

## SUMMER 2017 REGISTRATION FORM

**PLEASE ATTACH RECENT PHOTO OF YOUR CHILD**

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

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

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

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

Parent/Guardian #1 Name		Parent/Guardian #2 Name	
Parent/Guardian #1 Place of work		Parent/Guardian #2 Place of work	
Work Number		Work Number	
Cell Number		Cell Number	
Family Email Address( <b>print clearly</b> )			
Please issue income tax receipt to			

**PERSONS AUTHORIZED TO PICK UP CHILD  
(INCLUDE PARENTS/GUARDIANS)**

NAME	PHONE NUMBER

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

**Please SIGN HERE:** \_\_\_\_\_

### 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: \_\_\_\_\_

**(This MUST be someone other the parent or guardian as stipulated by Licensing Regulations)**

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

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

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

**Please note** "Request to Administer Medication" form **MUST** be completed prior to any medication being administered by a staff person.

Vision Problems: \_\_\_\_\_

Speech/Language Concerns: \_\_\_\_\_

Hearing Problems: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

\_\_\_\_\_

**❖ IMPORTANT**

**ATTACH a copy of your child's IMMUNIZATION (VACCINATION) Information**

All childcare facilities in BC are required by law under the *Community Care and Assisted Living Act* to keep a record of each child's immunization history.

- ❏ Is there any other pertinent information you would like to share with us to help us make this a positive summer experience for your child?**
- ❏ Does your child have any special need, dietary restriction, or learning disability, staff should be aware of? Please provide a brief explanation and documentation if applicable.**
- ❏ What does your child enjoy doing?**

**Please SIGN HERE:** \_\_\_\_\_

## PARENT AGREEMENT FORM

### Parent Agreement Form

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

1. It is part of our safety procedure that we notify a parent 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 call an ambulance to take the child to the nearest emergency centre.

I hereby give consent for my child when ill to be taken to the nearest emergency centre by ambulance, if necessary. **Please initial** \_\_\_\_\_

2. (a) I give permission for my child's photograph to be taken during the program for use within the centre. Yes \_\_\_\_ No \_\_\_\_

(b) I give permission for the image/photo of my child to be used to promote Tomorrow's Topkids in brochures, photo displays, posters, website or social media. Yes \_\_\_\_ No \_\_\_\_

3. I allow my child to participate in community trips with transportation by public transit, TTK vehicle, charter bus or walking. By signing below, 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.

**Please initial** \_\_\_\_\_

4. I agree that my child will follow all reasonable instructions and directions of the program staff in connection with the operation of TTK. Should my child be required to leave for behavioral reasons, I understand there will be no refund of fees. **Please initial** \_\_\_\_\_

5. Our centre's close at 6:00pm daily. Parents/Guardians picking up their child will be charged \$10 for every 15-minute block after 6pm. The late fee is not prorated and must be paid prior to a child returning. Repeat offenders will be asked to withdraw their child from the centre.

6. It is the responsibility of the parent or guardian to ensure contact information is current. Please let the office know if you have changed your address, phone number, email address or emergency contact person. **We need to keep updated records in the office.** Thank you for your help in this matter.

7. Child Care Subsidy through the provincial government is available for low income families to meet the costs of child care. A parent or guardian who qualifies for subsidy pays the difference between the subsidy amount and our fee. It is the parent's responsibility to apply to the Ministry of Children and Family Development for subsidy. Parents are also responsible for keeping their subsidy current and for the full fee if their subsidy expires.

**Continued on next page...**

- 8. TTK will be sharing in centre programming, activities, trip locations, trip requirements and current communications via email, our website and social media.
- 9. **I have read and understood the Parent Information package and understand that I am responsible for the information contained within.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please note the following:**

<b>Confirmation</b>	<b>Cancellation Policy</b>
<ul style="list-style-type: none"> <li>• Complete Registration Form</li> <li>• Payment for 1<sup>st</sup> week of care <b>due</b> with registration</li> <li>• Payment for all other weeks <b>MUST</b> be included</li> <li>• For families receiving subsidy please provide payment for the 1<sup>st</sup> week of care and proof of subsidy.</li> </ul> <p><b>Completed Registration Form with payment will be processed subject to availability and an EMAIL confirmation sent within 2 business days</b></p>	<p>To receive a refund for a week, cancellation must be <b>received by <u>noon Wednesday</u></b> of the preceding week. Cancellation refunds, <b>less a \$25.00 administrative fee <u>per week per child</u></b> will be issued at the end of each month.</p>

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

**Please SIGN HERE:** \_\_\_\_\_

## Program Information

### Step 1

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

### Step 2

Program Choice (please circle one)

**SPREE \$190 per week**  
(For children entering Kindergarten or Grade 1)

**CLUBHOUSE \$195 per week**

**CLUB 9 \$200 per week**  
(For 9 year olds only/Sorry no 8 or 10 year olds)

**QUEST \$210 per week**  
**(Must be 10-12 years old)**

### Step 3

Please mark each week of care required with an ( X ) :

(wk #1) July 04-07		(wk #6) August 08-11	
(wk #2) July 10-14		(wk #7) August 14-18	
(wk #3) July 17-21		(wk #8) August 21-25	
(wk #4) July 24-28		(wk #9) August 28-31*	
(wk #5) July 31- August 04			
<b>*Please note week 9 is only for children 5-10 years of age</b>			

### Step 4

PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD.

Registrations without photos will not be accepted. Initial \_\_\_\_\_

### Step 5

ATTACH a copy of your child's IMMUNIZATION (VACCINATION) record

All childcare facilities in BC are required by law under the *Community Care and Assisted Living Act* to keep a record of each child's immunization history.

Registrations without immunization records will not be accepted. Initial \_\_\_\_\_

### Step 6

ATTACH PAYMENT – Make cheques payable to Tomorrow's Topkids

Payment for 1<sup>st</sup> week of care due with registration (May NOT be post-dated).

**Registrations without payment will not be accepted. Initial \_\_\_\_\_**

Include payment for all other weeks of care/Post-dated cheques welcome.

**Registrations without payment will not be accepted. Initial \_\_\_\_\_**

**YES, I will be paying by credit card (please download a copy of the Credit Card Payment Form, complete and attach to Registration Form).**

### Step 7

Completed Registration Form with payment will be processed subject to availability and an EMAIL confirmation sent within 2 business days to the email address noted below:

EMAIL ADDRESS: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Drop off completed Registration Form**

**with payment, a photo of your child and a copy of their immunization record to the centre nearest you!**

**Thank you and we look forward to another exciting summer with friends!**