



RICHMOND
JEWISH
DAY SCHOOL



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JEWISH
DAY SCHOOL

& Early Learning Centre

בית הספר היהודי בריצ'מאנד

After School Care

Enrollment Package

2024-2025

OFFICE USE ONLY

DATE RECEIVED: _____

DATE OF ENROLLMENT (first day of care): _____

DATE OF WITHDRAWAL (last day of care): _____



After School Care Enrollment Checklist

- ChildCareEmergencyConsentForm
- Authorized Pickup/Emergency Contacts
- Immunization Status
 - Immunization Records
- Enrollment Agreement
- Pre-authorized Debit(PAD) Agreement



Child Care Emergency Consent Form

Add photo of
child's face here
(or provide a jpeg
file)

CHILD'S NAME*: _____ <small>(Surname, Given Names)</small>	
NAME CHILD RESPONDS TO*: _____	
ADDRESS*:	CITY*:
POSTAL CODE*:	
PRIMARY PHONE*:	
DATE OF BIRTH(MM/DD/YYYY)*:	GENDER Male Female Other
#1 PARENT/GUARDIAN*:	HOME PHONE:
CELL PHONE*:	WORK PHONE:
#2 PARENT/GUARDIAN*:	HOME PHONE:
CELL PHONE:	WORK PHONE:
EMERGENCY CONTACT NAME*:	
CELL PHONE*:	HOME PHONE:
OUT OF TOWN CONTACT NAME*:	
CELL PHONE*:	HOME PHONE:
CHILD'S DOCTOR*:	PHONE:
DATE OF MOST RECENT TETANUS SHOT (MM/DD/YYYY)*:	
ALLERGIES/MEDICATION:	
CHILD'S DENTIST:	PHONE:
CARE CARD NUMBER*:	

1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.

2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.

3) I hereby give consent for my child* _____ to be taken to the nearest emergency centre when I cannot be contacted.

4) I hereby give consent for my child named above to receive medical treatment.

SIGNATURE OF PARENT / GUARDIAN*: _____ DATE*: _____

SIGNATURE OF WITNESS*: _____

** indicates a required field*



Authorized Pickup/Emergency Contacts

(other than parents/guardians)

Name of the child*: _____

Name(s) of Parents/Guardians*: 1. _____

2. _____

Important Notes:

- Must be at least **19 years of age**.
- At least one emergency contact name is required (this should be the name listed on the **child care emergency consent form**).
- May be asked for picture ID at time of pickup before child is released.
- Any additional names added to this list must be shared with the Director electronically.
- If someone not on the authorized pickup list is picking up your child, you must notify your child's teachers in a Brightwheel message, including the person's name and phone number. If this person is not added to the authorized pickup list, you will need to notify the teacher through Brightwheel each time you arrange for them to pick up your child.
- Please be reminded that car seat safety laws apply to anyone who drives your child.
- Additional names can be added on a separate page

1.	NAME*:	RELATIONSHIP TO CHILD*:
	HOME PHONE:	CELL PHONE:
2.	NAME:	RELATIONSHIP TO CHILD:
	HOME PHONE:	CELL PHONE:
3.	NAME:	RELATIONSHIP TO CHILD:
	HOME PHONE:	CELL PHONE:
4.	NAME:	RELATIONSHIP TO CHILD:
		CELL PHONE:

** indicates a required field*

*Signature of Parent or Guardian**

*Date**



IMMUNIZATION STATUS

It is a licensing requirement to maintain a record of each child's immunizations status. Please select from the following options, referencing the BCCDC's recommended childhood vaccines (www.immunizebc.ca)

<input type="checkbox"/> Vaccinations are up-to-date <input type="checkbox"/> Vaccinations are not up-to-date <ul style="list-style-type: none"> <input type="checkbox"/> My child has had some vaccinations <input type="checkbox"/> My child has had no vaccinations <input type="checkbox"/> I do not know 	RJDS has a copy of my child's vaccinations records My child's vaccination records are unavailable Other:_____
Name of Parent/Guardian*	
If my child's vaccinations are not up-to-date, I understand that they may be excluded from child care in the event of an outbreak of a communicable disease.	
Signature of Parent/Guardian*:	Date*:

** indicates a required field*

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Enrollment Agreement

I. Enrollment Policy

I, the undersigned, am the parent(s) or guardian(s) of the child (the "Child") named above and hereby enroll(s) the Child for the 2024-2025 school year at RJDS After School Care ("RJDS - ASC"). I understand that as a condition of the admission of the Student to RJDS-ASC I agree to abide by the terms and conditions of this Enrollment Agreement (the "Agreement").

II. Spirit of RJDS - Rules and Policies

RJDS-ASC is a licensed Group Child Care Program operated by Richmond Jewish Day School ("RJDS"), an independent school and a private Jewish institution. The Rules and Policies of RJDS are contained in the Parent Student Handbook, as well as additional policies and procedures pertaining to licensed child care requirements in the RJDS-ASC Handbook, are incorporated into this Enrollment Agreement by reference. I agree to support this positive environment and accept the Rules and Policies of RJDS and RJDS-ASC for me and my child. I agree that my failure to do so, as determined by RJDS in its sole discretion, constitutes default under this Agreement. I understand that RJDS reserves the right to amend or terminate this Agreement if RJDS determines, in its sole discretion, that my child's needs or behaviours make such amendment or termination necessary in the best interest of either the Child, RJDS or RJDS-ASC.

III. Payment of Fees

I agree that, together with the other undersigned, I am jointly and severally responsible for all fee payments and that any failure to pay the required fees when due constitutes default of this Agreement. All tuition is due as per the "RJDS After School Care PAD Agreement". Interest of 1.5% per month (18% per year) will be added to accounts that are more than 30 days overdue. In the event of a default under this Agreement, RJDS shall be entitled to exercise all remedies available to it and the failure of RJDS to exercise a particular remedy shall not constitute a waiver of the right to do so.

In the event of a default under this Agreement, I agree to pay all the costs of RJDS associated with enforcing its rights under this Agreement, including, without limitation, collection agency fees, reasonable legal fees, arbitration costs, and any other costs associated with collecting any debt owed by me to RJDS, with or without suit. RJDS reserves the right to restrict re-enrollment of a Child whose accounts are not current.

IV. Withdrawal Policy and Withdrawal Schedule

I understand and agree that I am obligated to provide formal, electronic notice to the Director or RJDS office staff on the last day of the month, at least one month in advance of my Child's last day of care. For example, if December 31st is the last day of care, then notice on or before November 31st is required.

I understand and agree that our family is not entitled to a refund of fees already paid or additional fees paid, without appropriate notice as per the Withdrawal Policy and that fees will be immediately due and payable in accordance with the Withdrawal Schedule.



Notwithstanding the foregoing, the application of the Withdrawal Policy may be modified or waived in whole or in part, under exceptional circumstances, at the discretion of the Executive of the Board of Directors, upon written request from the family outlining in detail their reasons for requesting said modification or waiver. All such requests shall be kept confidential.

Failure to pay tuition in accordance with this Withdrawal Schedule constitutes a default under this Agreement, entitling RJDS to all remedies available at law and in equity.

V. Purposes for the Collection, Use and Disclosure of Personal Information by RJDS

I understand and agree that RJDS will collect, use, and disclose personal information of children, parents, and other family members of children:

- a) for all purposes necessary to deliver the care and support that meets the needs of each individual child;
- b) for accounting and billing purposes associated with tuition and fee payments;
- c) for all RJDS administrative and management purposes that are reasonable and appropriate under the circumstances;
- d) to communicate with the family and facilitate the communication between families from time to time;
- e) to contact the family from time to time to inform them of fundraising initiatives, fundraising events, or donation opportunities;
- f) with express consent, for other fundraising, marketing and promotional purposes related to RJDS or to the broader Jewish community;
- g) and as otherwise permitted or required by law.

For detailed information about RJDS' privacy policies and practices please contact the Head of School.

For detailed information about RJDS-ASC's policies and practices, please contact the Director of Child Care and Early Learning.

VI. Release

The RJDS After School Care follows all licensing regulations to always ensure safe and best practices. I understand that I assume all risks and hazards incidental to the conduct of these activities, and hereby release, absolve, indemnify, and hold harmless RJDS of all claims or injuries arising therefrom.

I have read this Enrollment Agreement and agree to be bound by the terms and conditions herein.

** indicates a required field*

Signature of Parent or Guardian*

Date*

Signature of Parent or Guardian*

Date*



After School Care Fees

2024-2025

B.C. Government Fee Subsidies:

Child Care Fee Reduction Initiative (CCFRI)

- The agreement is between the government and the child care centre, so no actions need to be taken by the family.
- Applies to all families, regardless of income.
- Amount is automatically subtracted from monthly tuition.
- Tuition savings are as follows:
 - Kindergarten \$50/month
 - Grades 1 - 7 \$17.50/month
- If at any point the government discontinues the CCFRI, full fees will be charged to the family.

Affordable Child Care Benefit (ACCB)

- The agreement is between the government and the family and is determined by household income.
- Once approved, the amount is automatically subtracted from future monthly tuition and the previous month's balance is refunded to the family (if approval comes after your child has already started care)
- If funding is denied or the family is in breach of the funding agreement (for example, child has been absent for longer than the allowable period), the family is responsible for the balance of fees owed to RJDS.

Monthly Fees

	Kindergarten	Grades 1 - 7
Full Fees before CCFRI Savings	\$235	\$232.50
Parent Portion after CCFRI Savings	\$185	\$215

Daily Drop-In Fees

	Kindergarten	Grades 1 - 7
Full Fees before CCFRI Savings	\$11.75	\$11.75
Parent Portion after CCFRI Savings	\$9.75	\$10.75

After school care is provided until 5:30PM only on days when school is in session. There will be **NO** after school care on the days listed below:

- **Wednesday, October 2, 2024** (Early dismissal for Erev Rosh Hashana at 1:30PM)
- **Friday, March 14, 2025** (Early dismissal for Purim at 11:45AM)
- **Wednesday, June 25, 2025** (Early dismissal for Summer Break at 11:45AM)



RJDS After School Care

PAD (Pre-Authorized Debit) Agreement Form

Please complete one form per family and return to jragetli@rjds.ca or ssolomon@rjds.ca

I authorize Richmond Jewish Day School to debit the bank account identified below, for the amount of

\$ _____* (total monthly parent portion of fees for all children enrolled in RJDS After School Care) (see fee amounts on Page 9)

on the 1st day of each month or on the first business day thereafter (you will be notified if payments are reduced due to ACCB),

starting **09/2024** and ending on **06/2025**.

Total of payments authorized is \$ _____* (total fees in the contract period, ie: monthly fee for all children enrolled in RJDS After School Care multiplied by number of months in this Agreement)

This authority is to remain in effect until Richmond Jewish Day School has received electronic notification from me in accordance to the signed Enrollment Agreement and Withdrawal Policy. Any changes to this authority must be received at least ten (10) business days before the next debit is scheduled.

PAYOR INFORMATION

Name(s)*: _____

Signature*: _____ Date*: _____

Address/Contact Information*: _____

My payment information is the same as is indicated on the PAD Agreement provided for school tuition payments (if checked, you may skip the following)

FINANCIAL INFORMATION (Please attach a void cheque)

Account Number: _____

Branch Transit Number (5 digits): _____ Financial Institution Number (3 digits): _____

Financial Institution Name: _____

Financial Institution Address: _____

I may revoke my authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for any more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

* indicates a required field