

## Spring Vacation 2017 REGISTRATION INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of today's date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Please issue tax receipt to: \_\_\_\_\_

|                                    |  |                                    |  |
|------------------------------------|--|------------------------------------|--|
| #1<br>Parent or<br>Guardian's Name |  | #2<br>Parent or<br>Guardian's Name |  |
| Parent #1<br>Place of work         |  | Parent #2<br>Place of work         |  |
| Work Number                        |  | Work Number                        |  |
| Email Address<br>(print clearly)   |  | Email Address<br>(print clearly)   |  |

**PERSONS AUTHORIZED TO PICK UP CHILD (REN)**  
(include parents/guardians)

| NAME | PHONE NUMBER |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |

**IMPORTANT**

If there is a custody agreement, **please give details** and provide a copy of any pertinent court documents relevant to the agreement.

## Medical History and Information

BC Medical Plan Number: \_\_\_\_\_ Date of Most Recent Tetanus Shot: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Person #1: \_\_\_\_\_

Phone Number (h): \_\_\_\_\_ Phone Number (w): \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_

Phone Number (h): \_\_\_\_\_ Phone Number (w): \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**If your child has any special need, dietary restriction, or learning disability, staff should be aware of please provide a brief explanation and documentation if applicable.**

**ATTACH a RECENT PHOTO of your child here:**

# PARENT AGREEMENT FORM

Child's Name: \_\_\_\_\_

- It is our policy to notify parents when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. Our procedure is to transport the child to the nearest emergency service by ambulance.

I hereby give consent for my child when ill to be taken to the nearest emergency center by Tomorrow's Topkids staff when I cannot be contacted. I consent to an ambulance being called to transport the child, if necessary.

- I give my permission for my child's photograph to be taken during the Spring Vacation program. These photos may be used for program brochures, promotional materials, advertising and display.
- I allow my child to participate in the Spring Vacation program, activities and scheduled out trips as outlined in the calendar.
- I understand that full refunds, less a \$10.00 administrative fee (per week); will only be granted with a medical note.
- I agree that our child will follow all reasonable instructions and directions of the Spring Vacation Program staff in connection with the operation of Tomorrow's Topkids Child Care Society. Should my child be required to leave a session/week for behavioral reasons, I understand there will be **NO** refund of fees.
- I understand the center closes at 6:00pm. Parents/Guardians picking up their child will be charged \$10.00 for every 15 minutes after 6:00pm. Late fees will have to be paid prior to my child returning.**
- I agree to release Tomorrow's Topkids Child Care Society (TTK) from liability for any illness or accident occurring during the activities or trips that is not due to gross negligence on the part of TTK staff.

- I have read and understood the above noted.**

My child will be attending the following weeks (please mark weeks with **X**)

- Monday, April 3 to Friday, April 7 (Week #1) \_\_\_\_\_
- Monday, April 10 to Thursday, April 13 (Week #2) \_\_\_\_\_
- Tuesday, April 18 to Friday, April 21 (Week #3) \_\_\_\_\_
- Monday, April 24 to Friday, April 28 (Week #4) \_\_\_\_\_

\_\_\_\_\_  
**\*\*Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Registrations without payment will not be accepted.**