

912 Vancouver Street Victoria, BC, V8V 3V7 Telephone: 250.383.5125 reception@cathedralschool.ca

OUT OF SCHOOL CARE ENROLMENT FORM

PLEASE ATTACH A PHOTO OF YOUR CHILD WHEN SUBMITTING THIS FORM. REGISTRATION IS NOT COMPLETE UNTIL THESE DOCUMENTS ARE RECEIVED.

After School Care is provided from school Care is provided from 7:30am - Before School Care is provided from 7:3	5:30pm on School	Closure Days/Other full-day pr	rograms			
DATE						
LEGAL NAME OF CHILD		LAST NAME				
USUAL NAME		GENDER/PRONOUN				
DOB: DD/MM/YYYY						
ADDRESS						
PARENT/GUARDIAN #1	FIRST AND LAST NAME					
ADDRESS (IF DIFFERENT)	CITY/POSTAL CODE					
HOME PHONE	CELL PHONE	WORK PHONE				
EMAIL ADDRESS	<u>.I.</u>	PLACE OF WORK				
PARENT/GUARDIAN #2	FIRST AND LAST NAME					
ADDRESS (IF DIFFERENT)	CITY/POSTAL CODE					
HOME PHONE	CELL PHONE	WORK PHONE				
EMAIL ADDRESS	<u>-</u>	PLACE OF WORK	WORK			
MEDICAL INFORMATION This information is collected in case of the need to engage emergency medical assistance for your child. This information will be stored in a secure location and may be updated as required.						
FAMILY DOCTOR		PHONE				
MEDICAL INSURANCE PLAN NUMBER (OPTIONAL)		PERSONAL HEALTH NUMBER				
FAMILY DENTIST		PHONE				
DOES THIS CHILD HAVE ANY KNOWN HEAL* *If yes, please attach documentation	CAL DISABILITIES?	□ YES	□ NO			
ANY ALLERGIES?	<u>ΓΗΕ EVENT OF AN AL</u>	LERGIC REACTION:				

LIST ANY COMMUNICABLE DISEASES CHILI	D HAS HAD:							
HAS HE/SHE HAD ANY RECENT ILLNESS? *	□ YES □ NO							
if yes, please explain:								
MY CHILD <u>IS</u> IMMUNIZED	I I I	HAVE CHOSEN <u>NOT</u> TO IMM	UNIZE MY CHILD					
IN AN EMERGENCY, PLEASE CONTACT:								
NAME	RELATIONSHIP	PHONE #	*PICK UP? □					
NAME	RELATIONSHIP	PHONE #	*PICK UP? □					
NAME	RELATIONSHIP	PHONE #	*PICK UP? □					
	•	*Aut	horize pick up from school					
PLEASE LIST IF THERE ARE ANY PERSONS WHO ARE NOT PERMITTED ACCESS TO CHILD:								
NAME		RELATIONSHIP						
NAME		RELATIONSHIP						
ARE THERE CUSTODY ORDERS?	-	es, please attach documen						
PLEASE LIST I	F THERE ARE OTHER CHIL LAST NAME	DREN LIVING AT HO	ME: DD/MM/YYYY					
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY					
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY					
BY SIGNING BELOW I VERIFY THAT TH KNOWLEDGE, AND I GIVE CONSENT T		MPLETE AND ACCURATE	TO THE BEST OF MY					
In the event of a modical emerge	acy accident or illness, a staff	mambar may call a mad	ical					
 In the event of a medical emergency, accident or illness, a staff member may call a medical practitioner or ambulance for my child if I cannot immediately be reached. 								
- By enrolling my child in the OSC F	Program. I acknowledge that I h	nave read the OSC Hand	book, including the					
 By enrolling my child in the OSC Program, I acknowledge that I have read the OSC Handbook, including the section pertaining to our refund and cancellation policies, found online at <u>cathedralschool.ca</u> and I agree to support the Program and caregivers as described therein. 								
support the Program and caregiv	ers as described therein.							
 I consent to having Christ Church parent and emergency contact in 			_					
immunization records, legal guar	dianship, court orders if applic							
ensure the proper care of each ch	nild.							
<mark>AI</mark> .	l Parents/Guardians m	<mark>ust sign.</mark>						
Parent/Guardian 1 Name	Signature		Date (YY/MM/DD)					
Parent/Guardian 2 Name	Signature		Date (YY/MM/DD)					



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OUT-OF-SCHOOL CARE FEE GUIDE 2025-26

	Fee (before BC	BC Govt Fee	Parent	Transport Fees		
Monthly Before & After School Care	Fee Reduction*)	Reduction	Contribution	(MJ only)		
Kindergarten: 1 day per week	\$100.00	(\$32.00)	\$68.00			
Gr 1+: 1 day per week	\$100.00	(\$11.50)	\$88.50			
Kindergarten: 2-3 days per week	\$288.00	(\$96.00)	\$192.00			
Gr 1+: 2-3 days per week	\$288.00	\$34.50	\$322.50			
Kindergarten: 4-5 days per week	\$450.00	(\$160.00)	\$290.00			
Gr 1+: 4-5 days per week	\$450.00	(\$57.50)	\$392.50			
Monthly After School Care ONLY						
Kindergarten: 1 day per week	\$82.00	(\$32.00)	\$50.00	\$25.00		
Gr 1+: 1 day per week	\$82.00	(\$11.50)	\$70.50			
Kindergarten: 2-3 days per week	\$234.00	(\$96.00)	\$138.00	\$45.00		
Gr 1+: 2-3 days per week	\$234.00	\$34.50	\$268.50			
Kindergarten: 4-5 days per week	\$360.00	(\$160.00)	\$200.00	\$75.00		
Gr 1+: 4-5 days per week	\$360.00	(\$57.50)	\$302.50			
Drop-in After School Care ONLY & Additional days for Monthly						
Kindergarten	\$30.00	(\$8.00)	\$22.00			
Gr 1+	\$30.00	(\$2.88)	\$27.12			
Pro D / Holiday Full Day Rate Note: Our Pro D days may not line up with other schools.						
Kindergarten - monthly payors	\$29.00	(\$8.00)	\$21.00			
Gr 1+ - monthly payors	\$29.00	(\$2.88)	\$26.12			
Kindergarten - Drop-in	\$50.00	(\$16.00)	\$34.00			
Gr 1+ - Drop-in	\$50.00	(\$5.75)	\$44.25			

The BC Govt Fee Reduction Program is being provided directly to eligible childcare centres to lower fees so families do not need to apply to get these additional savings. The BC Govt fee reduction program could change or be eliminated, as such the parent contribution is subject to change.

Methods of Payment:

- Pre-authorized Debit (PAD) is required to register for and receive the monthly fee rate
- Drop-in registrations will be invoiced with payment due upon receipt. E Transfer your payment to: accounts@cathedralschool.ca
- Cheques made payable to: Christ Church Cathedral Educational Society