

Summer Adventures MacCorkindale 2018 Registration Form

Please complete all required information – incomplete registrations will not be processed – **print clearly.**

Step 1 – Select Program	Step 2 – Select Session(s)	Step 3 – Include Payment	Step 4 – Attachments
<input type="checkbox"/> Regular \$183.00 per week or \$625.00 for any 4 sessions. Program ends Friday, August 24 8:00am-5:30pm <input type="checkbox"/> 10:00am - 4:00pm \$158.00 per week I am registering my child for the 10:00am to 4:00pm program. I acknowledge that if my child is dropped off before 10:00am or picked up after 4:00pm additional charges will apply. Initial _____	1 <input type="checkbox"/> July 03 – 06 2 <input type="checkbox"/> July 09 – 13 3 <input type="checkbox"/> July 16 – 20 4 <input type="checkbox"/> July 23 – 27 5 <input type="checkbox"/> July 30 – August 03 6 <input type="checkbox"/> August 07 – 10 7 <input type="checkbox"/> August 13 – 17 8 <input type="checkbox"/> August 20 – 24	_____ X _____ = _____ # of weeks cost per week total owing Registrations without payment will not be processed. Make cheques payable to: Tomorrow's Topkids <input type="checkbox"/> Payment for 1 st week of care due with registration (may NOT be post-dated) <input type="checkbox"/> Payment for all of weeks of care are included o If providing post-dated cheques, please provide 1 cheque per week, dated for the first day of the week. <p style="text-align: center;">OR</p> <input type="checkbox"/> If paying by credit card, please fill out the attached credit card form and submit it with your registration. Initial _____	Registrations without these attachments will not be processed. <input type="checkbox"/> Immunization (Vaccination) records are attached. (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.) <input type="checkbox"/> A recent photo is attached. Initial _____

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: _____

Participant Information

First Name: _____ Last Name: _____ Male Female

I prefer to be called by this name: _____ Siblings attending? Brother Sister

Date of Birth (dd/mmm/yy): _____ Age as of June 29, 2018: _____ Grade as of Sept. 2018 _____

Home Address: _____ City/Prov: _____ Postal Code: _____

Parent/Guardian 1: _____ Home: _____ Work/Cell: _____

Parent/Guardian 2: _____ Home: _____ Work/Cell: _____

Email Address (print clearly) 1: _____ 2: _____

Please issue income tax receipt to: _____

Who has custody? Mother Father Both Other: _____ (please include documents if applicable)

Persons authorized to pick up your child: (Please list all – INCLUDE PARENTS/GUARDIANS) – Pick up persons must carry photo ID

Name	Phone Number	Name	Phone Number

Who should not be contacting, visiting, or picking up your child? _____

Alternate Emergency Contact 1 (other than parents listed above): _____

Relationship to Child: _____ Phone: _____

Alternate Emergency Contact 2 (other than parents listed above): _____

Relationship to Child: _____ Phone: _____

Please sign here: _____ **Date:** _____

Child's photo goes here.

Please submit with your registration form; a good quality, clear photo of your child's face.

Registrations without a photo will not be processed.

Medical History and Information

BC Medical Plan Number: _____ Date of Most Recent Tetnus Shot: _____

Doctors Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Does your child require medication to be administered during the program? Yes No

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

If yes, provide details: _____

Vision Problems: _____ Hearing Problems: _____

Speech/Language Concerns: _____

Behavioral Concerns: _____

My child is allergic to: _____

Mild Moderate Severe/Life-threatening Is an Epi-pen or emergency medication required? Yes No

Dietary Restrictions:

Vegetarian Lactose Intolerant Specific Food Allergy: _____ Other: _____

Please sign here: _____ **Date:** _____

Parent Agreement

Child's Name: _____

- 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 and 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. **Initial** _____
- (a) I give permission for my child's photograph to be taken during the program for use within the centre. Yes No **Initial** _____
 (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 **Initial** _____
- 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. **Initial** _____
- 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. **Initial** _____
- Our centre's close at 6pm 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.
- 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.
- 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 keep their subsidy current and for the full fee if their subsidy expires.
- TTK will be sharing in centre programming, activities, trip locations, trip requirements and current communications via email, our website and social media.
- I have read and understood the Parent Information package and understand that I am responsible for the information contained within.

Parent/Guardian Signature: _____ **Date:** _____

Confirmation	Cancellation and NSF Policy
<ul style="list-style-type: none"> Complete Registration Form Payment for 1st week of care due with registration Payment for all other weeks MUST be included For families receiving subsidy please provide payment for the 1st week of care and proof of subsidy 	<ul style="list-style-type: none"> To receive a refund for a week, cancellation must be received by noon Wednesday of the preceding week. Cancellation refunds, less a \$25.00 administrative fee per week, per child will be issued at the end of July or August. There are no refunds once a week has started. A charge of \$15.00 will be incurred for each cheque that is returned NSF.

- I have read and understood the refund, cancellation, and NSF policy.
 (If applicable) I understand it is my responsibility to apply for subsidy and pay the difference between the subsidy amount and the actual cost of care.

Please sign here: _____ **Date:** _____

Drop-off your completed registration form to the centre nearest you!
Please ensure you have attached: payment current photo immunization records
Thank you and we look forward to another exciting summer with friends!



SUMMER ADVENTURES 2018

VISA/MASTERCARD PAYMENT

Child's Name: _____ Program: _____

Visa MasterCard

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:

mm		yy	

Name as it appears on card: _____

(Please print clearly)

CHOOSE ONE – read carefully

- Please charge my credit card for the FIRST WEEK OF CARE at this time **AND** for the REGULAR RECURRING payments as indicated by my summer registration form (i.e. card will be debited each Monday of the week your child is registered)

Amount \$ _____

- Please charge my credit care for the FULL AMOUNT DUE

Amount \$ _____

By evidence of my signature, I do hereby authorize Tomorrow's Topkids Child Care Society to begin charging my credit card as indicated above.

Signature: _____ Date: _____

Please do not write below this line: FOR OFFICE USE ONLY			
Weeks	Attending	Amount	Date Processed
WK 1:			
WK 2:			
WK 3:			
WK 4:			
WK 5:			
WK 6:			
WK 7:			
WK 8:			
WK 9:			
WK 10:			