



Meadows Out of School Care (MOOSC) is a program started in 2004 by community residents (namely, the Langley Meadows Community Association (LMCA) Board) in response to a need for local out-of-school care. This licensed program provides Langley Meadows Community School families with care for up to twenty school-aged children from 6:30 - 8:30 a.m. and 2:30 - 6:00 p.m. It is sometimes available for non-instructional days (Pro-D days and school breaks) if the need for care is required.

MOOSC currently has openings during the mornings and for drop-ins some afternoons.

For more information, please either pick up a registration package from MOOSC during the hours the center is open (6:30-8:20 a.m. and 2:00-6:00p.m.) or e-mail us at meadowsoutofschoolcare@hotmail.com or call us at 604-308-8851.

2011/2012 Payment Information

The rates are as follows (effective September 1, 2010):

FULL-TIME (BOTH AM & PM) \$25/DAY LESS A \$4/DAY DISCOUNT

Full-time care in both the morning and afternoon programs are provided from 6:30-8:30 and from 2:30-6.

FULL-TIME AFTERNOONS \$16/DAY LESS A \$1/DAY DISCOUNT

Full-time afternoon care is provided from 2:30-6:00.

PERMANENT PART-TIME AFTERNOONS \$16/DAY

If you don't require a full-time spot, we can accommodate part-time schedules too.

FULL-TIME MORNINGS \$9/DAY LESS A \$1/DAY DISCOUNT

Full-time morning care is provided from 6:30-8:40.

PERMANENT PART-TIME MORNINGS \$9/DAY

If you don't require a full-time spot, we can accommodate part-time schedules too.

DROP-IN (ON A SPACE AVAILABLE BASIS)

\$9 per morning or \$16 per afternoon

NON-INSTRUCTIONAL DAYS - SUBJECT TO PARENTAL NEED

\$35 per day

The drop-in and non-instructional day services are provided on a space-available basis to children who are registered in the program. All registration paperwork must be submitted in order to use these services. Please sign up by calling the MOOSC phone to see if the space is available and we'd be happy to confirm this for you!



Meadows Out of School Care

Updated on August 31, 2011

Name: _____

Birthdate: _____

Child Information

(For Office Use Only)

Name: _____ Sex: ()

Immunization up to date:

Home Phone: _____

Immunization Record Received:

Home Address: _____

Parent Handbook received & read:

Home e-mail: _____

Emergency Consent Card on File:

Language spoken at home: _____

Current Child's Photo on File:

Child lives with: _____

Permission to take photos:

Other Siblings: _____

Registration Fee Paid:

Medical Information

Care Card #: _____

Allergies or medical concerns: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Parent Information

Father's Name: _____ Cel: _____ e-mail: _____

Father's Work: _____ Phone: _____

Mother's Name: _____ Cel: _____ e-mail: _____

Mother's Work: _____ Phone: _____

Custody Agreement: yes ___ no ___

Custody Agreement on file: yes ___ no ___ n/a ___

Emergency Contact Information

#1: Name: _____ Relationship: _____ Number: _____

#2: Name: _____ Relationship: _____ Number: _____

#3: Name: _____ Relationship: _____ Number: _____

#4: Name: _____ Relationship: _____ Number: _____

#5: Name: _____ Relationship: _____ Number: _____

PERSONS NOT AUTHORIZED TO PICK UP CHILD:

I have confirmed that the above information is accurate and I have made any applicable changes. I understand that employees of MOOSC will maintain an accurate account of this information while maintaining privacy for our family.

Parent's Signature: _____ Date: _____