



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 6R4 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

AFTERSCHOOL CARE APPLICATION FORM

Afterschool Care Entry Grade _____ Date of Enrollment _____
(Please leave blank)

GENERAL INFORMATION

NAME OF STUDENT: _____
SURNAME FIRST MIDDLE

NAME USED: _____ SEX: MALE _____ FEMALE _____

BIRTHDATE: _____
YEAR/MONTH/DAY

MAILING ADDRESS: _____ POSTAL CODE: _____

VERIFICATION OF AGE: BIRTH CERTIFICATE (Copy Required) OTHER: _____

PLACE OF BIRTH: _____

STUDENT'S CITIZENSHIP: CANADIAN _____ PERMANENT RESIDENT _____ OTHER _____
(Please Specify)

FATHER/GUARDIAN: _____ HOME PHONE _____

WORK PHONE _____

PLACE OF EMPLOYMENT: _____ CELL PHONE _____

MOTHER/GUARDIAN: _____ HOME PHONE _____

WORK PHONE _____

PLACE OF EMPLOYMENT: _____ CELL PHONE _____

PARENTS' CITIZENSHIP: CANADIAN _____ PERMANENT RESIDENT _____ OTHER _____
(Please Specify)

PROOF OF B.C. RESIDENCY:

PARENT'S CARE CARD NO. _____

PARENT'S CARE CARD NO. _____



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EMERGENCY & HEALTH INFORMATION

Allergies & Medical Information: _____

Please list if allergies are life threatening and other pertinent information.

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

CHILD CARE CARD NUMBER: _____ IMMUNIZED BY HEALTH AUTHORITY: YES NO

DOES AFTERSCHOOL CARE HAVE PERMISSION TO CONTACT YOUR DOCTOR IN CASE OF EMERGENCY WHEN UNABLE TO CONTACT YOU?

YES NO

Authorized/Emergency Contact & Pick Up List:

NAME (Relation to student) CONTACT NUMBER

NAME (Relation to student) CONTACT NUMBER

Out Of Town

Emergency Contact:

NAME (Relation to student) CONTACT NUMBER

LEGAL INFORMATION

LEGAL CUSTODY ALERT IN EFFECT? YES NO

(If **YES**, please attach a copy of any legal papers pertinent to your child regarding custody, visitation, or any other matter related to your child. A copy of an up-to-date court order **MUST** be on file.)

SIBLINGS YES NO

NAME Age

NAME Age

NAME Age

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Signature of Parent/Guardian _____
NAME CONTACT NUMBER

Signature of Parent/Guardian _____
NAME CONTACT NUMBER



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OTHER INFORMATION

PARENT E-MAIL ADDRESS: _____

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SECONDARY HOME MAILING ADDRESS, IF DIFFERENT:

LANGUAGE SPOKEN AT HOME: _____

HAS THIS CHILD RECEIVED SPECIALIST INTERVENTIONS? YES NO

(SPEECH, HEARING, OT, PT, BEHAVIOURAL ETC.)

If YES, Special Needs Form must be completed and attached to application.

Please list any information that will be beneficial to staff as to enhance your child's afterschool care experience:

CONSENT INFORMATION

PLEASE READ AND SIGN THE CONSENT INFORMATION BELOW

Personal Information Release Permission

Yes No I permit my child to be included in any media coverage of a programed event.
I permit my child's name and/or photo to be used in any program publication,
including IC school's website, Facebook and Instagram page

PARENT COMMITMENT

I have read the Parent Handbook, have clarified any questions I had and confirm my child will participate in the full program including, to follow safety instructions and refrain from behaviour that is harmful to oneself or others. I, the undersigned, permit my child to participate in the full range of activities and authorize Immaculate Conception Afterschool Care the appointee, in the event of accident or illness affecting the child, including admission to hospital and necessary treatment. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood the afterschool care program is not responsible for medical care or ambulance costs. I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against Immaculate Conception Afterschool Care, along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in our programs.

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief.

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date: _____



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REPAYMENT AGREEMENT

Should it become necessary to close our childcare program for longer than five business days due to situations beyond our control such as natural disasters, unsafe weather conditions, unsafe building hazards, or any other unforeseen situation, Immaculate Conception After School Care will decrease the fee for that month accordingly. A decrease in fees will not be made for any unforeseen closures of less than 5 school days.

PLEASE CHECK EACH LINE

- Pre-authorized payment form (attached)
- I hereby authorize RCEC Immaculate Conception School to deduct monthly childcare fees from my financial institution or credit card on the last day of each month and a non-refundable \$100.00 deposit at time of registration.
- I understand that a service charge of \$20.00 will be charged to my account for any returned payments.
- My childcare services will be cancelled if a payment plan is not received within five days of dated letter.
- In the event that I want to make changes to program my child attends or to withdraw my child from the program, I agree to provide one calendar months' notice on the first of the month.
- If there are outstanding fees, attempts will be made to withdraw at a later date or may release information to a third-party collection agency.
- It is the parent's responsibility to keep childcare subsidy current - the parent is responsible for the full childcare fee if childcare subsidy is not in place.
- Without a full calendar months' notice of removing my child from the program, I will be responsible for paying the next month's fees.
- It is the responsibility of the parent to ensure afterschool care has a current address. Childcare fees are subject to annual increases, however, parent/guardians will be notified in advance of any such increases. Any fee increases/changes will be adjusted accordingly.
- I am aware of the repayment agreement as per the parent handbook. Refunds will not be issued for unforeseen closure of less than five business days.

I, the undersigned, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief.

Family Name (Please Print)

Parent/Guardian Signature

Parent/Guardian Signature

Date: _____



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OFFICE USE ONLY

Application Received _____ Start Date _____
(Date) (Date)

- Application Form
- Birth Certificate
- Legal Residency of Parent
- Special Needs Form Completed (if applicable)
- Pre-Authorized Payment Form

Application Completed _____
(Date)

Application Withdrawn _____
(Date)