

*Fairfield Gonzales*



*Community Association*

**Parental agreement**

1. I understand and agree to the procedure of fee payments, refunds and penalty payments as per the Parent Handbook.
2. I will make alternate care arrangements for my child if they are unable to participate appropriately in the program. The FGCA may discharge my child from the program as per the guidelines in the Parent Handbook.
3. I will give at least 1 month's written notice if I plan to withdraw my child from the program, or pay one month's fees in lieu of notice.
4. I will keep staff informed of any changes of address, phone numbers, medical information, authorized person for pick-up etc. as well as changes at home or school that may affect my child's behaviour.
5. I will not knowingly bring my child to OSC if they are ill and/or unable to actively participate in the regular activities of the program.
6. If my child is ill and unable to participate in program, I will pick him/her up immediately or contact another emergency person to pick-up my child.
7. I will inform the OSC if my child will not be attending the program for any reason, and will do so in advance of their expected arrival.
8. If I am late to pick-up my child I am aware that a fee will incur
9. I will ensure that copies of any court orders regarding the custody and visitation rights concerning my child are included with my child's registration form. The FGCA will do our best to honour the documents.
10. I have read and I understand the Parent Handbook and I have completed and signed all necessary registration and consent forms, and by my signature below, I agree to all policies, terms and conditions, of the Fairfield Gonzales Community Association Out-of-School Care.
11. I understand that reasonable safety precautions will be taken by the staff however; children may incur injuries even when supervised. In the event that my child becomes injured while in attendance at the program, I waive any liability to the Fairfield Gonzales Community Association and program staff.
12. I hereby give my consent for a staff member to administer first aid to my child in the case of accident or illness.
13. I hereby give my consent for my child to go on field trips with the Out of School Care, and to be transported by public transportation, rental bus, or on foot. I understand that every precaution and safety measure will be taken, and waive any liability to the Fairfield Gonzales Community Association and program staff.

I, \_\_\_\_\_, the parent of, \_\_\_\_\_, on this date

\_\_\_\_\_, agree to and will abide by the above expectations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Child Care Coordinator Signature

*Fairfield Gonzales*



*Community Association*

### **Parental Subsidy Agreement**

\*Please be advised that subsidy authorization can take between 6-8 weeks to process\*

1. Parents are responsible for all fees as per outlined in the parent handbook.
2. Payment or subsidy authorization must be received by the Out-of-School Care Program prior to your child's first day of attendance.
3. Any parent portion of your child's fees will be due the first day of every month. Payment by post-dated cheque is recommended as late charges, as outlined in the parent handbook, will apply.
4. Parents are responsible for renewing subsidy authorization before it expires. If subsidy renewal is not received when the authorization expires, full payment will be expected until such time as a new authorization is received. If, an account is over-paid then parents may apply overage to the following months fees or receive reimbursement
5. Parents are responsible for paying any difference between Ministry of Children and Family Development claim rates and actual program fees.
6. Expiration of subsidy does not constitute notification of withdrawal from the Out-of-School Care Program.

I, \_\_\_\_\_, the parent of, \_\_\_\_\_, on

this date \_\_\_\_\_, agree to and will abide by the above expectations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Child Care Coordinator Signature

