

Kamloops Kidz Early Learning Center – 2019/2020 School Year  
Checklist for **Infant/Toddler/Preschool/Preschool-Extended Day** Registration Package:

**\*\*Forms Due Annually\*\***

Did you remember:

- Administration Fee of \$100 payable annually  
(for period September 1<sup>st</sup>, 2019 through to August 31<sup>st</sup>, 2020)  
(2 months grace period in first year ie. if you start July 1<sup>st</sup> or later, you will not pay the above fee again, otherwise still billed in September even if you paid earlier in the year).
  
- Additional holding fee, as follows:
  - infant/toddler spot (\$300 to hold spot) – this is non-refundable if child does not attend; however, will be taken off of first months' fees when child does start
  
- 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
  - including height and weight of your child
  - if your child has medical concerns and/or allergies, a care plan will also be required
  
- All Post Dates must be provided for the period from start to end of June for 2 ½ hour preschool classes – for all other programs, please provide to the end of August; PAD Agreement may also be signed in lieu of post-dates
  
- 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 any of our programs (other than preschool 2 ½ hour classes), 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 end of care. Care always ends on the last day of the month (ie. notice must be received by the 15<sup>th</sup> for care to end at the end of the following month. For further clarity, notice received on May 15<sup>th</sup> 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!

Please take a minute to let us know how you heard about us:

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

\_\_\_ Admin. Fee is Attached  
\_\_\_ Holding Fee, if applicable, is Attached  
(Non-refundable, if for some reason your child does not attend)

Office Use: Amount Paid \$\_\_\_ Cash/Chq  
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KAMLOOPS KIDZ EARLY LEARNING CENTER

2019-2020 Term

Registration Form (one per child)

Preschool/Infant Toddler/3-5 Program

Campus: (circle one)

Valleyview  
(Ralph Bell)

Valleyview  
(Orchards Walk)

Pineview

Date you wish your child to start: \_\_\_\_\_

Preschool/Kindergarten ½ day classes (both locations)

(please circle AM or PM and also give 1st and 2nd choice)

2 day - Tues/Thurs (\$185) am/ pm \_\_\_\_\_ 2 day - Mon/Wed (\$170) pm only \_\_\_\_\_

3 day - Mon/Wed/Fri (\$240) am \_\_\_\_\_ 4 day - (\$300) am / pm \_\_\_\_\_

5 day - Mon - Friday (\$350) am/pm

**Note:** AM classes are 8:45 to 11:15 am // PM classes are 11:45 to 2:15 pm

Infant/Toddler Montessori Enhanced Program (Valleyview/Pineview) \*(holding fee)

\_\_\_ Infant/Toddler Program (between 7:30 am and 5:30 pm)

\_\_\_ Full time OR Part time (specify days) \_\_\_\_\_

Preschool/Kindergarten with Extended Full Day Program - 3-5 Year olds (Valleyview/Pineview)

\_\_\_ Full Day 3-5 year old option between 7:30 am and 5:30 pm

\_\_\_ Full time OR Part time (specify days) \_\_\_\_\_

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.

PERSONS NOT PERMITTED ACCESS: \_\_\_\_\_

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: \_\_\_\_\_

**Center Area Only: Date of Entrance into Program:** \_\_\_\_\_

**Date of Withdrawal from Program:** \_\_\_\_\_

2019/2020 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 2019/2020 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 15<sup>th</sup> 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 20<sup>th</sup> 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](http://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: 

--	--	--	--

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](http://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](http://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