



## DEEP COVE KID CLUB      REGISTRATION FORM 2011-2012

DEEP COVE KID CLUB SOCIETY  
10975 WEST SAANICH ROAD  
NORTH SAANICH, BC, V8L 5V8  
(250) 656 9868  
dckcs@telus.net

NAME OF CHILD: \_\_\_\_\_

GRADE AS OF SEPTEMBER 2011: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF PRIMARY CONTACT: \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

BEFORE SCHOOL CARE (7.00- 8.40am)      AFTER SCHOOL CARE (2:40 – 5:30pm)      DROP-IN

Monday

Monday

Tuesday

Tuesday

Wednesday

Wednesday

Thursday

Thursday

Friday

Friday

WHEN YOU RETURN THE COMPLETED REGISTRATION FORMS PLEASE ENSURE YOU INCLUDE:

- YOUR SIGNATURE ON ALL RELEVANT SECTIONS
- A VOIDED CHEQUE
- A RECENT HEADSHOT PHOTOGRAPH OF EACH CHILD REGISTERED
- COPIES OF RELEVANT CUSTODY/COURT ORDERS (*THIS IS A LEGAL REQUIREMENT ENABLING US TO ENFORCE THE CONDITIONS*)
- LIST OF PERSON, OR PERSONS, WHO ARE NOT ALLOWED ACCESS TO YOUR CHILD
- A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORDS
- A COPY OF YOUR CHILD'S CARE PLAN, IF APPLICABLE.
- FULL INFORMATION PERTAINING TO YOUR CHILD'S ALLERGIES/HEALTH PROBLEMS, INCLUDING RELEVANT ITEMS, eg EPIPEN.

FULL NAME OF CHILD \_\_\_\_\_

CHILD'S PRIMARY ADDRESS: \_\_\_\_\_

BC CARE CARD #: \_\_\_\_\_

FAMILY DOCTOR & PHONE: \_\_\_\_\_

FAMILY DENTIST & PHONE: \_\_\_\_\_

NAME OF MOTHER/GUARDIAN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

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

NAME OF FATHER/GUARDIAN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

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

EMERGENCY CONTACT PERSONS: *(PERSONS TO BE CONTACTED IN EVENT OF AN EMERGENCY, OR TO CARE FOR YOUR CHILD IF YOU CANNOT BE CONTACTED)*

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

IMMUNIZATION:

- MY CHILD IS IMMUNIZED AND I HAVE ATTACHED CURRENT RECORDS.
- MY CHILD IS NOT IMMUNIZED.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

BEHAVIOURAL CONCERNS: (eg ADHD)

ALLERGIES:

DIETARY REQUIREMENTS/ALLEGIES (for snack purposes)

MEDICATIONS REQUIRED:

CAREPLANS: (IF SO, PLEASE ATTACH A COPY)

CUSTODY OF CHILD / CHILD ACCESS: IS THERE ANY PERSON/PERSONS THAT ARE NOT PERMITTED ACCESS TO YOUR CHILD?: (IF APPLICABLE, PLEASE ATTACH A COPY OF CUSTODY/COURT ORDERS, THIS IS A LEGAL REQUIREMENT ENABLING US TO ENFORCE THE CONDITIONS))

OTHERS LIVING AT HOME AND THEIR RELATIONSHIP TO YOUR CHILD:

STRONG LIKES / DISLIKES OR SPECIAL INFORMATION THAT WILL HELP STAFF WORKING WITH YOUR CHILD:

NAME OF CHILD \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP MY CHILD FROM DEEP COVE KID CLUB:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY PERMISSION:

I hereby authorize the staff of Deep Cove Kid Club to, in an emergency, call an ambulance and to allow medical personnel to provide treatment to my child. In the event that my child is admitted to hospital before I can be contacted/located, I authorize admission to hospital and all treatment as deemed necessary by the medical staff.

I hereby authorize the staff at the Deep Cove Kid Club, in the event of illness or minor injury, to transport my child to a clinic or hospital and seek treatment for my child. Additionally when I cannot be contacted I give permission for to have my child released to an emergency contact person so that person may make arrangements for my child's medical care.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

REMAINDER OF PAGE TO BE COMPLETED BY DEEP COVE KID CLUB STAFF

CHILD'S FULL NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

BC CARE CARD #: \_\_\_\_\_ MALE / FEMALE

ALLERGIES & MEDICATIONS: \_\_\_\_\_

VACCINATED: YES / NO TETANUS SHOT DATE: \_\_\_\_\_

FAMILY DOCTOR & PHONE: \_\_\_\_\_

FAMILY DENTIST & PHONE: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL#: \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL# \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMERGENCY CONTACT PERSONS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

**DIRECT DEBIT AUTHORIZATON FORM**

**\*\*PLEASE NOTE THE PAYEE WILL BE THE RECIPIENT OF THE ANNUAL TAX RECEIPT\*\***

NAME OF PAYEE / GUARDIAN: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PROGRAMME:             BEFORE SCHOOL CARE     AFTER SCHOOL CARE     DROP-IN

PAYEE INSTITUTION #:

PAYEE BRANCH #:

PAYEE ACCOUNT #:

Please Attach Your Voided Cheque Here

I HEREBY AUTHORIZE DEEP COVE KID CLUB SOCIETY TO DEBIT MY ACCOUNT ON THE PRESCRIBED DAY OF EACH MONTH, FROM SEPTEMBER 2011 TO JUNE 2012, THE AGREED AMOUNT IN PAYMENT FOR CHILD CARE FEES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT DOCUMENTS**

### Collection of Personal Information

- I hereby give permission to Deep Cove Kid Club to disclose information between Deep Cove Kid Club and Deep Cove Elementary School whenever necessary.
- I understand that Deep Cove Kid Club will not release my, or my child's personal information, unless I have given permission or it is required by law to release the held information.

### Medical Permission

- I hereby authorize the staff of Deep Cove Kid Club to, in an emergency, call an ambulance and to allow medical personnel to provide treatment to my child. In the event that my child is admitted to hospital before I can be contacted/located, I authorize admission to hospital and all treatment as deemed necessary by the medical staff.
- I acknowledge that I will be responsible for all medical care costs, including the cost of ambulance transportation.
- I hereby authorize the staff at the Deep Cove Kid Club, in the event of illness or minor injury, to transport my child to a clinic or hospital and seek treatment for my child. Additionally when I cannot be contacted I give permission for to have my child released to an emergency contact person so that person may make arrangements for my child's medical care.
- I also agree to have a member of staff at Deep Cove Kid Club administer medications I have supplied to my child, provided that I have provided them with the completed appropriate medical forms.

### Health

- I will not send my child to the centre if he/she is ill. If my child becomes ill while at the centre, I will arrange to pick him/her up as soon as possible. I will notify the centre immediately of any communicable disease that my child has contracted. I will provide if requested, a written medical clearance from a physician before my child is re-admitted to Kid Club before my child is readmitted.
- I will notify the centre promptly of any changes in my contact information and I understand the importance of advising the centre staff immediately of any changes in emergency contacts, custody arrangements or anything else that pertains to my child's health, safety and wellbeing.

NAME OF CHILD \_\_\_\_\_

### Application of Sunscreen, Lotions and Salves

- I authorize the staff of Deep Cove Kid Club to apply sunscreen, lotions or salves to my child as and when required.

### Permission for Pictures

- I hereby authorize the staff at Deep Cove Kid Club to take photographs of my child for the purposes of identification, birthday boards and other creative and art displays inside the facility. This includes the pictures being stored in our archives.

### Access & Pick-Up

- On the Registration Form I have listed all names of persons who have legally limited access or contact with my child due to a Court Order or a Separation Agreement.
- Further, I understand that it is my responsibility to ensure that a copy of the relevant Court Order or Separation Agreement is attached to the Registration form .
- I also understand that it is my responsibility to inform Deep Cove Kid Club staff, in writing, of any changes to access and pick-up, and to provide a copy of the amended court order immediately.

### Financials

- I understand that each child is subject to a one-time registration fee of \$25, and that this fee is not refundable upon withdrawal from the programme.
- Fees are payable monthly from September through to June, inclusive , via a pre-authorized debit agreement.
- I am aware that if my child's place is subsidized by any agency it is my responsibility to ensure that the paperwork is in place and that the Authorizations are forwarded to Deep Cove Kid Club. I am also aware that I am wholly responsible for the difference between the subsidy claim rate and the actual programme rate.
- I understand that I am required to give 30 days written notice, due by the first day of the month, if I plan to withdraw my child from any or all of their enrolled programmes, or wish to change their schedule. Failure to give notice will result in my being liable for the following month's fees.
- I understand that days not utilized due to sickness, vacation or for any other reasons are not reimbursable or held in credit.

NAME OF CHILD \_\_\_\_\_

Notification and Acknowledgement of Responsibility

- I understand that by permitting my child to participate in activities at Deep Cove Kid Club, my child may be exposed to a variety of hazards and risks, foreseen and unforeseen, which are inherent in the activities and cannot be eliminated without destroying the unique character of the activities. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death (“injuries and damages”) from exposure to the hazards of the activity and Deep Cove Kid Club has not tried to contradict or minimize my understanding of these risks. I know that injuries and damages can occur by natural causes or other reasons. I understand that risks of such injuries and damages are involved in this activity. In consideration for my acceptance of my child’s participation, I confirm my understanding that:

I ASSUME ALL RISKS INHERENT IN THE ACTIVITIES; and it is understood that this agreement is intended to be as broad and inclusive as is permitted by the law.

- I have read this document and understand in its entirety and I freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks, I agree to allow my child to participate in the activity.
- Upon signature hereon, said individuals relinquish and discharge the center and its affiliates or agents from any claims arising in or out of, or in connection of, the activities.
- I, as parent or guardian of the child named below, give my permission to my child or ward to participate in these activities, and also agree, individually and on behalf of my child or ward, to all the terms of this agreement.

Name of child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_