

Kamloops Kidz Early Learning Center - 2018/2019 School Year
Checklist for **Before and After School Care** Registration Package:

****Forms Due Annually****

Did you remember:

- Registration/Administration Fee of \$50 payable annually;
- Registration form completed and signed, including
 - doctor's name and telephone number
 - dentist's name and telephone number
 - care card number
 - copy of immunization
- Emergency Consent
- All Post Dates must be provided for the period from start to end of June** and/or a PAD must be filled out for the office prior to start
- Consent Sheet
- 1 recent small size picture attached to back of emergency consent, together with hand written comments on the right hand side of the form listing your child's features (ie. Hair color, eye color and any other distinguishing features).

** Note: When registering for the school age program, registration is ongoing. If you intend to discontinue service during the summer and/or any other time, written notice must be received at least 6 weeks prior to the end of care. Care always ends on the last day of the month. We only ask for post-dates up to end of June, as summer fees will be different. This payment is also due unless we receive written notice that you do not require this care by no later than May 15th. If we do not receive this notice, you are responsible for paying your usual fees. For further clarity, notice received on May 15th would take effect end of June.

All of the above must be completed prior to submitting the registration package to the Center.

TAX RECEIPTS – NEW PARENTS ONLY: Who would you prefer to get the tax receipt. The receipts and bills will also be in your name: _____ Mom _____ Dad
If you are not a new parent, it can't be changed from how it currently is. Thanks!

____ Registration/Admin. Fee is Attached
____ Holding Fee, if applicable, is Attached
(both non-refundable, if for some reason your child does not attend)

Office Use: Amount Paid \$____ Cash/Chq
Office Use: Amount Paid \$____ Cash/Chq

KAMLOOPS KIDZ EARLY LEARNING CENTER
2018-2019 Term
Registration Form (one per child)
School Age Program

Campus: Valleyview _____ Sahali _____ Pineview _____

Date you wish your child to start: _____

Full time OR Part time (please specify days): _____

My child requires before and after school care: Yes _____ No _____

My child requires after school care only: Yes _____ No _____

My Child requires pick up from: _____ (Name of School)

Name of Child: _____ Date of Birth: _____

Name Child responds to: _____ Sex: M _____ F _____

Child's First Language: _____ Second Language: _____

Parent(s)/guardian(s) : _____ Relationship: _____

Address: _____

City: _____ Postal Code: _____

E-Mail: _____ Home Phone: _____

Cell Phone: _____ Work phone: _____

Place of Work: _____ Travel time: _____

Parent(s)/guardian(s) : _____ Relationship: _____

Address: _____

City: _____ Postal Code: _____

E-Mail: _____ Home Phone: _____

Cell Phone: _____ Work phone: _____

Place of Work: _____ Travel time: _____

ALTERNATE PERSON TO CALL IN CASE OF EMERGENCY:

Name: _____ Relationship _____ Phone _____

Address: _____ English speaking? _____

Name: _____ Relationship _____ Phone _____

Address: _____ English speaking? _____

PERSON(S) AUTHORIZED TO PICK UP CHILD(REN) INCLUDING PARENTS/GUARDIANS:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

If there is a custody agreement, please note here: YES _____ NO _____ If there is an agreement, a copy must be provided for your child's file.

School child attends: _____ Grade: _____

School Phone #: _____ Teacher's Name: _____

Family doctor _____ Phone _____

If no family doctor, please check here _____ Once obtained, Center must be notified.

Family dentist _____ Phone _____

If no family dentist, please check here _____ Once obtained, Center must be notified.

Other person(s) living at home:

children: _____

(Surname if not same as child enrolled) Birthdate: _____

(Surname if not same as child enrolled) Birthdate: _____

Adults: _____ Relationship: _____

Adults: _____ Relationship: _____

Has child had previous experience away from home (Child Care, Nursery, Sunday, Pre-school etc)?

Yes _____ No _____ Other _____

Name of facility: _____

When attended? _____ Were there any special problems? _____

If child has any known health problems, indicate what they are: _____

Does child take special medications? _____ If yes, describe _____

...Have allergies? _____ If yes, describe _____

...Have vision problems _____ If yes, describe _____

...Hearing problems _____ If yes, describe _____

...Special eating habits _____ If yes, describe _____

...Food dislikes _____ If yes, describe _____

...Special diet (for reasons of health, religion, ethnicity, etc.) _____

Indicate any accident, illnesses or operations your child has had (give dates): _____

Immunization: Is your child immunized _____ YES _____ NO If yes, please attach a copy of the page from your child's health book showing dates of all immunizations received for our records.

CARE CARD # _____

Parent/Guardian Signature: _____ Date: _____

How did you hear about us: _____ parks and rec guide _____ TV _____ newspaper _____ kijiji
_____ y guide _____ y resource and referral _____ other: explain _____

Center Area Only: Date of Entrance into Program: _____
Date of Withdrawal from Program: _____

2018/2019 SCHOOL TERM **REDONE EACH YEAR TO ENSURE CURRENT INFORMATION**

EMERGENCY CONSENT CARD
Kamloops Kidz Early Learning Center
(Parent to attach recent photo to back of card)

Child's Name _____ DOB _____
Address _____ Phone (Home) _____

Mother's Name _____ Phone (Work) _____
Father's Name _____ Phone (Work) _____
Cell Phone No. 1: _____ Cell Phone No. 2: _____
Emergency Contact _____ Phone _____
Physician _____ Phone _____
Dentist _____ Phone _____
Date of Last Tetanus Shot _____
Allergies/Medications _____
Eye Colour: _____ Hair Colour: _____
Child's Height: _____ Child's Weight: _____
Other distinguishing features (birth marks etc.): _____
Care Card Number _____

CONSENT FORM
Kamloops Kidz Early Learning Center

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the centre immediately. We will take this consent with us to the emergency centre.

I hereby give consent for my child _____ to be taken to the nearest emergency centre by the staff of Kamloops Kidz Early Learning Center when I cannot be contacted.

I hereby give consent for my child _____ to receive medical treatment.

DATE: _____ Signature of Parent/Guardian _____

Kamloops Kidz Consents

Child

My child's name is _____. The below consents are for the period to and including the 2018/2019 school term. I understand that for my child to attend Kamloops Kidz and/or continue to attend, consents must be signed and returned to be held on file.

Date: _____ Signature: _____

Emergency

I give permission for my child, in the case of an emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the Facility. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at the Facility.

Date: _____ Signature: _____

Fees/Withdrawal

I am aware that I must provide the Facility with fees in full and on time. I am also aware that a late fee may be charged as per the Parent Handbook if I fail to comply with fee payment in a timely manner. Six week's written notice before withdrawing my child is required. This notice must be provided on or before the 15th of the month or it will not take effect at the end of the next month, but the month after (ie. notice given on the 20th would not constitute notice for the end of the next month, but rather the month after as it is late notice). If I fail to do this, I will be required to pay for the current month and the month following in lieu of proper notice.

Date: _____ Signature: _____

Field Trips (School Age Children only)

I give permission for my child to accompany the Facility on field trips and/or on spontaneous neighbourhood walks. I understand that this includes excursions on foot, with staff vehicles or on public transportation (ie. local parks/playgrounds, 7-11 stores, fire hall, etc.).

Date: _____ Signature: _____

Media

I give permission for members of the media, at the discretion of the Administrator, of the Facility, to take pictures/videos of my child.

Date: _____ Signature: _____

Medicine

I will make every attempt to administer medicine to my child at home. In the event that the medication needs to be administered during Facility hours, the following conditions will be respected. The medicine will be prescribed by a medical doctor, will be provided to the staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign a further, more detailed medicine consent form at that time.

Date: _____ Signature: _____

Parent Handbook

I have been provided with a copy of the Parent Handbook and/or I am aware that it can be accessed at any time on the Facility's website which is www.kamloopskidz.com I agree to adhere to the terms of the Parent Handbook.

Date: _____ Signature: _____

Photos

I give permission for the Facility to take pictures/video of my child(ren) for Facility use only. I understand that these pictures/videos will be used in displays, scrapbooks, website, advertisements and/or community displays.

Date: _____ Signature: _____

Practicum

I give permission for my child to be observed by students in the field relevant to the field of child care if these observations are kept in confidence and used only as a means to fulfill their course requirements. These observations must be approved by the Facility.

Date: _____ Signature: _____

END OF CONSENTS



Kamloops Kidz Early Learning Centre

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name of Student: _____

Date: _____ Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Cell #: _____

2. Bank Account Information

Account #:

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Branch Transit #:

--	--	--	--	--

 Financial Institution Number:

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Chequing Account or Savings Account

Financial Institution: Name: _____

Branch address: _____

****Void cheque or Official Bank Info must accompany this form****

3. Pre-Authorized Debit (PAD) Details

Payment to be applied (as authorized by the account holder):

Monthly Charges of \$ _____ per month. Initial _____ Pymt Start Date: _____

You, the Payor, may revoke your authorization at any time subject to providing 30 days' notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

This is for Business or Personal

Signature of Account Holder

Signature of Joint Accountholder (if applicable)

Name (please print)

Name (please print)

Date:

Date:

When the form is complete, deliver in person to:

Kamloops Kidz Early Learning Center Inc.
1764 Valleyview Drive
Kamloops, BC V2C 4B8

Tel: (250) 319-9044