

Spring Break 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 Parent or Guardian's Name		#2 Parent or Guardian's Name	
Parent #1 Place of work		Parent #2 Place of work	
Work Number		Work Number	
Email Address (print clearly)		Email Address (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 Break program. These photos may be used for program brochures, promotional materials, advertising and display.
- I allow my child to participate in the Spring Break 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 Break 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 (5:30pm at MacCorkindale). 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**)

The cost per week is \$200.00 or \$50.00 per day

Please circle the program you would like to attend:

Ferris

Westwind

Please (X) all dates your child will be attending:

Monday, March 13	—	Monday, March 20	—
Tuesday, March 14	—	Tuesday, March 21	—
Wednesday, March 15	—	Wednesday, March 22	—
Thursday, March 16	—	Thursday, March 23	—
Friday, March 17	—	Friday, March 24	—

****Signature of Parent/Guardian**

Date

Registrations without payment will not be accepted.