



# Christ Church Cathedral School

912 Vancouver Street  
Victoria, British Columbia  
V8V 3V7

Telephone (250) 383-5125  
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cathedralschool@cathedralschool.ca

February 01, 2017

Dear Parents,

Once again it's time to plan summer childcare for your child/children. Lux Mundi will be hosting a Summer Program full of exciting activities. We have many day trips planned including swimming at Elk Lake & Gyro Park; fun at local water parks; visits to Beacon Hill Park, Witty's Lagoon, Fort Rodd Hill and much more. As always, your child/children will be cared for by qualified staff with loads of energy and experience who will offer them a safe and closely supervised program.

The Lux Mundi Summer Program will divide into separate groups based on interests, age and/or staff ratios. These groups will have fieldtrips and activities suitable for their age. The programs will begin **Monday, June 26<sup>th</sup>** and run from 7:30 a.m. to 6:00 p.m. Monday through Friday until **Wednesday, August 30<sup>th</sup>, 2017**. We will be closed for the statutory holidays July 3<sup>rd</sup> (for July 1<sup>st</sup>) & August 7<sup>th</sup>.

The cost for the Lux Mundi Summer Program is \$37.00 per day per child, payable in advance. We may be able to offer drop-in care but this will be on a space available basis only. Once again, it looks like space will be at a premium this year!! Please note that our staff are hired based on the number of children enrolled. Therefore be aware that you will be charged for all the days for which you enrol your child. A deposit of \$185.00 is necessary for your child to participate in the Summer Program. Fees are to be prepaid by the first of each month for all days your child is enrolled for that month. You may pay on 2 separate cheques post-dated to July 1, 2017 & August 1, 2017. The deposit amount will be deducted from the first cheque.

If you wish to enrol your child/children in this program, please return the application form below, calendar with required dates marked (next page), your deposit cheque of \$185.00 and the two post-dated cheques (all payable to Christ Church Cathedral Educational Society) by May 5<sup>th</sup>. This is necessary to give us time to finalize activities and hire enough staff.

For safety reasons, the Lux Mundi Summer Program hat is mandatory. If your child does not already have a red Lux Mundi Summer hat, please include \$13.50 per hat with your deposit cheque. Thank you.

If you have any questions, please don't hesitate to ask me directly or email me at [luxmundi@cathedralschool.ca](mailto:luxmundi@cathedralschool.ca).

Sincerely,

Todd Fitzsimmons  
Supervisor, Lux Mundi Out-of-School Care

Yes, I am interested in enrolling my child/children \_\_\_\_\_  
age(s): \_\_\_\_\_ in the Lux Mundi Summer Program.

Please mark the dates you require on the calendar on the next page and submit with this permission form.

I understand that prepayment is required and there will be no refund for enrolled dates that my child does not attend.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Telephone

Enclosed please find my deposit cheque in the amount of \$185.00 + \$13.50 per hat (may be postdated to May 05, 2017). Please make cheque payable to Christ Church Cathedral Educational Society.

# Lux Mundi Summer Care Program for June, July & August 2017

Name of Child(ren): \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**June 2017  
&  
July 2017**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	25	26	27	28	29	30	Jul 1
6/25 - 30	[X]						[X]
	2	3	4	5	6	7	8
7/2 - 7	[X]	[X]					[X]
	9	10	11	12	13	14	15
7/9 - 14	[X]						[X]
	16	17	18	19	20	21	22
7/16 - 21	[X]						[X]
	23	24	25	26	27	28	29
7/23 - 28	[X]						[X]
	30	31					
7/30 - 8/4	[X]						

For the end of June & the month of July 2017 I am interested in care for the days marked above.

I have enclosed my cheque payable to Christ Church Cathedral Educational Society calculated as follows:

\$37.00 x \_\_\_\_ days less \$185 deposit x \_\_\_\_ children [less Gov't Subsidy \$ \_\_\_\_] = \$ \_\_\_\_ postdated to July 1/17

**August 2017**

	Tuesday	Wednesday	Thursday	Friday	Saturday
	Aug 1	2	3	4	5
					[X]
	6	7	8	9	10
Aug 6 - 12	[X]	[X]			[X]
	13	14	15	16	17
Aug 13 - 19	[X]				[X]
	20	21	22	23	24
Aug 20 - 26	[X]				[X]
	27	28	29	30	31
Aug 27 - Sep 2	[X]			[X]	

For the month of August 2017 I am interested in care for the days marked above.

I have enclosed my cheque payable to Christ Church Cathedral Educational Society calculated as follows:

\$37.00 x \_\_\_\_ days less \$185 deposit x \_\_\_\_ children [less Gov't Subsidy \$ \_\_\_\_] = \$ \_\_\_\_ postdated to Aug. 1/17



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## Lux Mundi Out-of-School Care - Registration Form

Out-of-School Care is provided from 3:00 - 6:00pm

All Day Care is provided from 7:30am - 6:00pm on School Closure Days

The fee for Lux Mundi OSC is \$250.00 per month and is payable on the first of each month. The drop-in rate is \$18.00 per day and must not be more than 2 days per week in any given month. The fee for All Day Care is \$37.00 per day for summer break and all other school holidays and Pro D Days (\$20.00 per day for those already paying the monthly rate). Fees are subject to change.

All cheques are payable to **Christ Church Cathedral Educational Society.**

Please give the email address that your invoices should be sent to: \_\_\_\_\_

DATE OF ENROLLMENT YYYY/MM/DD \_\_\_\_\_

### CHILD

NAME OF CHILD \_\_\_\_\_  
SURNAME GIVEN MIDDLE NAME

NAME CHILD RESPONDS TO \_\_\_\_\_ SEX:  M  F  
ADDRESS \_\_\_\_\_

DATE OF BIRTH YYYY/MM/DD FIRST DAY OF ATTENDANCE YYYY/MM/DD END DATE YYYY/MM/DD \_\_\_\_\_

### PARENT/GUARDIAN

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY & POSTAL CODE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
PLACE OF WORK \_\_\_\_\_ PHONE \_\_\_\_\_ HOURS OF WORK \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY & POSTAL CODE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
PLACE OF WORK \_\_\_\_\_ PHONE \_\_\_\_\_ HOURS OF WORK \_\_\_\_\_

### MEDICAL INFORMATION

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL INSURANCE PLAN NUMBER \_\_\_\_\_ DATE EFFECTIVE YYYY/MM/DD \_\_\_\_\_

### ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

### PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### PERSONS NOT PERMITTED ACCESS TO CHILD

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ARE THERE CUSTODY ORDERS?       YES       NO      IF YES, ATTACH DOCUMENTATION

**NAMES OF OTHER CHILDREN LIVING AT HOME**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ YYYY / MM / DD

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ YYYY / MM / DD

**DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES?**       YES       NO  
IF YES, ATTACH DOCUMENTATION

**LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:** \_\_\_\_\_

**HAS HE/SHE HAD ANY RECENT ILLNESS?**       YES       NO      IF YES, EXPLAIN: \_\_\_\_\_

**ANY ALLERGIES?**       YES       NO      IF YES, PLEASE LIST: \_\_\_\_\_

**IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION**

**PLEASE ATTACH THE IMMUNIZATION RECORD FOR YOUR CHILD or**  
**- CHECK THIS BOX IF YOU HAVE CHOSEN TO NOT HAVE YOUR CHILD IMMUNIZED**     

**BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:**

**I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CAREGIVER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**I wish to enroll my child in the Lux Mundi Out-of-School Care Program and in doing so I acknowledge that I have read the Christ Church Cathedral School Parent/Student Handbook, in particular those sections of pages 24, 27 and 30 that pertain more closely to Lux Mundi, online at [www.cathedralschool.ca](http://www.cathedralschool.ca) and agree to support the Program and caregivers as described therein. (All parents/guardians must sign.)**

I verify that the above information is complete and accurate to the best of my knowledge.

Parent or Guardian #1

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent or Guardian #2

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date