



Christ Church Cathedral School

912 Vancouver Street
Victoria, British Columbia
V8V 3V7

Telephone (250) 383-5125
Facsimile (250) 383-5128
luxmundi@cathedralschool.ca

Lux Mundi Out-of-School Care Registration Form – Page 1 of 2

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
Before School Care is provided free of charge for Cathedral School students from **7:30 - 8:30am**

DATE			
FIRST NAME OF CHILD		MIDDLE	LAST
NAME CHILD RESPONDS TO			GENDER
DOB:	DD/MM/YYYY		
ADDRESS			CITY/POSTAL CODE
PARENT/GUARDIAN #1	FIRST NAME		LAST NAME
ADDRESS (IF DIFFERENT)			CITY/POSTAL CODE
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS			PLACE OF WORK
PARENT/GUARDIAN #2	FIRST NAME		LAST NAME
ADDRESS (IF DIFFERENT)			CITY/POSTAL CODE
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS			PLACE OF WORK

MEDICAL INFORMATION

This information is collected in case of the need to engage emergency medical assistance for your child.
This information will be stored in a secure location and may be updated as required.

FAMILY DOCTOR	PHONE
MEDICAL INSURANCE PLAN NUMBER (OPTIONAL)	PERSONAL HEALTH NUMBER
FAMILY DENTIST	PHONE

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES? YES NO

*If yes, please attach documentation

ANY ALLERGIES? YES NO | **PLEASE LIST & INCLUDE INSTRUCTIONS IN THE EVENT OF AN ALLERGIC REACTION or additional important information about your child we should know:**

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:

HAS HE/SHE HAD ANY RECENT ILLNESS? YES NO

*if yes, please explain:

PLEASE ATTACH THE IMMUNIZATION RECORD FOR YOUR CHILD

I HAVE CHOSEN NOT TO HAVE MY CHILD IMMUNIZED

IN AN EMERGENCY, PLEASE CONTACT:

NAME	RELATIONSHIP	PHONE NUMBER	*PICK UP? <input type="checkbox"/>
NAME	RELATIONSHIP	PHONE NUMBER	*PICK UP? <input type="checkbox"/>
NAME	RELATIONSHIP	PHONE NUMBER	*PICK UP? <input type="checkbox"/>

*Authorize pick up from school

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PLEASE LIST IF THERE ARE ANY PERSONS WHO ARE NOT PERMITTED ACCESS TO CHILD:			
NAME		RELATIONSHIP	
NAME		RELATIONSHIP	
NAME		RELATIONSHIP	
ARE THERE CUSTODY ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please attach documentation			
PLEASE LIST IF THERE ARE OTHER CHILDREN LIVING AT HOME:			
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY

BY SIGNING BELOW I VERIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I GIVE CONSENT TO THE FOLLOWING:

- In the event of a medical emergency, accident or illness, a staff member may call a medical practitioner or ambulance for my child if I cannot immediately be reached.
- By enrolling my child in the Lux Mundi Out-of-School Care Program I acknowledge that I have read the Christ Church Cathedral School Parent/Student Handbook, in particular the sections of pages 24, 27 and 30 that pertain more closely to Lux Mundi, found online at www.cathedralschool.ca and agree to support the Program and caregivers as described therein.

All Parents/Guardians must sign.

PARENT/GUARDIAN #1 NAME	SIGNATURE	DATE
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PARENT/GUARDIAN #1 NAME	SIGNATURE	DATE
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Lux Mundi Out-of-School Care – 2019-2020 FEES

(Fees are subject to change)

School	Monthly Fee	Drop-In rate	*Pro-D day rate	All day care	*LATE PICK UP FEE (past 6:00pm)	Non-sufficient funds fee
CCCS	Before/After School Care: \$270.00	\$19.00/day		\$39.00		\$25.00
All other Schools	Before & After School Care: \$350.00 After School Care Only: \$310.00	\$20.00/day	\$22.00 if paying monthly or \$39.00 for drop in	\$39.00	\$20.00 every 15 min or portion thereof	\$25.00

**Please note that our Pro-D days may not line up with other schools.*

Methods of Payment:

- Cash
- e-transfer (to accounts@cathedralschool.ca)
- Pre-authorized Debit
- Cheques (payable to **Christ Church Cathedral Educational Society**)

For Pre-Authorized Debit (PAD):

A VOID Cheque and a signed form for automatic withdrawal (PAD Form) is required in order to begin a monthly direct withdrawal from your banking institution. **Payment can be withdrawn from your account on the 1st or the 16th of each month. There is a \$25.00 fee for non-sufficient funds.** To obtain a PAD form, please contact the office.