



Section E

Other Programs

Preschool
Before/After Care
Kinder Arts



RJDS Preschool & Preschool Daycare 2010-2011 Monthly Fee Table and Program Registration

*These programs are purchased on an annual basis. Space is limited
Programs will only be offered if minimum registration is met.*

1. Register for Preschool based on age. Preschool 3 must be 3 years old by December 31st.

- Preschool 3: \$425 per mo. 8:45- 11:45am.
- Preschool 4: \$450 per mo. 8:45am – 12:30pm.

- Preschool registration is secured by a **\$200 non-refundable administrative fee in addition to the program fees.**
- Preschool 3 and 4 program rates are for 5 days per week.
- There are no discounts for less than 5 day attendance.
- Preschool program prices include snacks and facility maintenance.
- Children attending daycare need to bring their own dairy/pareve lunch.

2. Select optional additional daycare. Price shown below include **BOTH** the cost of Preschool and additional daycare. 7:30 – 8:30 care is available at no charge **IF** you are also registering for afternoon care.

Prices are per month. *Preschool Daycare closes at 4:00pm on all Early Dismissal Fridays.

Select day(s) desired - please ✓the appropriate box.
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Days per wk	7:30 – 8:30	11:45- 3:30	11:45 – 5:30	12:30 – 3:30	12:30 – 5:30
1	<input type="checkbox"/>	<input type="checkbox"/> \$550	<input type="checkbox"/> \$577	<input type="checkbox"/> \$540	<input type="checkbox"/> \$568
2	<input type="checkbox"/>	<input type="checkbox"/> \$636	<input type="checkbox"/> \$695	<input type="checkbox"/> \$613	<input type="checkbox"/> \$672
3	<input type="checkbox"/>	<input type="checkbox"/> \$662	<input type="checkbox"/> \$750	<input type="checkbox"/> \$635	<input type="checkbox"/> \$724
4	<input type="checkbox"/>	<input type="checkbox"/> \$676	<input type="checkbox"/> \$789	<input type="checkbox"/> \$646	<input type="checkbox"/> \$752
5	<input type="checkbox"/>	<input type="checkbox"/> \$725	<input type="checkbox"/> \$840 *	<input type="checkbox"/> \$687	<input type="checkbox"/> \$803 *

Drop In (on space available basis) 24 hrs. notice preferred						
Per Day	7:30 – 8:30	11:45 – 1:30	11:45 – 3:30	11:45 – 5:30	12:30 – 3:30	12:30 – 5:30
		\$10.00	\$ 18.00	\$ 38.00	\$ 58.00	\$ 30.00



**RJDS Preschool & Preschool Daycare 2010-2011
PAYMENT FORM**

To register for Daycare in addition to preschool, you must also complete the attached Daycare Application form.

Child's Last Name	
Child's First Name	
Parent/Guardian's Family Name	
Parent /Guardian s First Name	
Total monthly payment: \$ _____	
Details of payments:	
Postdated Cheques: <input type="checkbox"/>	
Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MC Credit card # _____ Exp ___/___	
Name on Card: _____	Signature _____

Administrative Policies

The policies written below refer to the administrative functions of the daycare. There will be further information available about the care facilities and programming.

Signature is required on the bottom of this policy to recognize understanding of terms and conditions.

Program Policy:

- The program will run from the first day of school until the last day of school in June.
- The daycare is limited to space as specified by provincial licensing.
- There is one price per day for the daycare program from 7:30 – 3:30. You can elect to use less than the maximum time.
- A secondary program is available from 3:30 – 5:30 on Monday to Thursday and until 4:00pm on Friday.
Note: This program is only available if there are sufficient children registered to cover staffing costs. Should this program need to be cancelled, the daycare will provide one month's notice.
- Daycare will be provided on days when there is early dismissal if it is on the day that you have purchased the program.
- Additional daycare programs will be made available with the exception of statutory holidays, Jewish holidays where work is not permitted and Passover. (Example: There will be a program on Pro D days, Intermediate days of Succot but not on Yom Kippur.) If these days fall on a day that you are regularly registered for, they will be included in your fee. Please review section for Drop-Ins. Minimum registration of 4 children is required.



- The program is open to all children registered in Preschool. Priority will be given to those requesting more days and to those who have secured spots via payment (including post-dated cheques).

Drop-In Option

- Drop-Ins will be accepted based on space available. 24 hour notice will be most appreciated to best plan for your child. There is a day rate based on the number of hours programming that is required. Priority will be given to monthly subscribers and on first come, first served basis. Drop-in fees may be paid by pre-authorized credit card, or are due by cash or cheque on the day of attendance.

Changing Days in a Week:

- During sign up, the days of the week that you require will be locked in.
- Every effort will be made to accommodate changes if required.

Late Pickup Policy:

- A \$10 penalty will be applied for each 10 minute segment. The penalty payment is due within 30 days.

Fee Payment Policy:

- Payment is for the whole time slot, even if you want to pick up your child earlier than the program duration.
- There are no available discounts for any programs.
- There are no discounts for unused services.
- Monthly rates apply if the child is signed up for the entire school year.
Post-dated cheques made payable for the 1st day of the 10 months (Sept – June) of school is to be attached to secure the registration.
- A \$25 NSF fee will be applied for each NSF cheque.

Failure to Pay:

- Failure to pay fees in full and on time will result in no entry to the daycare.

Termination Fee Policy:

- If parent/guardian wishes to withdraw a child from the daycare, 2 months prior written notice is required on the 1st of the month or 2 months payments.

I _____ have read the above policies and agree to
(Parent / Guardian Name)

abide by them.

Parent Signature _____ Date: _____



Alternative Person (s) to call in case of emergency (other than parent)

The individuals you list here should live in the same City as the child care and be available during the hours the center is open.

NAME	RELATION TO CHILD	PHONE	CELL PHONE	WORK PHONE	Does this person speak English ?

Out of Province Contact Person

Note: This individual will be contacted if there were no local telephone service due to a natural disaster.

NAME	TELEPHONE NUMBER (include area code)	ADDRESS

FAMILY AND SOCIAL HISTORY:

Person (s) with whom child lives with:

NAME	RELATIONSHIP	SEX	SIBLING OR OTHER CHILD'S BIRTHDATE



- a) Has your child previously attended day care/ preschool YES NO
- b) Does your child eat breakfast in the morning YES NO
- c) Does your child nap during the day when not attending child care? YES NO
- d) If yes, at what time of day and for how long? _____
- e) What are the words your child will use to indicate the need to use the bathroom _____
-

GUARDIANSHIP

- a) Is there a custody agreement ? YES NO
If yes, a copy of the agreement must be provided.

- b) Have the parents been separated during the child's life?
Yes: _____ No: _____ If yes, age of child at time: _____

Length of Separation: _____

In how many different locations has the child lived? Please list the different cities, if applicable: _____

- c) Have there been any major crises in your family such as divorce, death, accidents or illnesses which might have affected the emotional well-being of your child? If so, please explain:

Maternal Grandparents

Name: _____

Address: _____

Phone: _____

Paternal Grandparents

Name: _____

Address: _____

Phone: _____



HEALTH INFORMATION

Does your child have:

A diagnosed medical condition?

YES NO

A diagnosed life threatening allergy?

YES NO

Please describe the medical condition or allergy

Does your child take medication for the medical condition or allergy

YES NO

If your child has a medical condition, life threatening allergy or other concerns, you, the school nurse and the staff will need to complete a Health Care Plan. A medical form and a permission to administer emergency medication will need to be completed by the physician.

1. Is there any other pertinent medical information about the child that would in any way limit or effect the child's school activities?

2. Is there any other information regarding your child's development and behaviour of which we should be aware? (i.e. unusual eating or sleeping routines, disciplinary problems, nervous habits, special skills or talents, artistic or athletic abilities, etc.)

Do you have any of the following concerns about your child: Please check Yes or No

Developmental Area	YES	NO
Speech or language development		
Physical development		
Hearing		
Vision		
Dental		
Please describe your concern:		



Is your child receiving therapy services either privately or from the Richmond Health Department?

Yes No

Please describe the treatment or therapy

HEALTH CONTACT INFORMATION

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

PARENT: Are Immunization records on file with the Richmond Health Dept. Yes No

Immunization forms must be provided upon registration.

Parent Signature: _____

Date: _____



Kinder Arts: A Dynamic Option (Kindergarten Children 2010 – 2011)

Kindergarten Arts is an age-appropriate program that enables Kindergarten students to explore their creative energies through activities centered on music, visual art, graphic arts and drama. The program also incorporates snack time, quiet time and playtime and can be selected from one to five days per week. Please see rates in the grid below.

RJDS Before / After School Care Grades K – Grade 7 Rates 2010 – 2011

Monthly Fee Table

*For days when school is in session. These programs are purchased on an annual basis.
Space is limited. Programs will only be offered if minimum registration is met.*

(Please tick ✓ the desired program in the box provided.)

Days Per Week	Program Time	Monthly Rates		
		7:30-8:30	3:30 - 5:30	1:30 - 3:30 Kinder Arts
1	M O R N I N G O N L Y	<input type="checkbox"/> \$ 38.00		“Early Friday” program: 1:30 -2:30 on early dismissal Fridays is offered for \$200 flat fee
2		<input type="checkbox"/> \$ 62.00		
3		<input type="checkbox"/> \$ 80.00		
4		<input type="checkbox"/> \$ 99.00		
5		<input type="checkbox"/> \$ 113.00		
1	A F T E R N O O N O N L Y	Aftercare closes at 4:00pm on Early Dismissal Fridays	<input type="checkbox"/> \$ 77.00	<input type="checkbox"/> \$ 105.00
2			<input type="checkbox"/> \$ 123.00	<input type="checkbox"/> \$ 155.00
3			<input type="checkbox"/> \$ 160.00	<input type="checkbox"/> \$ 185.00
4			<input type="checkbox"/> \$ 175.00	<input type="checkbox"/> \$ 205.00
5			<input type="checkbox"/> \$ 199.00	<input type="checkbox"/> \$ 220.00
1	M O R N I N G & A F T E R N O O N		<input type="checkbox"/> \$ 108.00	
2			<input type="checkbox"/> \$ 190.00	
3			<input type="checkbox"/> \$ 226.00	
4			<input type="checkbox"/> \$ 252.00	
5			<input type="checkbox"/> \$ 298.00	

Select day(s) desired - please ✓ the appropriate box.

Monday Tuesday Wednesday Thursday Friday

Drop In fees	School Days			Non-instructional Days	
	7:30 -8:30	3:30 – 5:30	1:30 -5:30	7:30 – 3:30	7:30 – 5:30
	\$10.00	\$20.00	\$40.00	\$40.00	\$50.00



***Non-instructional Day Fees – (FOR MONTHLY SUBSCRIBERS ONLY)**

Discounted fee for Monthly Subscribers	Kindergarten	Grades 1 – 7
	\$ 35.00	\$ 45.00

*** Non-instructional days are; professional development days, parent-teacher conference days, and early dismissal days. They do not include statutory and religious holidays.**



RJDS Before/After Care Payment Form

Child's Last Name	
Child's First Name	
Parent/Guardian's Last Name	
Parent /Guardian s First Name	
Phone Number:	
Total monthly payment \$ _____	
Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MC Credit card # _____ Exp ___/___	
Name on Card: _____ Signature _____	

Administrative Policies

The policies written below refer to the administrative functions of the daycare. There will be further information available about the care facilities and programming.

Signature is required on the bottom of this policy to recognize understanding of terms and conditions.

Program Policy:

- The program will run from the first day of school until the last day of school in June.
- The daycare is limited to space as specified by provincial licensing.
- The program is open to all children. Priority will be given to children attending RJDS, those requesting more days and to those who have secured spots via payment (including post-dated cheques).

Days When School is not in Session

- Additional care programs will be made available with the exception of statutory holidays, Jewish holidays where work is not permitted and Passover. (Example: There will be a program on Pro D days, Intermediate days of Succot but not on Yom Kippur.)
- Each additional program must be registered, fully paid and confirmed.
- Priority will be given to monthly subscribers and on first come, first served basis.



Discounted Non School Day Upgrade Fee:

- This fee is applicable to Monthly subscribers only.
- For days when there is no school. It is an optional program that needs to be purchased.

Drop-In

- Drop-Ins will be accepted based on space available on a first come, first served basis. 24 hour notice will be most appreciated to best plan for your child.

Changing Days of Week:

- During sign up, the days of the week that you require will be locked in.
- Every effort will be made to accommodate changes if required.

Late Pickup Policy:

- A \$10 penalty will be applied for each 10 minute segment. The penalty payment is due within 30 days.

Fee Payment Policy:

- Payment is for the whole time slot, even if you want to pick up your child earlier than the program duration.
- There are no available discounts for any programs.
- There are no discounts for unused services.
- Monthly rates apply if the child is signed up for the entire school year.
- Post-dated cheques made payable for the 1st day of the 10 months (Sept – June) of school is to be attached to secure the registration. Deduct the \$100 from the June payment.
- A \$25 NSF fee will be applied for each NSF cheque.

Failure to Pay:

- Failure to pay fees in full and on time will result in no entry to the care program.

Termination Fee Policy:

- If parent/guardian wishes to withdraw a child from the care, 2 months prior written notice is required on the 1st of the month or 2 months payments.

I _____ have read the above policies and agree to
(Parent / Guardian Name)

abide by them.

Parent Signature _____ Date: _____



BEFORE/AFTER SCHOOL CARE APPLICATION

Enrolment Date: ____/____/____

MORNING AFTERNOON BOTH

Child's Name: _____

(Surname)

(Given)

(Middle)

Date of Birth: ____/____/____ Sex: Male____ Female____
Y M D

Home Address _____

Postal Code _____ (Home) Phone Number: _____

Child's First Language _____ Child's Second Language _____

Child's Personal Health Care Number _____

Parent/Guardian (Authorized to pick up child)

NAME	Place of work	Hours of work	Work Phone #	Cell/Pager #

Persons Authorized to pick up your child if parents are not available

Name	Relation to Child	Phone #	Cell #	Pager

Teachers are not permitted to release your child to anyone not listed above without additional permission from parent.

GUARDIANSHIP

Do you have a custody agreement? YES NO If yes, please provide a copy included with written instructions that you wish child care staff to follow in regards to custody agreement. STAFF initial: _____ (confirmation of receipt of custody agreement)



Alternative Person (s) to call in case of emergency (other than parent)

The individuals you list here should live in the same City as the child care and be available during the hours the center is open.

NAME	RELATION TO CHILD	PHONE	CELL PHONE	WORK PHONE	Does this person speak English ?

Out of Province Contact Person

Note: This individual will be contacted if there were no local telephone service due to a natural disaster.

NAME	TELEPHONE NUMBER (include area code)	ADDRESS

HEALTH INFORMATION

Does your child eat breakfast in the morning YES NO

Does your child have:
A diagnosed medical condition? YES NO

A diagnosed life threatening allergy? YES NO

Please describe the medical condition or allergy

Does your child take medication for the medical condition or allergy YES NO



If your child has a medical condition, life threatening allergy or other concerns, you, the school nurse and the staff will need to complete a Health Care Plan. A medical form and a permission to administer emergency medication will need to be completed by the physician.

1. Is there any other pertinent medical information about the child that would in any way limit or effect the child's school activities?

2. Is there any other information regarding your child's development and behaviour of which we should be aware? (i.e. unusual eating or sleeping routines, disciplinary problems, nervous habits, special skills or talents, artistic or athletic abilities, etc.)

Do you have any of the following concerns about your child: Please check Yes No

Developmental Area	YES	NO
Speech or language development		
Physical development		
Hearing		
Vision		
Dental		
Please describe your concern:		

Is your child receiving therapy services either privately or from the Richmond Health Department?

Yes No If yes, Please describe the treatment or therapy

HEALTH CONTACT INFORMATION

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Immunization forms must be provided upon registration.

Parent Signature: _____ Date: _____