

# 2011/2012 EXCEL Child Care Program Application Form

25 Alfred Street, Dartmouth, NS, B3A 4E8 Fax: (902) 464-2074 Web: <http://www.hrsb.ns.ca>

\*\*The EXCEL on-line application system will be available on May 2nd at 8:00 a.m. for those paying via Visa, MasterCard & Pre-Authorized payments.

RE-ENROLMENT (current participant in 10/11 program)  NEW ENROLMENT Desired starting date in EXCEL Program: \_\_\_\_\_

1. CHILD'S NAME (first) \_\_\_\_\_ (last) \_\_\_\_\_ SCHOOL: \_\_\_\_\_ Grade: \_\_\_\_\_ (11/12 Year)

D.O.B. \_\_\_\_\_ (mm/dd/year) Male \_\_\_ Female \_\_\_ Health Concerns (allergies, meds, diet etc.) \_\_\_\_\_

Does this child have Special Needs?  Yes  No If Yes, please state specific needs: \_\_\_\_\_  
(\*A child requiring EPA assistance during class may require an attendant to participate in the EXCEL program)

BEFORE SCHOOL  FULL TIME  PART TIME \_\_\_4 DAYS/week \_\_\_3 DAYS/week \_\_\_2 DAYS/week \_\_\_1 DAY/week  
\*If Part time, please specify desired days; some flexibility may be available-monthly schedule required to be given to Head Instructor each month.  
 MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

AFTER SCHOOL  FULL TIME  PART TIME \_\_\_4 DAYS/week \_\_\_3 DAYS/week \_\_\_2 DAYS/week \_\_\_1 DAY/week  
\*If Part time, please specify desired days; some flexibility may be available-monthly schedule required to be given to Head Instructor each month.  
 MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

EARLY DISMISSAL  YES \$15.75 (\$7.88/day for the two scheduled Parent Teacher Interview Days. Fee will be paid/billed at time of registration. This service is available ONLY to students participating in the After School program.)

2. CHILD'S NAME (first) \_\_\_\_\_ (last) \_\_\_\_\_ SCHOOL: \_\_\_\_\_ Grade: \_\_\_\_\_ (11/12 Year)

D.O.B. \_\_\_\_\_ (mm/dd/year) Male \_\_\_ Female \_\_\_ Health Concerns (allergies, meds, diet etc.) \_\_\_\_\_

Does this child have Special Needs?  Yes  No If Yes, please state specific needs: \_\_\_\_\_  
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EARLY DISMISSAL  YES \$15.75 (\$7.88/day for the two scheduled Parent Teacher Interview Days. Fee will be paid/billed at time of registration. This service is available ONLY to students participating in the After School program.)

## PARENT/GUARDIAN INFORMATION:

LEGAL GUARDIAN#1 (first) \_\_\_\_\_ (last) \_\_\_\_\_ LEGAL GUARDIAN#2 (first) \_\_\_\_\_ (last) \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ Phone Numbers: (H) \_\_\_\_\_

(W) \_\_\_\_\_ ext. \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ ext. \_\_\_\_\_ (C) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Please contact your EXCEL Regional Supervisor should we need to be made aware of specific custody issues.

## IN CASE OF EMERGENCY, storms etc., call (should parents/guardians not immediately be available upon initial contact attempt):

1. NAME \_\_\_\_\_ (first) \_\_\_\_\_ (last) \_\_\_\_\_ Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

2. NAME \_\_\_\_\_ (first) \_\_\_\_\_ (last) \_\_\_\_\_ Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

## THE FOLLOWING ADDITIONAL PEOPLE HAVE OUR PERMISSION TO PICK UP OUR CHILD(REN) FROM THE EXCEL PROGRAM.

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_





**ACCOUNT HOLDER:** \_\_\_\_\_ (Please identify the name you would like identified on the Income tax receipt.)

**PAYMENT METHOD OPTIONS:**

- PRE-AUTHORIZED PAYMENT: Please attach a voided cheque to this application form.
- CREDIT CARD:     VISA     MasterCard    Card Number # : \_\_\_\_\_    Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/yy)  
Cardholder's name: \_\_\_\_\_
- POST-DATED CHEQUES: Attach 10 post-dated cheques dated for the 20th of each month from Aug. 20<sup>th</sup>/11 – May 20<sup>th</sup>/12 including the child's name on the front of each cheque. Cheques are to be made payable to **HRSB/EXCEL Child Care Program**.
- APPLICATION FEE - \$31.50 per family.
  - Charge to my credit card or PAP, upon acceptance to program
  - By cheque, attached to this form with current date identified on the cheque.
- EARLY DISMISSAL FEES - \$15.75/student (\$7.88/day) for Students enrolled in the After school program that wish to remain on Early Dismissal days.
  - Charge to my credit card or PAP, upon acceptance to program
  - By cheque, attached to this form with current date identified on the cheque.
- Payments will be made by DEPARTMENT OF COMMUNITY SERVICES on behalf of the Parent/Guardian.  
**Note: Written confirmation of acceptance of financial responsibility by your Community Services representative MUST accompany this form. It is the parent/guardian's responsibility to obtain this written confirmation for inclusion with this form.**

**PROGRAM & APPLICATION INFORMATION:**

- Applications must be submitted each year for returning students. There are NO automatic re-enrolments.
- New payment information MUST be submitted each and every year for returning EXCEL participants.
- All post-dated cheques and application fees MUST be included with this application for enrolment to be eligible for processing.
- If the registration form is incomplete or payment arrangements are not included with your child's application, the application will be returned to you and be considered null and void.
- All PAP and Credit Card transactions for all programs are processed monthly on the 20<sup>th</sup> of each month, beginning August 20<sup>th</sup>, 2011 for 10 consecutive months.
- Applications for returning students will be accepted beginning Tuesday, April 26<sup>th</sup>, 2011 at 8:00 a.m. and will end at 7:59 a.m. on Monday, May 2<sup>nd</sup>.
- General registration for new program applicants begins on Monday, May 2<sup>nd</sup>, 2011 at 8:00 a.m. Applications for new enrolments to our Before & After programs received prior to that date & time will be returned to the account holder for re-submission.
- Couriered applications will not be accepted on Monday, May 2<sup>nd</sup>, 2011 only.
- Applicants may scan and email their applications to: excelregistrar@hrsb.ns.ca
- Faxing of applications is permitted, but is strongly discouraged as faxes have proven to be unreliable in the past. Should you choose to fax your application we recommend that you retain your fax confirmation page should transmission dates and times need to be verified as a result of a missing application.
- Students may not begin attending the program until either written or verbal confirmation of acceptance has been received.
- Parents/Guardians are asked to contact our EXCEL office to advise of changes to emergency contact information, mailing addresses, credit card expiry dates etc.
- Two (2) weeks notice is required to withdraw or reduce your registered program. You will be billed for time where required notice was not provided to the EXCEL Registrar.
- Where wait lists for full-time participants exist, individuals desiring a decrease in their enrolment schedule may not be possible to be accommodated.

I have read the 2011/2012 EXCEL Parent Handbook and understand the stated policies as well as the information on this application form and agree to abide by them.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_