



**Wee Saints**  
 Before & After School  
 DayCare Program

17475 59<sup>th</sup> Avenue  
 Surrey, BC V3S 1P3  
 604-574-4363

2023-2024

# Application Form

Office Use Only:	
Date Rec'd:	_____
Reg. Fee Rec'd:	_____
PDCs Rec'd:	_____
CC Auth Form:	_____
Page 2&3 copy given:	_____
Form Complete:	_____
Copy Made:	_____

Name of Child  Birth date     
 Surname Given Names YYYY MM DD

Parent's Email  Grade (SY 2023-24)

Address  City

Postal Code  -  Home Phone Number  -  -

Father's Name  Father's Cell  -  -

Employer  Work Phone  -  -

Mother's Name  Mother's Cell  -  -

Employer  Work Phone  -  -

Person(s) other than parents authorized to pick up child from this facility:

Name  Relation to child

Home Phone  -  -  Work/Cell Phone  -  -

Name  Relation to child

Home Phone  -  -  Work/Cell Phone  -  -

**An application fee of \$50.00 per family will be due and payable at the time of application**

## PLEASE SPECIFY YOUR CHILD'S SPECIFIC NEED

### Fees & Hours:

- Ch . Drop-in Session AM/PM: \$15.00 cash/cheque/debit  
 Ch . Drop-in Session AM/PM: \$18.00 credit card

Please indicate with an \* the appropriate session that you are registering your child for.

Mornings & Afternoons 7:00 - 8:30 am/3:00 - 5:45 pm	PLEASE SPECIFY DAY	CASH/CHEQUE	DEBIT/CREDIT**
1 Day		\$95/month	\$100/month
Wednesday only December & March		\$110/month \$75/month	\$115/month 25% off
3 Days		\$215/month	\$220/month
December & March		\$160/month	25% off
5 Days	Monday to Friday	\$300/month	\$305/month
December & March		\$225/month	25% off

Mornings Only 7:00 to 8:30 am	PLEASE SPECIFY DAY	CASH/CHEQUE	DEBIT/CREDIT**
1 Day		\$45/month	\$50/month
December & March		\$35/month	25% off
3 Days		\$90/month	\$95/month
December & March		\$70/month	25% off
5 Days	Monday to Friday	\$130/month	\$135/month
December & March		\$95/month	25% off

Afternoons Only 3:00 to 5:45 pm	PLEASE SPECIFY DAY	CASH/CHEQUE	DEBIT/CREDIT**
1 Day		\$55/month	\$60/month
Wednesday only December & March		\$70/month \$40/month	\$75/month 25% off
3 Days		\$150/month	\$155/month
December & March		\$110/month	25% off
5 Days	Monday to Friday	\$215/month	\$220/month
December & March		\$160/month	25% off

**\*\*PLEASE ASK FOR A CREDIT CARD AUTHORIZATION FORM FROM THE PARISH OFFICE IF NEEDED\*\***

### Late Pick Up Policy (Parent's Initial )

Our official closing time is 6:00pm. **Picking up your child after 6:00 will result in a late charge of \$5.00 per 5 minutes that you are late. These fees get paid directly to the caregiver that has to stay late, as their day ends at 6:00pm.** Continuous late pick-ups could result in canceling the daycare agreement. If you know that you are going to be late, please try to arrange for someone else to pick up your child. Please send a note with your child or notify the school office to let them know you are going to be late, even if it is only a couple of minutes (late charges still apply).

## Payment Policy (Parent's Initial )

For cheque payment, postdated cheques dated the 1<sup>st</sup> of each month, September to June must be submitted upon registration in the amounts specified by the Fee structure above. Refunds will not be made for illness, holidays, snow days, etc as payment holds the participant's spot. Parents are required to **submit 1 month's written notice to cancel or change participation in the Daycare Program.** **Please make cheques payable to Precious Blood Parish with child's name on memo line.**

## Snacks

**Snacks are not provided.** We encourage parents to send a healthy snack such as muffins, fruit, crackers, vegetables and preferably juice or water to drink. Please do not send candy or sweet snacks.

## Child Pick Up Policy (Parent's Initial )

**Your child(ren) will not be released to anyone not listed on the pickup section of this application.** Caregivers will not under any circumstances release your child(ren) to anyone without your consent. If someone other than the pickup persons listed arrives to pick up your child, we will contact you for proper permission. If we are unable to contact you, we will not release your child.

## Discipline Policy (Parent's Initial )

It is our understanding and that of the parents who enrol their children in our program that this is a service to CCS families and an opportunity for our students to maintain continuity in their 'out-of-home' care. Therefore disrespectful, dangerous, disruptive, or uncooperative behaviour, on the part of students (as well as parents and/or staff) will not be tolerated. It is required that parents support the day-care discipline policy which mirrors that of Cloverdale Catholic School. Adherence to these policies will always remain a condition of acceptance to the program.

In most cases, isolated and irregularly occurring incidents can be resolved simply and quickly by the student with the intervention of the Caregiver. If the problem reoccurs or seems to be of an on-going nature, at the Caregiver's discretion and in consultation with the manager, Stacey Easterbrook, the following steps, supported by documentation will apply.

- 1) The Caregiver will have a discussion with the child(ren) involved at the time. Appropriate consequences, determined by the Caregiver will be assigned, based on that discussion and with the child offering suggestions on how to improve and the consequences. Consequences may include, but are not limited to, supervised time-outs and loss of use of equipment and/or materials.
- 2) Parents will be informed at the end of the day of any problems arising during the child's stay at day-care.
- 3) Should the problems continue, the Caregiver will arrange a meeting with the parents, manager and student to discuss the problem and to resolve the situation.
- 4) At this meeting, a formal contract of expected behaviour and the consequences will be written out and signed by all parties involved. It will be made clear that continued unacceptable behaviour could result in the family being asked to leave the day-care program.

I have read and agree to the above procedures and policies.

Parent's Printed Name

Parent's Signature

Date

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Please proceed to next page.**

# Emergency Health and Contact Information

(PLEASE PRINT ALL INFORMATION LEGIBLY)

<b>FACILITY NAME: PRECIOUS BLOOD PARISH-WEE SAINTS DAYCARE</b>	
CHILD'S FULL NAME: <input type="text"/>	CHILD'S USUAL NAME (IF DIFFERENT): <input type="text"/>

## PERSONAL INFORMATION

CHILD'S DATE OF BIRTH: YYYY-MM-DD <input type="text"/> - <input type="text"/> - <input type="text"/>	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	STARTING DATE: MM/YY <input type="text"/> / <input type="text"/>
ADDRESS: (APT, HOUSE #, STREET, CITY) <input type="text"/>	POSTAL CODE: <input type="text"/> - <input type="text"/>	PHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>
PARENT OR GUARDIAN: <input type="text"/>	PARENT OR GUARDIAN: <input type="text"/>	
ADDRESS: (if different from above) <input type="text"/>	ADDRESS: (if different from above) <input type="text"/>	
CELL PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/>	CELL PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/>	
WORK ADDRESS/ALTERNATE LOCATION: <input type="text"/>	WORK ADDRESS/ALTERNATE LOCATION: <input type="text"/>	
WORK PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	WORK PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	
HOURS AT THIS LOCATION: <input type="text"/>	HOURS AT THIS LOCATION: <input type="text"/>	

## EMERGENCY HEALTH INFORMATION

CARE CARD NUMBER: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FAMILY DOCTOR: <input type="text"/>	FAMILY DENTIST: <input type="text"/>		
ADDRESS: <input type="text"/>	PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/>	ADDRESS: <input type="text"/>	PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/>

## CONSENT FOR EMERGENCY CARE

I authorize the staff at Wee Saints Daycare/Precious Blood to seek a medical practitioner of ambulance in the case of accident or illness of my child(ren) if parent cannot immediately be reached.	
SIGNATURE OF PARENT OR GUARDIAN: <input type="text"/>	DATE: (yyyy-mm-dd) <input type="text"/> - <input type="text"/> - <input type="text"/>

Acknowledged by Facility Manager:

\_\_\_\_\_  
Signature

# Emergency Health and Contact Information

(PLEASE PRINT ALL INFORMATION LEGIBLY)

PERSONS AUTHORIZED TO PICK UP CHILD (Other than parent/guardian listed above)		
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>

PERSONS NOT AUTHORIZED TO PICK UP CHILD		
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>

**CUSTODY AGREEMENT:**       **YES**       **NO** (If yes, attach copy of the custody order.)

ALTERNATE PERSONS TO CALL TO PICK UP CHILD IN CASE OF EMERGENCY		
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>
NAME: <input style="width: 90%;" type="text"/>	PHONE: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	RELATION: <input style="width: 90%;" type="text"/>

**CHILD IMMUNIZATION STATUS** (Pls. record dates [yy-mm-dd] or attach copy of immunizations.)

IS YOUR CHILD IMMUNIZED?     YES     NO

DPT	PNEUMO	MENIN C	ROTOVIRUS	MMR	HEPA
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
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**COMMENTS:** If your child has any special medical concerns such as but not limited to, asthma or severe allergies, please write detailed instructions for care in this section.