



Keating Out-of-School Care

CURRENT MEMBER RE-CONFIRMATION FORM FOR 2023-24

Re-Confirmation Period: March 1st – 15th, 2023

All of the following must be completed and returned to KOSC, either via email or in person, to confirm your care needs for the 2023-24 school year.

- Complete & sign Child Care Re-Confirmation Package 2023-24 (attached).
- Complete & sign Pre-Authorized Debit (PAD) Form for 2023-24. Your re-confirmation will not be considered complete until KOSC has received your PAD form.
- Read & understood Updated Parent Agreement, Registration Information & Parent Handbook.
- Complete & sign Health and Care Plan Review (if applicable).
- Provide updated photo of child (optional).

Child Care Re-Confirmation Package 2023-24

FAMILY INFORMATION

CHILD 1'S LEGAL NAME: _____ NAME CHILD GOES BY: _____
SURNAME GIVEN MIDDLE

DATE OF BIRTH: _____ GENDER: _____ PRONOUNS: _____
YYYY / MM / DD

CHILD 2'S LEGAL NAME: _____ NAME CHILD GOES BY: _____
SURNAME GIVEN MIDDLE

DATE OF BIRTH: _____ GENDER: _____ PRONOUNS: _____
YYYY / MM / DD

CHILD 3'S LEGAL NAME: _____ NAME CHILD GOES BY: _____
SURNAME GIVEN MIDDLE

DATE OF BIRTH: _____ GENDER: _____ PRONOUNS: _____
YYYY / MM / DD

PARENT/GUARDIAN 1 NAME: _____ PRONOUNS: _____

ADDRESS: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN 2 NAME: _____ PRONOUNS: _____

ADDRESS: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

HAS THERE BEEN ANY CHANGE IN CUSTODY RESTRICTIONS? YES NO

HAS THERE BEEN A CHANGE IN WHO IS ALLOWED TO PICK UP YOUR CHILD FROM OUR PROGRAM? YES NO

DOES YOUR CHILD HAVE ANY NEW OR CHANGED ALLERGIES/DIAGNOSES OR OTHER CARE REQUIREMENTS? YES NO

If you answered "yes" to any of the above, please provide additional documentation (court order, care plan, etc.)

EMERGENCY CONTACT INFORMATION

Note: MUST be different from parent/guardian(s).

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

PAYMENT

- 100% by Parent/Guardian(s)
- Affordable Child Care Benefit (amount if known): _____
- Other (please specify): _____

CARE CONFIRMATION FOR 2023-24

- I wish to confirm my child(ren)'s space in Before and/or After School Care for the 2023-24 school year with no changes to the days I am currently registered as of March 1, 2023.
- I wish to confirm my child(ren)'s space in Before and/or After School Care for the 2023-24 school year, but I would like to request the following changes to the days I am registered:

If KOSC is unable to accommodate my change of care request, I would like to keep my child(ren)'s space on the days I am currently registered as of March 1, 2023: YES NO

- I will NOT need a space in Before and/or After School Care for the 2023-24 school year. I understand and acknowledge that if my care needs change, there is no guarantee that a space will be available for my child(ren).

Parent/Guardian Signature

Date

FOR OFFICE USE		
STAFF INITIALS: _____	DATE RECEIVED: _____	TIME RECEIVED: _____