



West Richmond Community  
Association

## Out-of-School Care Lottery School Year 2026-27

Emailed Ballot Submissions will be accepted between  
**Monday March 23 - Monday April 6, 2026**  
Please submit ballots to [DNg@richmond.ca](mailto:DNg@richmond.ca)

### LOTTERY DRAW DATE: April 8, 2026

- Only one ballot will be accepted per child
- Child must attend Gilmore, Dixon, or Quilchena Elementary
- Families of children who attain a space will be contacted and given 24 hours to respond
- Any remaining ballots will be used to create a waitlist
- Your patience is appreciated, as allocating spaces can take several days

### Programs

(Operating September 8, 2026 - end of June, 2027)

Junior OSC (AM&PM) Kindergarten, Grade 1&2	\$541.65 /Month
Junior OSC (AM Only)* Kindergarten, Grade 1 &2	\$239.80 /Month
Junior OSC (PM Only) Kindergarten, Grade 1&2	\$495.40 /Month
Senior OSC (AM&PM) Grade 3-7	\$541.65 /Month
Senior OSC (AM Only)* Grade 3-7	\$239.80 /Month
Senior OSC (PM Only) Grade 3-7	\$495.40 /Month

AM&PM care includes coverage for Early Dismissals, Professional Days, Winter Break, Spring Break.

PM Only care includes coverage for Early Dismissals, Professional Days, Winter Break, Spring Break.

\*AM Only care participants do not receive coverage for Early Dismissals, Professional Days or Break Days.

## Please complete ballot on page 2

Name of Child:

School:

Dixon

Gilmore

Quilchena

Grade Entering:

K

3

6

1

4

7

2

5

Options: (if selecting multiple options, please indicate order of preference)

AM&PM - Monday to Friday

AM ONLY - Monday to Friday

PM ONLY - Monday to Friday

Part time request - Please check requested days

Monday

Tuesday

Wednesday

Thursday

Friday

Please note: If part-time selections are unavailable, priority will be given to Monday to Friday selections.

Additional Comments:

Provide additional information if it will give us a clearer understanding of your child care request.

Contact Information:

1) Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

2) Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_