All payments are due on the first day of each month by cheque, cash or e-transfer payable to Schola Bohemia Services.
We reserve the right to close any account overdue by 15 days.
Minimum of two weeks Cancellation notice is required or two weeks fee in lieu of that Notice.
If the account is overpaid while Cancellation Policy is followed, the remaining money will be returned to client by Schola Bohemia Services on the last day of child's enrolment. Any overpayment while child is enrolled in the program will be applied to the next month fees.
Extra/ additional fees will be invoiced at the end of each month.

Statutory Holidays, Christmas, March Break & Summer

Schola Bohemia Services will be closed during Christmas, Spring Break, Summer, all Statutory Holidays and Easter Monday. Parents will be not charged fees for Christmas, Spring Break and Summer holidays. Schola Bohemia Services will consider to operate a camp during Christmas and Spring Break, if operation desired by community (min. 15 children required). 5 business days Cancellation policy prior to the scheduled ProD day/Early dismissal day/Late School Starts/Camps applies.

ProD Days & Early Dismissals, Late School Starts:

If your child is enrolled in our regular program on any of the days listed above and will attend our extended hours program, the "Top Up fees" will be assessed accordingly. This policy will be strictly enforced as your child's presence or absence will determine the staffing for the programs over those periods. 5 business days Cancellation policy prior to the scheduled ProD day/Early dismissal day/ Late School Starts//Camps applies, otherwise the higher rate will be assessed.

Late Fees:

A $1.00 a minute charge per child is due for any child remaining at the centre after the 6:00PM closing time and will be automatically added to next month billing invoice.

Drop In

Schola Bohemia Services offers Drop In care option if space is available. Fees will be assessed at the end of each month. "Drop In" is considered as a random/emergency enrollment and parents need to make arrangement with the Operator prior to child's start.

Notice

Schola Bohemia Services reserves the right to accommodate with priority the clients, who require full time care for their children.

_______________________ _______________________

Parent Signature Date

REGISTRATION FORM 2020/21
SCHOLA BOHEMIA SERVICES BEFORE & AFTER SCHOOL CARE PROGRAM
3151 York St., Port Coquitlam, V3B 4A7
PHONE: 604-220-4250 EMAIL: langrova@shaw.ca

STARTING DATE: September 8, 2020	CHILD'S WITHDRAWAL DATE AND REASON: (Office only)
FULL NAME OF CHILD:	DAYS REQUIRED: AM: M T W TH F PM: M T W TH F DROP IN:

CHILD'S DATE OF BIRTH(MM/DD/YY)	GENDER: M F
ADDRESS INCLUDING POSTAL CODE:	PHONE: ( )

PARENT OR GUARDIAN:	PARENT OR GUARDIAN:
ADDRESS (IF DIFFERENT FROM ABOVE/:	ADDRESS (IF DIFFERENT FROM ABOVE/:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:

EMAIL ADDRESSES which you would like to receive childcare updates and notifications:

EMERGENCY HEALTH INFORMATION

CARE CARD NUMBER:			
FAMILY DOCTOR/CLINIC NAME		FAMILY DENTIST/CLINIC NAME	
ADDRESS:	PHONE:	ADDRESS:	PHONE:

CONSENT FOR EMERGENCY CARE

I authorize the staff at the child care centre to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.	
SIGNATURE OF PARENT/GUARDIAN:	DATE:
MANAGER OF FACILITY:	DATE:

HEALTH INFO

REGULAR MEDICATION(S) AND REASONS FOR(PLEASE LIST):
ALLERGIES AND TREATMENT OF (PLEASE LIST): *LIFE THREATENING: Yes No* *Please note, that additional Medical Forms may be needed and can be found at: http://hopelcs.ca/school/before-and-after-care/*

INJURY(S),ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD /PLEASE INCLUDE DATE(S)/: *a) Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.):* *b) Please describe any concerns you may have regarding your child's development (i.e., behaviour, vision, hearing, speech, language, mobility, etc.):*
OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE (Occupational Therapist/Physical Therapist):

GROUP EXPERIENCE /for new applicants only/

WHAT IS/ARE YOUR CHILD'S FAVORITE TOY(S) ACTIVITIES:
HOW DOES YOUR CHILD BEHAVE TOWARDS OTHER CHILDREN (seeks others out, feels shy):

PERSON(S) AUTHORIZED TO PICK UP CHILD IN CASE OF EMERGENCY (other than parent/guardian listed above)

NAME:	*RELATIONSHIP:*	*PHONE:*
NAME:	*RELATIONSHIP:*	*PHONE:*
NAME:	*RELATIONSHIP:*	*PHONE:*

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD

NAME:	*RELATIONSHIP:*	*PHONE:*
NAME:	*RELATIONSHIP:*	*PHONE:*

CUSTODY AGREEMENT

YES *IF YES,SUPPLY A COPY OF THE COSTODY ORDER TO THE FACILITY MANAGER/LICENSEE*	*NO*

For New Applicants Only

CHILD'S NAME: ____________________ D.O.B __/__/__

IMMUNIZATION RECORD

PART A – To be completed by the parent / guardian at the time of enrolment.

I have read the *"RECOMMENDED CHILDHOOD IMMUNIZATIONS"* and to the best of my knowledge my child's current immunization status is as indicated below.

Recommended Immunizations:

	Date				Date		
2 months of age - 1 set of shots □ Diphteria, Pertussis, Tetanus, Polio □ Haemophilus Influenza Type b (Hib) □ Hepatitis B □ Pneumococcal Conjugate □ Meningococcal C Conjugate ____________________ **4 months of age - 2 set of shots** □ Diphteria, Pertussis, Tetanus, Polio □ Haemophilus Influenza Type b (Hib) □ Hepatitis B □ Pneumococcal Conjugate ____________________ **6 months of age - 3 set of shots** □ Diphteria, Pertussis, Tetanus, Polio □ Haemophilus Influenza Type b (Hib) □ Hepatitis B	**y**	**m**	**d**	**12 months of age - 4 of shots** □ Pneumococcal Conjugate □ Measles, Mumps, Rubella (MMR) □ Meningococcal C Conjugate □ Varicella (Chicken Pox) ____________________ **18 months of age - 5 set of shots** □ Diphteria, Pertussis, Tetanus, Polio □ Haemophilus Influenza Type b (Hib) □ Measles, Mumps, Rubella (MMR) ____________________ **4-6 ears of age** □ Diphteria, Pertussis, Tetanus, Polio □ Varicella (Chicken Pox)	**y**	**m**	**d**

Child's immunization status for the above recommended immunizations is:

□ **Complete** (child has all recommended immunization)

Medical certificate/record of vaccinations is provided (if available) yes □ no □

If no, where can a record be located?

□ **Incomplete** If incomplete or unknown immunization status:

If incomplete, date last immunization received ________________

Parent / Guardian's signature: ____________________ Date: ____________

PART B - To be completed by the licensee/manager at the time of enrolment.

□ Facility's policy regarding accommodating children who are not immunized or incompletely immunized was reviewed with the child's parent/guardian.

Reviewed by: ____________________ Date: ____________

SCHOLA BOHEMIA PHOTOGRAPHY POLICY *Children attending Schola Bohemia Services may be photographed OR VIDEOTAPED by staff or other individuals authorized by Schola Bohemia Services during activities within the centre and/or while on outings and excursions. Photos will only be taken of child/children who has/have a signed photo release on file. Photographs taken while involved with these activities may be integrated into the daily program or the photos may be posted locally by Schola Bohemia Services to promote the programs offered. The names of the children will not be posted with the photographs.* *I,GIVE THE PERMISSION TO SCHOLA BOHEMIA SERVICES FOR MY CHILD TO BE PHOTOGRAPHED AND VIDEOTAPED. I UNDERSTAND THAT SCHOLA BOHEMIA SERVICES WILL FOLLOW PHOTOGRAPHY AND VIDEOTAPING POLICY LISTED ABOVE.*	
PARENT/GUARDIAN SINGATURE:	*DATE:*
MANAGER'S SIGNATURE:	*DATE:*

SCHOLA BOHEMIA OUTDOOR POLICY *Children attending Schola Bohemia Services will participate in daily outdoor activities if weather permitted.* *I AKNOWLEDGE THAT SCHOLA BOHEMIA SERVICES USES THE MCLEAN PARK ACROSS THE HLCS AS AN OUTDOOR SOURCE. THE USE IS PERMITTED BY LICENSING UTHORITIES.*	
PARENT/GUARDIAN SINGATURE:	*DATE:*
MANAGER'S SIGNATURE:	*DATE:*

SCHOLA BOHEMIA SERVICES PARENT HANDBOOK *I CONFIRM ,THAT I READ SCHOLA BOHEMIA SERVICES PARENT HANDBOOK POSTED AT* *http://hopelcs.ca/school/before-and-after-care/*	
PARENT/GUARDIAN SIGNATURE:	*DATE:*
MANAGER'S SIGNATURE:	*DATE:*

SIGNATURE OF PARENT OR GUARDIAN PROVIDING ALL INFORMATION

SIGNATURE:	*PRINT NAME:*	*DATE:*

NOTE:
All information are kept confidential, but may be reviewed by Fraser Health Authority Licensing staff as per legislation.

FACILITY USE ONLY

STAFF PERSON REVIEWING FAMILY'S DOCUMENTS:		
SIGNATURE:	*PRINT NAME:* *Rita Langrova*	*DATE:*

SCHOLA BOHEMIA SERVICES 604-220-4250

3151 York St., Port Coquitlam, V3B 4A7

EMERGENCY CONSENT CARD

CHILD'S NAME: ______________________________ DOB: ______________________________

SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS:

CARE CARD: DAY EFFECTIVE: CHILD LIVES WITH:

PARENT OR GUARDIAN:	*PARENT OR GUARDIAN:*
ADDRESS (IF DIFFERENT FROM ABOVE/:	*ADDRESS (IF DIFFERENT FROM ABOVE/:*
HOME PHONE:	*HOME PHONE:*
WORK PHONE:	*WORK PHONE:*
CELL PHONE:	*CELL PHONE:*
EMAIL ADDRESS:	*EMAIL ADDRESS:*

CHILD'S MD: ______________________________ PHONE:______________________________

1) ALLERGIES: ____

2) MEDICATIONS: ____

CHILD'S DENTIST: ______________________________ PHONE:______________________________

EMERGENCY CONTACT (different then Parents/Guardians):

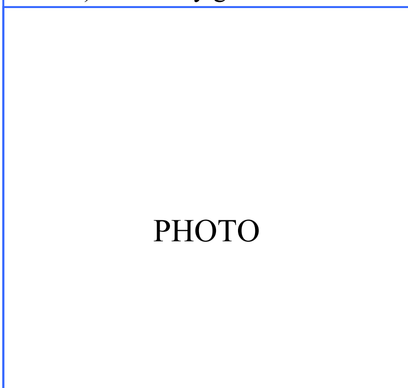
1. PHONE:
2. PHONE:
3. PHONE:

a) It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service.

b) Please sign the consent below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to the emergency centre.

c) I herby give consent for my child ______________________________ when ill to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent/guardian.

d) I hereby give consent for my child ______________________________ to receive medical treatment.



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SIGNATURE OF PARENT/GUARDIAN

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WITNESS

DATE: