

OSCAR Yearly Registration

Parent Information: Who does the program staff contact first and second?

1st
Parent Contact _____
Last First

2nd
Parent Contact _____
Last First

Mailing Address: _____

Mailing Address: _____

City: _____ Postal Code _____

City: _____ Postal Code _____

Home Phone: _____

Home Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

PLEASE LIST LOCAL EMERGENCY CONTACT IF THE PARENTS CANNOT BE REACHED:

**Required
Emergency Contact** _____

Mobile Phone: _____

Relationship to child: _____

Work Phone: _____

List all names with first & last of which **you authorize to pick up your child/ren**. Include phone numbers if you wish
(Parents and emergency contact are already authorized to pick up)

Name anyone **NOT allowed access** to your child and relationship to your child. Provide Court Order if applicable.

EMERGENCY CONSENT: I/We understand that if an emergency should occur, OSCAR will make every effort to contact me/us, the parent/guardian. Should they be unsuccessful in locating me/us, I/we authorize any and all employees of the OSCAR program to sign for medical treatment of my/our child, including transportation by ambulance (cost to parent) if deemed necessary. I/We also give permission to the attending physician to treat my/our child/ren for illness or injury as is necessary under these circumstances. This release form will be in effect from the date below until termination of enrolment or current school year.

Parent/Guardian Sign (any format) _____

Date _____

Witness: _____
(Other than immediate family) (any format)

Date _____

*Should a life-threatening emergency occur is there any medical treatment that you would not wish your child/ren to have?

ACKNOWLEDGEMENT, CONSENT & PERMISSION

PRINT Name of Child or Children _____

I/We _____ agree to the following as initialed below:

PRINT (Parent /Guardian full name)

Must initial all 6.

_____: **FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT**

Understand that the information collected on these forms is for the sole purposes of the OSCAR Program

_____: **OSCAR PROGRAM FEES**

Have read and agree to the OSCAR Program fees. (Also listed on web site: www.camrosefcss.ca)

_____: **OSCAR POLICY**

Have read and agree to follow the OSCAR policies. (Available on web site: www.camrosefcss.ca)
Agree to contact the director immediately with concerns at the program and abstain from posting on social media, or recording by voice or video while at the program without the expressed written consent of the Director. Failure to follow will result in dismissal from the program.

_____: **DISCIPLINE POLICY**

Have read and agreed with the Discipline Policy of the OSCAR Program. (Policy Manual & Parent Handbook)

_____: **OSCAR/SCHOOL SHARING PERMISSION**

Authorize OSCAR Child Care and my child's School to share Child Specific Information with each other that is in the best interest of my child or children according to the Communication Policy in the Policy Manual. (Allow OSCAR to talk with the school about your child or children specific to what is happening)

_____: **Off-Site Activity PERMISSION**

Authorize OSCAR Child Care take my child to licensed approved areas on the school property.

Initial only one option!

_____: **PHOTO PERMISSION** - NO public release – crafts, activities & displays only

Authorize OSCAR Child Care to take pictures of my child or children to display in the school, OSCAR photo album and for crafts and activities. Photos will not appear on our website or newsletters.

_____: **NO PHOTO PERMISSION**

DO NOT authorize OSCAR Child Care to take pictures of my child or children.
If your child happens to be in the picture, your child's face will be covered.

Initial only one option!

CHOOSE YOUR RATE!

_____: **\$7.00 Hourly Rate**

I choose the hourly rate and agree the hour starts at school dismissal time, and every hour after while my child is at the program.

_____: **\$15.50 Day Rate**

I choose the day rate and agree this starts at school dismissal and will pick up before 6:00 each day my child is at the program.

Parent Sign: (any format) _____

DATE: _____

1st

CHILD'S NAME _____ SCHOOL: _____ Grade: _____
Last First

DATE OF BIRTH: Month _____ Day _____ Year _____ Gender: Male Female

Is your child's immunization up to date? YES NO Has your child previously attended OSCAR? YES NO

If immunization not up to date state reason: _____

Are there any special circumstances or information we should be aware of that would help us work with your child?

Medical History of Illness: Please describe your child's former or current medical history and any medication they currently take.

Medication Instruction Form Required: If your child does have an Epi-Pen or Asthma Inhaler medication and would require medication during his/her time at OSCAR please fill out the Medication Instruction Form (all medication MUST be in Original Labeled Container) and discuss the specifics with the OSCAR Director. OSCAR staff can only administer medications according to the instructions.

ALLERGIES Does your child have any allergies to the following?

Foods: _____

Other: _____

Medication Allergy: _____

ASTHMA

Does your child have Asthma? YES NO

Specify Triggers: _____

Location of Inhaler: _____

Medication Form: YES NO

Epi-Pen

Does your child require an Epi-Pen? YES NO

Specify Allergy: _____

Location of Epi-Pen: _____

Medication Form: YES NO

Allergy Treatment: _____

I understand that it is my responsibility to update and inform the OSCAR Child Care Director if there are any changes to any of the above address/information/directions/condition for my child named above.

Parent/Guardian Sign (any format) _____ Date _____

2nd

CHILD'S NAME _____ SCHOOL: _____ Grade: _____
Last First

DATE OF BIRTH: Month _____ Day _____ Year _____ Gender: Male Female

Is your child's immunization up to date? YES NO Has your child previously attended OSCAR? YES NO

If immunization not up to date state reason: _____

Are there any special circumstances or information we should be aware of that would help us work with your child?

Medical History of Illness: Please describe your child's former or current medical history and any medication they currently take.

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ALLERGIES Does your child have any allergies to the following?

Foods: _____

Other: _____

Medication Allergy: _____

ASTHMA

Does your child have Asthma? YES NO

Specify Triggers: _____

Location of Inhaler: _____

Medication Form: YES NO

Epi-Pen

Does your child require an Epi-Pen? YES NO

Specify Allergy: _____

Location of Epi-Pen: _____

Medication Form: YES NO

Allergy Treatment: _____

I understand that it is my responsibility to update and inform the OSCAR Child Care Director if there are any changes to any of the above address/information/directions/condition for my child named above.

Parent/Guardian Sign (any format) _____ Date _____

PAD - PRE-AUTHORIZED DEBIT AGREEMENT - PAYOR'S PERSONAL PAD

Program: CR	JS
SP	ES

OSCAR – Out of School Care, a program of CDSS.

- My child/ren, _____, is/are registered in the 2021/2022 school year. Personal, financial and account information listed below. I authorize Camrose & District Support Services (CDSS), on behalf of OSCAR (Out of School Care) Program, to set up pre-authorized debit (PAD) from my bank account for the monthly OSCAR payment, as per the monthly invoice that I will receive from OSCAR.
- This agreement can be cancelled at any time, upon OSCAR/CDSS receiving written notice 10 days to the transmission date of the 20th.
- The deduction will commence on the 20th of the month, following the first invoice received and will end July 20/22 or upon cancellation. (If the 20th falls on weekend or STAT holiday, deduction will be on the next business day)
- Registration Fee, if not paid at registration will come out the month before starting or month of starting the program
- If the banking information changes, notification must be given to the OSCAR program 10 days prior to the transmission date of the 20th.
- If an electronic payment is rejected due to non-sufficient funds, you will be contacted for cash re-payment of rejected payment, and a \$45.00 NSF fee.
- If an electronic payment is rejected due to non-sufficient funds for 2 consecutive months, we will cancel the PAD agreement and make arrangements with you for other methods of payment.
- You have certain recourse 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 PAD agreement.
- To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

PERSONAL PAYORS INFORMATION

Name: _____

Address: _____ Province: _____

Postal Code: _____ Phone Number: _____

FINANCIAL INFORMATION

Bank Name: _____ Bank Phone Number: _____

Bank Address: _____

ACCOUNT INFORMATION (you can also attach you banking information)

_____	_____	_____
Transit Number (5 numbers)	Financial Institution Number	Account Number

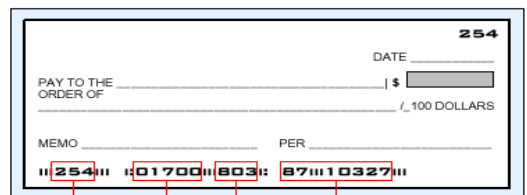
I authorize the Payee, Camrose & District Support Services, to debit my bank account on the 20th of the month as per variable amount on **monthly invoice**, beginning _____ & ending July, 2022 or sooner if cancelled.

Registration Fee Paid

by PAD or Other ON _____

Date: _____

Authorized Person to Sign (any format)



Cheque Number	Transit Number	Financial Institution Number	Account Number
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Parent Advisory Board

We NEED you! Why join the Parent Board!



- Without a Parent Advisory Board, there would be NO OSCAR
- We can not operate without a parent board
- Meeting are currently by ZOOM, due to COVID restrictions
- One time per month, usually no December or June meeting unless necessary
- 45 minutes at about 6:15 to 7pm (board votes on time to meet that best suits the board)
- Discussions of policy and procedures and other relevant information regarding OSCAR.
- Have your voice heard, help us keep OSCAR operating, provide your helpful input
- Parent Advisory Board members will require a volunteer board member police check.
- A letter from the OSCAR Director for a volunteer police check with the volunteer fee
- The fee can be reimbursed by the OSCAR program

_____ YES, please sign me up! _____ Send more information.

Contact Information:

Parent's Name: _____

Email: _____

Phone Number: _____

Child's Name: _____

OSCAR Program: _____