



HAMILTON Child Care Services

School Year 2021/2022

School Age – Out of School Care Fees

Morning Care

*Monthly fee includes nutritious breakfast daily

*Monthly fee does NOT include Pro-D Days or Seasonal Breaks

Kindergarten to Grade 7

AM only: \$202.15/month

Start Time: 7:00 a.m.

End Time: 8:45 a.m.

Location: Multi-Purpose Room 2

After Care

*Full-time AM&PM Care & Monday to Friday After Care Monthly fees include care on Pro-D Days, Early Dismissals, Winter Break and Spring Break

Junior Program

PM only: \$417.60/month

Kindergarten- Grade 1, 5 – 6 years

AM/PM: \$457/month

Start Time: 2:45 p.m.

End Time: 6:00 p.m.

Location: Multi-Purpose Room 1

Junior-Middle Program

PM only: \$417.60/month

Grade 2-3, 7 – 8 years

AM/PM: \$457/month

Start Time: 2:45 p.m.

End Time: 6:00 p.m.

Location: Multi-Purpose Room 2

Senior Program

PM only: \$417.60/month

Grade 4-7, 8 – 12 years

AM/PM: \$457/month

Start Time: 2:45 p.m.

End Time: 6:00 p.m.

Location: Multi-Purpose Room 3

Part- Time Fees: ONLY PERMITTED IF SPACE AVAILABLE:

***Priority registration towards full-time registration

After Care:

Part Time: 2 days a week= \$167.05/month

Part Time: 3 days a week= \$250.55/month

Kinder Care: For Children entering Kindergarten:

* For needed care during Hamilton Elementary Kindergarten Gradual-Entry period, please register for Kinder Care with the Director of Child Care. Email ayipp@richmond.ca.

** **Kinder Care fee is \$27 per day.**

Hamilton OSC Registration Payment Information

Child's Name: _____ Start Date: _____

Program Name _____

Registration completion date: _____

• Parent Name: _____ Email: _____

Parent Phone Number: _____

• Parent Name: _____ Email: _____

Parent Phone Number: _____

Method of Payment

10 Post – Dated Cheques dated Aug. 1, 2021 to May 1, 2022

○ in the amount of \$ _____

○ (Payable to City of Richmond)

OR

Credit Card

○ Monthly payments in the amount of \$ _____

Credit Card Authorization for Automatic Payments

Credit Card Type: _____ Name on card: _____

Credit Card #: _____ Expiry Date: _____

CVV #: _____ Billing Address: _____

Registration Payment Agreement - Registration fee - \$ 40.00/child (non-refundable)

- I understand I am registering for the September 2021 to June 2022, 10 month school year program, and that I will be responsible for monthly fees due a month prior to the child's start date until May 1, 2022.
(For example, payment for September 2021 will be processed on August 1, 2021).
- I authorize Hamilton Community Association to automatically charge my credit card or process the monthly cheques that I have submitted. I understand that payments are processed within the two weeks of each month **between August 2021 - May 2022.**
- I am aware that the fee for my child's Out of school Care is averaged over a 10 month period.
- I understand that if any required forms and method of payment are not complete upon time of registration, my child will not be registered for the program.
- NSF FEE:** I understand that I am responsible for payment of fees on time. **A fee of \$37 (fee subject to increase)** will be applied on all NSF cheques. Fees are due one month in advance.

- ❑ **\$40 REG. FEE:** I am aware that to guarantee a spot in the program, I must pay a \$40 registration fee per child be paid at the time of registration. This fee per child is a non-refundable and will not be returned if you choose to withdraw from the program.
- ❑ **NO FEE REDUCTION:** I am aware that I must pay my child's full child care fees each month, and that I will not be reimbursed for any of my child's absences from the program such as vacations my family takes, any sick days my child experiences, or any program closures that are beyond the control of HCA's Child Care Services.
- ❑ **PAYING BY CHEQUE:** I understand that in submitting post-dated cheques, the payable fees may take 5-15 business days to process. I understand that I am responsible for the payable amount to be cleared 5-15 business days after the 1st of the month.
- ❑ **LATE PICK-UP FEES:** I will pay the late fee if I am late picking up my child (\$10.00 for every 15 minutes). I understand that my credit card on file will be processed to pay for the late pick-up fees. If I wish to pay the late fee with another form of payment, I understand that I must arrange with the Director of Child Care.
- ❑ **PART-TIME FEES:** I am aware that part-time registration is only permitted by the Director of Child Care if space is available in the program. Part-time registration processed and evaluated on a month-to-month basis as priority registration goes to full-time registrations (families that need full-time Monday-Friday care). I understand that part-time registration does NOT cover all Pro D Days, Early Dismissals, and Seasonal Break days- only the days that my child is registered for are covered if they land on a Pro D Day, Early Dismissal, or Seasonal Break days. I understand that I must register and pay for the other needed days during Seasonal Breaks, Pro D Days, and Early Dismissals that do not fall on my part-time registered schedule.
For example: If I am registered for Monday, Wednesday, Thursday and need care for the FRIDAY PRO D DAY, I must register and process pay for this needed day.
- ❑ **PART-TIME SCHEDULE:** I am aware that I must alert the Director of Child Care and the Program Supervisor of any updates or changes to my part-time registration schedule. Changes to the part-time schedule need to be confirmed and permitted in advance by the Director of Child Care to ensure space is available for the days needed.
- ❑ **PRE-REGISTRATION FOR PART-TIME:** I understand that pre-registration for the following School Year for part-time registration may not be permitted as priority goes to full-time registrations on a first come-first serve bases. If space is available, I may be able to register for part-time care for the following year
- ❑ **WITHDRAWAL:** I understand that should I wish to withdraw my child from the above stated program, that I must give written notice one month in advance before the 1st of the month into the Director by completing and returning a withdrawal form.
For example, to not be charged for March 2021 registration month fee, you must hand in your completed withdrawal form/written notice BEFORE FEBRUARY 1. As Child Care registration and payments are completed one month in advance.

No refunds will be issued without the above mentioned notice.

No refunds will be issued and no withdrawals will be accepted after March 31, 2022.

- ❑ I understand that if I am to withdraw before the School Year September 2021 starts, my written notice (completion and return of the Withdrawal form) must be received by July 31st, 2021.

Parent Signature

Date



Hamilton Child Care Services

Family – Program Agreement

School Age Care 2021/2022

The Enrolling Legal Guardian(s) _____, hereinafter called the 'Legal Guardian(s)', AGREE TO THE FOLLOWING CONDITIONS:

1. Hours

Hours my child will be in care are – Please check the appropriate care agreement:

Morning Care: 7:00 a.m. - 8:45 a.m. \$202.15/ month

After Care: 2:45 p.m. - 6:00 p.m. \$417.60/month

Full-Time Morning Care & After Care: 7:00 a.m. - 6:00 p.m. \$457/month

Initials

I will be prompt in picking up my child by 6:00 PM.

- If I am running late, I will notify Program Supervisor immediately of my estimated time of arrival.
- I understand that if my child is picked-up late, I will be charged \$10.00 for the first 15 minutes or portion there-of, and \$1.00 per minute thereafter.
- I understand that late fees must be paid the next business day.
- If I fail to contact the Program Supervisor 30 minutes after the program has ended or if the Program Supervisor cannot contact any of the contacts provided in my child's registration form, I accept that the Ministry of Child and Family Development will be called, and that I must contact the Ministry [(604) 660-4927 or (604) 310-1234] to retrieve my child.

2. Program Closures

Initials

I am aware that by registering and paying a full-time monthly fee (Monday-Friday registration), Winter and Spring Break Camps are included in the monthly fee.

- I understand that I must let the Director or Program Supervisor know my child's attendance schedule for the Break Camp days.
- I understand that I must let the Director or Program Supervisor know if any changes to my child's attendance schedule during the Break Camps.

Initials

I am aware that the program may close for a maximum of two Child Care Services Professional Development days each year so that staff may attend workshops and/or conferences related to School-Age Care, and the closure dates will be announced by the Director of Child Care at least one month in advance.

Initials

I accept that the program will close for all Statutory Holidays: Thanksgiving Day, Remembrance Day, Christmas Day, New Year's Day, Family day, Good Friday, Easter Monday, B.C. Day, May long weekend and Labour Day

3. Registration and Enrolment

Initials

I understand that the **Family Handbook** will be emailed once program distribution lists have been created. I also acknowledge that I shall sign the back page of the Family Handbook to confirm that I have read the document before my child starts their first day of programs

Initials

I understand that my child's admission into the program is subject to a **one-month probationary period**, and that during this period only one week's notice is required from the Program Supervisor/Director of Child Care Services if it appears that the program will not be able to meet the developmental needs of my child, or my child is unable to positively adapt to the program's environment. I am also aware that the program supervisor and/or Director of Child Care Services may provide one week's notice to discontinue care if my child poses a serious physical, emotional threat to the staff or other children, or jeopardizes the ability of staff to supervise the children.

Initials

I understand that the program supervisor and/or Director of Child Care Services reserve the right to discontinue care after giving one calendar month's-notice if the program is no longer able to meet my child's developmental needs. I am also aware that the program supervisor and/or Director of Child Care Services may provide one week's notice to discontinue care if my child poses a serious physical threat to the staff or other children, or jeopardizes the ability of staff to supervise the children.

Initials

I accept that March 31, 2022 is the deadline to withdraw my child from programs for School Year 2021/2022. No program withdrawals or refund for month of June will be accepted after this time.

Initials

There are specific number of Pro D days accounted for during the school year that are included in fees. I understand that if there are more days added (by the school) that additional fees will be applied at that time.

Initials

If a tax letter is required, I understand I must contact the Director. I understand that tax letters are not issued on same-day as request, and that they will be emailed to me after February 28.

For Affordable Child Care Benefit Funding:

Initials

I understand that I am responsible for the application process and maintenance of my Benefit Plan funding, as well as communication with the Ministry. I am aware I am responsible for keeping my authorized claim forms current. I also acknowledge that I am responsible for paying all remaining child care fees each month, and that payment is due by the 1st of each month.

For Children entering Kindergarten:

Initials

My child is in Kindergarten and needs Kinder Care during the School Kindergarten Gradual-Entry schedule, I will contact the Director of registration of Kinder Care and will submit payment of \$27/day for Kinder Care fee.

For Children Requiring Extra Support Only:

Initials

I acknowledge that my child has extra support needs, and I understand that my child may not begin attending the program until funding from Supported Child Development is in place, and the Support Worker position has been filled by a successful candidate.

4. Family/Program Partnership

Initials

I will familiarize myself with, and accept, the Guidance and Discipline policy outlined in the *Family Handbook*.

Initials

I agree to speak to the program staff about any questions or concerns I have regarding my child's care and education as soon as they arise.

Initials

I agree to return/sign permission forms and other program-related paperwork by the designated deadlines.

Initials

If I wish to bring any outside supplies or food to the program for an event such as my child's birthday or celebration, I must first receive permission from the Director. I am aware that all outside food must be store bought with a clear label of ingredients. I understand that lit candles will not be permitted, and that I must provide any supplies needed for the outside food.

Initials

I understand that if I wish to sign up my child for any programs held at the Community Centre, that operate during HCA's Licensed Child Care Services time, I must contact the Director or Program Supervisor and complete and return a "Safe Release" form. This form authorizes for your child to be signed out of the Licensed Child Care program and taken to their registered class thus, handing over their care to the Class Instructor.

- I understand that if I am unable to pick-up my child from the registered program, and need for my child to return to HCA's Licensed Child Care programs, I will notify the Director or Program Supervisor by giving written notice (email or written letter). This written notice will give permission for the Child Care staff to pick-up the child from the IN CENTRE PROGRAM and sign my child back into HCA's Licensed Child Care program.

Initials

I am aware that if I wish for my child to sign themselves out of the program and walk home or exit the program room to wait for pick-up, or if I permit a minor to sign-out and pick-up my child from the program I must complete and return an HCA Safe Release form. I understand that HCA encourages for authorized adults to sign-out and pick-up children from their programs.

5. Allergies & Medication

Initials

I am aware that if my child has any allergies that it will be documented in my child's registration forms.

Initials

If my child has an allergy but it is unknown if it is life threatening, I understand the Director may ask me to provide a doctor's note stating the severity of my child's allergy and the reactions to the allergy.

Initials

If my child has a life threatening allergy, I am aware that I must complete a Life Threatening Emergency Plan for my child to be posted in the program, as well as provide a VALID Epi-pen to the program for everyday that my child attends.

Initials

I am aware that my child WILL NOT be permitted into the program without the required valid Epi-pen. I understand that I am responsible for providing the Epi-Pen as well as ensuring it is not valid and will replace it if near expiry.

Initials

I accept that staff will only administer to my child prescription medication if a "Request for Administration of Medication Form" is completed and on file and will only administer medication with under Adult Staff supervision with medication that is in its original container, with an outlined process and procedure, and only for the duration listed on the container's label.

Initials

I understand that HCA's Child Care Services program environments are NUT-AWARE and may have children with life threatening allergies related to nuts or seeds. I understand that any nut or seed products will NOT be permitted into the program and I will refrain from sending any foods containing nuts or seeds in my child's snack.

6. Health and Safety

Initials

I will not bring my child into the program if my child has an illness, infection, or communicable disease; and/or is suffering from symptoms such as fever, vomiting, and diarrhea.

Initials

I am aware that if my child poses illness during program attendance such as suffering from symptoms of:

- communicable disease
- contagious infection, including "Pink Eye"
- fever over 38 degrees Celsius
- vomit, or has vomited in the last 24 hours
- diarrhea
- skin infection or an undiagnosed rash
- Is not well enough to participate in all program activities including outdoor play
- Has lice and has not been treated

The Program Supervisor or Director of Child Care Services will contact my child's legal guardian(s) and my child will need to be picked-up from the program immediately, and may be asked to not return to the program for 24 hours (the next day is a "rest-day"). If the legal guardian(s) of my child are unavailable, the Program Supervisor or Director of Child Care will try to reach the persons listed on the authorized or emergency pick-up lists.

Initials

If my child has (or has been in contact with) a communicable disease, I agree to notify the Program Supervisor and/or Director of Child Care Services immediately. Similarly, I also agree to notify the Program Supervisor and/or Director of Child Care Services immediately if my child contracts influenza or a pneumococcal disease.

Initials

I will submit to the Program Supervisor a list of my child's allergies and/or health conditions/diagnoses, and I agree to keep the program staff updated of any changes in my child's allergies and/or health conditions/diagnoses by providing copies of on-going medical evaluations. I will provide the program with any medications necessary to effectively manage my child's allergies/health condition(s) PRIOR to my child attending the program, and I understand that I must submit a "Permission to Administer Emergency Medication" form filled-out and signed by both myself and my child's physicians.

Initials

I acknowledge that the staff of HCA's Child Care Services programs will administer first aid to my child when they believe it is necessary, and I accept responsibility for payment of ambulance fees if emergency medical assistance is required.

Initials

I acknowledge that if my child disregards the Child Care Program's guidelines or code of conduct, a Program Staff will speak with the Legal guardian(s) or authorized pick-up persons at pick up time.

Initials

I acknowledge that in the event of violence or any physical harm being done to another child, staff, or any of the centre's equipment, my child's legal guardian(s) will be contacted and my child may be asked not to attend the program the following day to ensure safety of the child and program.

Initials

I acknowledge that should my child's behaviour continues to be disruptive, the behaviour will be documented and the staff will discuss the child's behaviour on a daily basis, as well as inform the legal guardian(s).

Initials

I agree to provide my child with a hat to be worn each time he/she is outside in program time, as per the Hat Policy in the Family Handbook.

Initials

I agree to familiarize myself with the program's Evacuation Plan and Emergency Evacuation Procedures, which are posted in each of the Child Care rooms.

7. Legalities

Initials

I acknowledge that information the family shares with the Program Staff and/or Director of Child Care Services will be kept confidential unless they believe it is in the best interests of my child to pass along such information to other staff and/or community professionals and/or Ministry of Children and Family Development. I understand that they will obtain my consent before passing along such information UNLESS they believe the information my family shared with them places my child at risk – physically, mentally, and/or emotionally.

Initials

I understand that all staff of HCA's Child Care Services programs will be alert to signs of child abuse, and are required by law to report any concerns of my child's safety to the Ministry of Children and Family Development.

8. Daily Routines

Initials

I acknowledge that my child must always be signed-out upon pick-up.

Initials

I acknowledge that only those persons listed in the 'Person(s) Authorized to Pick-Up Child' section of my child's "Registration Form" will be permitted to retrieve my child from the program. **If a circumstance occurs where an individual needs to pick up my child, I will provide written notice or email to the Program Supervisor and have informed the individual that they will need to provide a piece of photo ID**

Initials

I accept that my child will not be released to any person who is under the influence of alcohol or drugs. I understand that the Child Care Staff will try to contact an alternate pick-up person. If the alternate pick-up persons on my child's registration forms are not available, I will be asked to call a Taxi. I understand that if the Child Care Staff feel my child is at risk or in danger they will contact the Police and the Ministry of Children and Family Development.

Initials

I acknowledge that HCA's Licensed Child Care programs abide by Child Care Licensing Regulations and must ensure a minimum of 60 minutes per day of physical activity outside (outdoor active play). As our programs participate in activities in rain or shine; I will provide my child with seasonally appropriate outdoor clothing and footwear.

9. Visitors

Initials

I am aware that the program will be subject to periodic visits from the local health unit staff, including the Licensing Officer and Public Health Nurse. I recognize that these visits are for information and support.

Hamilton Child Care Services
Family – Program Agreement
School Age Care 2021/2022



It is understood that this agreement is for the benefit of the child, legal guardian(s), and the Hamilton Community Association.

I have read, understood, and agreed to the policies and procedures in the Family Agreement at Hamilton Community Centre (5140 Smith Drive, Richmond BC, V6V 2W5).

Signature of Legal Guardian

Printed Name

Date

Signature of Child Care Director

Printed Name

Date



IMMUNIZATION STATUS FORM

Parent or Guardian:

Complete this form if you have chosen not to immunize your child, or are unable to provide documentation or written record of your child's immunization history.

This form is to provide the Richmond Health Department (RHD) and Vancouver Coastal Health with your child's immunization information **status**.

As HCA's Child Care Services programs abide by Child Care Licensing Regulation, information and statement of **your child's immunization status is mandatory**.

Although we strongly advise and encourage for all families to provide their child's most recent and HEALTH AND VACCINATION RECORD, we understand that families reserve the right to choose to immunize their child.

If you do not have immunization/vaccination records for your child- please state your status below:

IMMUNIZATION STATEMENT:

I have chosen **NOT** to immunize my child.

Chicken Pox Disease:

Did your child have chicken pox disease after his/her first birthday? Yes No

Does your child have:

- Any medical conditions? Yes No

If Yes, describe:

- Severe allergies? Yes No

If Yes, describe:

- A history of serious reaction to any previous immunization(s)? Yes No

Guardian Signature: _____ Date: _____

IMPORTANT NOTE:

Richmond Health Department requires a record of each child's immunization history. If a disease pandemic or Gastroenteritis Outbreak occurs within the Community Centre or Child Care program or school/child care facility and immunizations are not complete, the Medical Health Officer may require your child to stay at home.